

Baptist Manor
276 Linwood Avenue
Buffalo, NY 14209
(716) 881-1120
www.baptist-manor.org

RENTAL APPLICATION

Directions: Print or type all requested information and make sure to sign the application. Original application will be time and date stamped upon receipt and entered into NYS Homes and Community Renewal's Waiting List (AWL) in chronological order. Applicant will be given a print out of AWL summary with application number. Applicants can monitor waiting list position and update their contact information using the AWL's public access function @ www.nyshcr.org.

This property is designated as housing exclusively for the elderly. Specifically, households whose head or spouse or sole member is at least 62 years old. The applicant income at initial occupancy must not exceed the 80% HUD income limits established for Erie and Niagara counties in New York State.

Effective 5/15/2023 the maximum annual income limit is:

1 Person Household	\$52,000
2 Person Household	\$59,400
Rent for Floor Plan A	\$656
Rent for Floor Plan B	\$605

Your rent will be \$605 or \$656 depending on the floor plan you choose. If 30% of your income is greater than \$605 or \$656 you may pay more, up to a maximum rent amount of \$804.

How did you hear about Baptist Manor? _____

If a resident referred you please list their name so that we may recognize them. _____

We accept Section 8 Housing Choice Vouchers? Do you currently have one? Yes____ No____

HEAD OF HOUSEHOLD INFORMATION: (Must be completed in full to be placed on waitlist.)

I. **Name** _____ **Date of Birth** _____
Address _____
City _____ **Zip code** _____ **Phone** _____
Social Security # _____

II. **CO-APPLICANT INFORMATION (if applicable):**

Name _____ Date of Birth _____
Relationship _____ Social Sec. # _____

1. Are you a citizen or national of the United States? Yes____ No____
2. Is anyone in the household a full-time student? Yes____ No____
3. Does anyone listed on your application have a Criminal Record? Yes____ No____

Answering YES will not automatically exclude you from housing. A criminal history background check will be run on you and your adult family members. If you answered YES, please list any criminal history, which will appear on your records and where it occurred:



Baptist Manor is a Smoke-free Facility



4. Are you or any member of your household subject to a lifetime sex offender registration in any State?
Yes _____ No _____

5. Please provide a complete list of all states in which any household member has resided:
(If you currently live in NY State please place a checkmark next to NY).

NY _____ Please list any other state(s) here: _____

6. A preference in admission is given to all veterans, or their surviving spouses, who served on active duty in time of war, as defined in Section 85 of the Civil Service Law, and reside in New York State.

Are you a veteran or surviving spouse, who served on active duty in time of war? Yes _____ No _____

7. A preference in admission is given to persons displaced by a presidentially declared disaster zone, such as a hurricane, flood, earthquake, etc.

Are you displaced due to a national disaster? Yes _____ No _____

8. Disclosure and verification of SSNs for all household members is required, except those who do not contend eligible immigration status, and tenants age 62 or older as of January 31, 2010, whose initial determination of eligibility began before January 31, 2010, and provide verification of the complete and accurate SSN assigned to them. If you do not have a Social Security number, you may request a benefit statement from the Social Security Administrative Office (1-800-772-1213) or at their website www.ssa.gov.

9. Are you aware that Baptist Manor is a smoke-free facility? Yes _____ No _____

10. Are you willing to abide by the smoke-free policy at Baptist Manor? Yes _____ No _____

III. Do you qualify as disabled under the following definition: Yes _____ No _____

"A person with disabilities for purposes of program eligibility is determined, pursuant to HUD Regulations, to have a physical, mental, or emotional impairment that (a) is expected to be of long-continued and indefinite duration (b) substantially impedes his or her ability to live independently, and (c) is of such a nature that the ability to live independently could be improved by more suitable housing conditions."

Do you require any modification of accommodations in order to fully utilize the unit or the program and its services? Yes _____ No _____

IV. How long have you lived at your present address? _____

Reason for leaving: _____

Do you own or rent? _____

Landlord's Name: _____

Landlord's Address: _____

Telephone # _____

Current monthly rent including utilities: _____

VIII. Do you own an automobile? Yes _____ No _____ Make & Year _____

IX. Please provide Name, Address, and Telephone # of 3 people who know you well:



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X. All income & assets will be 3rd party verified prior to move-in.

Gross Monthly Household Income \$ _____

XI. Starting with your present address, list your addresses for the last 5 years:

Address	Dates	Rent Paid	Landlord Name & Contact Number

The information regarding race, ethnicity, and sex designation solicited on this application is requested in order to assure that Federal laws prohibiting discrimination against tenant applicants on the basis of race, color, disability, religion, sex, sexual orientation, gender identity or marital status, familial status, and national origin are complied with. You are not required to furnish this information but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way.

Please check one for Head of Household:

Gender:

Male _____ Female _____

Race:

White _____ Black _____ Alaskan Native _____ American Indian _____ Asian _____ Native Hawaiian or Pacific Islander _____ Other _____

Ethnicity:

Hispanic or Latino _____ Non-Hispanic or Latino _____

Certification: The above information is correct to the best of my knowledge. Your application for housing can be denied by knowingly making false statements. I have no objection to inquiries for the purpose of verifying this information and I agree to furnish all required documentation.

Date: _____	Your Signature: _____
Date: _____	Your Signature: _____

Warning: Title 18, Section 1001 of the U.S. Code, states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD and any owner (or any employee of HUD or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willingly requests, obtains, or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages and seek other relief, as may be appropriate, against the officer or employee of HUD or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at 208(a) (6),(7) and (8). Violation of these provisions are cited as violations of 42 U.S.C. 408 (a) (6), (7) and (8).



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Baptist Manor does not discriminate on the basis of disabled status in the admission or access to, or treatment or employment in, its federally assisted programs and activities.

Updated Application 11/6/2023 by MP



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