





DEPAUL HOUSING MANAGEMENT CORPORATION

Communities for Seniors – Equal Housing Opportunity  

41 N. Main Avenue, Albany, NY 12203 • P: (518) 459-0183 • F: (518) 459-0202

TTY/Voice Relay Services 7-1-1 • www.depaulhousing.com

Dear Applicant:

Thank you for your interest in the affordable housing communities managed by DePaul Housing Management.

Included in this package are the following materials:

- DePaul Housing Management Brochure
- Application
- HUD Supplement to Application for Federally Assisted Housing
- Owner's Notice No. 1 – Citizenship Declaration Forms
- Tenant Selection Plan

As you begin the application process, please first review the enclosed Tenant Selection Plan.

The application must be completed in full, signed and dated. If this application is being signed on behalf of the applicant by a person assigned power of attorney, a photocopy of the executed power of attorney document must be submitted with the application. Additional personal documents and photocopies of photo identification should not be submitted with this application (except those that document power of attorney or eligible immigration status).

If you wish to tour any of our housing communities, or have questions regarding a specific community, please contact the rental office at the community directly. The telephone number for each community rental office can be found on the following page.

If you have any questions or require assistance in reading, understanding or completing this application please call me at (518) 459-0183, Monday-Friday between 8:30 a.m. and 5:00 p.m.

**Please return all forms to:
DePaul Housing Management
41 North Main Avenue
Albany, NY 12203**

Sincerely,



Vaneeta Masih
Sr. Administrative Assistant

Enclosures

Rev. 3/16



DEPAUL HOUSING MANAGEMENT CORPORATION

Communities for Seniors – Equal Housing Opportunity  

41 N. Main Avenue, Albany, NY 12203 • P: (518) 459-0183 • F: (518) 459-0202

TTY/Voice Relay Services 7-1-1 • www.depaulhousing.com

ALBANY COUNTY

Bishop Broderick Apartments
50 Prescott Street
Albany, New York 12205
Phone: (518) 869-7441

St. Vincent's Apartments
475 Yates Street
Albany, New York 12208
Phone: (518) 482-8915

Marie-Rose Manor
100 Marquis Drive
Slingerlands, New York 12159
Phone: (518) 459-0204

Carondelet Commons Senior
Apartments
2 Carondelet Drive
Watervliet, New York 12189
Phone: (518) 783-0444

Cabrini Acres Senior Apartments
4 Carondelet Drive
Watervliet, New York 12189
Phone: (518) 785-0050

Sanderson Court Senior Apartments
6 Carondelet Drive
Watervliet, New York 12189
Phone: (518) 782-1123

Fontbonne Manor Senior Apartments
10 Carondelet Drive
Watervliet, New York 12189
Phone: (518) 782-2780

SARATOGA COUNTY

Bishop Hubbard Senior Apartments
54 Katherine Drive
Clifton Park, New York 12065
Phone: (518) 383-2705

RENSSELAER COUNTY

Branson Manor Senior Apartments
3 Grandview Drive
Rensselaer, NY 12144
Phone: (518) 283-8280

St. Jude Apartments
50 Dana Avenue
Wynantskill, New York 12198
Phone: (518) 283-5690

SCHENECTADY COUNTY

Father Leo O'Brien Senior Community
3151 Marra Lane
Rotterdam, NY 12303
Phone: (518) 357-4424

The Lawrence Commons
2660 Albany Street
Schenectady, New York 12304
Phone: (518) 393-2412

DELAWARE COUNTY

Delhi Senior Communities I & II
7 Main Street
Delhi, New York 13753
Phone: (607) 746-8142


For information on Àvila and Franciscan Heights please contact these communities directly:

Àvila
100 White Pine Drive
Albany, NY 12203
P: (518) 452-4250
avilaretirementcommunity.com

Franciscan Heights Senior Community
1 St. Anthony Lane
Rensselaer, NY 12144
P: (518) 432-3555
depaulhousing.com



DEPAUL HOUSING MANAGEMENT CORPORATION

Communities for Seniors – Equal Housing Opportunity 

41 N. Main Avenue, Albany, NY 12203 • P: (518) 459-0183 • F: (518) 459-0202

TTY/Voice Relay Services 7-1-1 • www.depaulhousing.com



APPLICATION FOR HOUSING

Check (X) the boxes next to the name of the building(s) to which you are applying!

ALBANY COUNTY

- Carondelet Commons Senior Apartments**
Smoke-free community
Latham
- Cabrini Acres Senior Apartments****
Smoke-free community
Latham
- Sanderson Court Senior Apartments**
Smoke-free community
Latham
- Fontbonne Manor Senior Apartments**
Smoke-free community
Latham
- Bishop Broderick Apartments****
Smoke-free community
South Colonie
- St. Vincent's Apartments****
Albany
- Marie-Rose Manor**
Smoke-free community
Bethlehem

SARATOGA COUNTY

- Bishop Hubbard Senior Apartments****
Smoke-free community
Halfmoon

RENSSELAER COUNTY

- Branson Manor Senior Apartments****
East Greenbush
- St. Jude Apartments****
Wynantskill

SCHENECTADY COUNTY

- Father Leo O'Brien Senior Community**
Smoke-free community
Rotterdam
- The Lawrence Commons****
Schenectady

DELAWARE COUNTY

- Delhi Senior Community I**
Delhi
- Delhi Senior Community II**
Delhi

How did you hear about our communities? _____

1st Applicant (Head of Household) **PLEASE PRINT**

NAME: _____
(First) (Last)

**Citizenship Declaration Forms are required.
See "Owner's Notice No. 1" following Application

1st APPLICANT (CONTINUED)

Date of Birth: _____ Age: _____

Social Security Number: _____

Present Address: _____
(Street address) (Apartment #)

(City) (State) (Zip)

Phone Number: _____
(Area code) (Number)

Race & Ethnicity

Required by HUD for statistical purposes only; this information will have no effect on your application.

Please check any or all categories that apply to the 1st applicant:

Hispanic or Latino Not Hispanic or Latino

American Indian or Alaska Native Asian

Black or African American White or Caucasian

Circle answer:

Have you, the 1st applicant, ever used any name(s) or social security number(s) other than the one you are currently using? **YES NO**

Have you ever lived in any other state? **YES NO**

If yes, please list state(s): _____

Have you been evicted from an apartment or home? **YES NO**

If yes, please list address(es), date(s) and reason(s) for eviction:

1st & 2nd Applicants

Before completing this section below, please review the Tenant Selection Plan, page six (6), “Eligibility Requirement for Accessible Apartments.”

The eligibility criteria includes only persons who are 62 or older OR persons who are 18 or older, physically disabled and in need of special design features of our accessible apartments.

Is the 1st applicant at least 18 years of age AND physically disabled AND in need of the special design features as described in the Tenant Selection Plan on pages 7 and 8?

Circle answer:

YES NO

Note: You will be required to provide verification of the above information at the time of the eligibility appointment.

CRIMINAL HISTORY QUESTIONNAIRE

Have you or the 2nd applicant been convicted of a felony?

YES NO

Have you or the 2nd applicant been convicted of drug-related crime?

YES NO

Have you or the 2nd applicant been convicted of a violent crime?

YES NO

Are you or the 2nd applicant a current illegal user of a controlled substance?

YES NO

Are you or any member of your household subject to a lifetime registration under a state sex offender registration program?

YES NO

If the answer is **YES** to any of the above questions, please provide the following information to each question – who (1st or 2nd applicant), formal name of the conviction, where, and when?

FINANCIAL INFORMATION

Please refer to the Tenant Selection Plan, pages one and two (1 & 2). In order to qualify for a rental subsidy for an apartment in any of our communities listed on page one (1), you must supply the following information:

GROSS INCOME AMOUNTS

	1st Applicant		2nd Applicant	
	<u>Monthly</u>	<u>Annually</u>	<u>Monthly</u>	<u>Annually</u>
Wages/Salaries:	_____	_____	_____	_____
Social Security:	_____	_____	_____	_____
Supplemental Social Security (SSI):	_____	_____	_____	_____
Pension:	_____	_____	_____	_____
Annuity:	_____	_____	_____	_____
Interest/Dividends:	_____	_____	_____	_____
Other (e.g. unemployment, alimony, Worker's Compensation, etc.):	_____	_____	_____	_____
Total(s):	_____	_____	_____	_____

ASSETS

List total amounts:

Bank Accounts:	\$ _____	\$ _____
Stocks & Bonds:	\$ _____	\$ _____
Home/Property:	\$ _____	\$ _____

Circle answer:

Have you or the 2nd Applicant disposed of any assets for less than fair market value during the past two years?

YES NO

I attest that the information listed above regarding my income and assets is complete and true to the best of my knowledge.

I (We) understand that upon filing this application, it will be acted upon by DePaul Housing Management Corporation.

The applicant(s) agree that upon request, he/she will provide documentation of any information in this application and will be available for an interview. The applicant(s) further agree that it is their responsibility to provide updated and current information. I (We) authorize DePaul Housing Management to verify the information contained in this application or obtained during the eligibility interview. I (We) understand that my (our) filing of this application does not entitle me (us) to an apartment.

Signature of 1st Applicant: _____ Date: _____

Signature of 2nd Applicant: _____ Date: _____

RETURN APPLICATION TO:

**DEPAUL HOUSING MANAGEMENT CORPORATION
41 NORTH MAIN AVENUE
ALBANY, NY 12203**



IMPORTANT NOTICE TO APPLICANT

Regarding the form which follows:

“SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING”

When we have an apartment available we contact those who are next on our waiting list. Sometimes, applicants do not respond to our calls and letter(s) because they are not available to receive them. For example, they may be visiting friends or relatives out of town or they may be hospitalized or in a rehabilitation facility. If an applicant does not respond to our attempts to reach him, he will be removed from our waiting list, following the procedures outlined in our Tenant Selection Plan.

By completing the attached form **“SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING”**, you can provide us with additional people or organizations to contact regarding your application. If you do not respond to our messages left for you, perhaps for the kind of reasons outlined above, we would contact those people or organizations that you have provided on this form to see if they can help us locate you. Having these contacts may prevent us from having to remove your name from our waiting list.

Completing this form is not a requirement but it is an option for you that you should consider.

Optional and Supplemental Contact Information for HUD-Assisted Housing Applicants

SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING

This form is to be provided to each applicant for federally assisted housing

Instructions: Optional Contact Person or Organization: You have the right by law to include as part of your application for housing, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. **You may update, remove, or change the information you provide on this form at any time.** You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form.

Check this box if you choose not to provide the contact information.

Applicant Name:	
Mailing Address:	
Telephone No:	Cell Phone No:
Name of Additional Contact Person or Organization:	
Address:	
Telephone No:	Cell Phone No:
E-Mail Address (if applicable):	
Relationship to Applicant:	
Reason for Contact: (Check all that apply)	
<input type="checkbox"/> Emergency	<input type="checkbox"/> Assist with Recertification Process
<input type="checkbox"/> Unable to contact you	<input type="checkbox"/> Change in lease terms
<input type="checkbox"/> Termination of rental assistance	<input type="checkbox"/> Change in house rules
<input type="checkbox"/> Eviction from unit	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Late payment of rent	
Commitment of Housing Authority or Owner: If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.	
Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
Legal Notification: Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.	

Signature of Applicant

Date

The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). The public reporting burden is estimated at 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Section 644 of the Housing and Community Development Act of 1992 (42 U.S.C. 13604) imposed on HUD the obligation to require housing providers participating in HUD's assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend, or person associated with a social, health, advocacy, or similar organization. The objective of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any delivery of services or special care to the tenant and assist with resolving any tenancy issues arising during the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and maintained as confidential information. Providing the information is basic to the operations of the HUD Assisted-Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fraud, waste and mismanagement. In accordance with the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless the collection displays a currently valid OMB control number.

Privacy Statement: Public Law 102-550, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent action

THIS PAGE INTENTIONALLY LEFT BLANK

You MUST complete the following citizenship verification forms if you wish to be considered for an apartment at St. Vincent's Apartments, Bishop Broderick Apartments, Bishop Hubbard Senior Apartments, St. Jude Apartments, Branson Manor Senior Apartments, Cabrini Acres Senior Apartments, or The Lawrence Commons.

**OWNER'S NOTICE NO. 1
FOR AN APPLICANT FAMILY**

May 2002

Section 214 of the Housing and Community Development Act of 1980, as amended, prohibits the Secretary of HUD from making financial assistance available to persons other than United States citizens, nationals, or certain categories of eligible non-citizens in the following HUD programs:

1. Public and Indian Housing Programs
2. Section 8 Housing Assistance Payments program
3. Section 235 of the National Housing Act
4. Section 236 of the National Housing Act
5. Section 101/Rent Supplement Program

You have applied, or are applying for assistance under one of these programs; therefore, you are required to declare U.S. Citizenship or submit evidence of eligible immigration status for each of your family members for whom you are seeking housing assistance. To do this, you should:

1. Complete a Family Summary Sheet (identified as Attachment A) to list all family members who will reside in the assisted unit.
2. Have a Declaration Format (also part of Attachment A) completed by each family member (including yourself) who is listed on the Family Summary Sheet. If there are 2 people listed on the Family Summary Sheet, you should have 2 completed copies of the Declaration Format. The Declaration Format has easy-to-follow instructions and explains what, if any other forms and/or evidence must be submitted with each Declaration Format.
3. **Submit the Family Summary Sheet, the Declaration Formats and any other forms and/or evidence to the name and address listed below:**

**DePaul Housing Management Corporation
41 North Main Avenue
Albany, New York 12203
(518) 459 - 0183**

This Section 214 review will be completed in conjunction with the verification of other aspects of eligibility for assistance. If you have any questions or difficulty in completing the attached formats or determining the type of documentation required, please contact Emily Pethic. She will be happy to assist you.

Also, if you are unable to provide the required documentation, you should immediately contact this office and request an extension, using Section No. 3 of the Declaration Format. Failure to provide this information or establish eligible status may result in your not being considered for housing assistance.

If this Section 214 review results in a determination of ineligibility, you will have an opportunity to appeal the decision. Also, if the final determination concludes that only certain members of your family are eligible for assistance, your family may be eligible for pro-ration of assistance. That means that when assistance is available, a reduced amount may be provided for your family, based on the number of members who are eligible.

If assistance becomes available and the other aspects of your eligibility review show that you are eligible for housing assistance, it may be provided to you prior to the final determination of this Section 214 review, depending on how far the review has progressed and the information that is available at that point. You will be contacted as soon as we have further information regarding your eligibility for assistance.

FAMILY SUMMARY SHEET

Mr. No.	Last Name of Family Member	First Name	Relationship	Gender (optional)	Date of Birth
Head					
2					

APPLICANT DECLARATION FORMAT

INSTRUCTIONS: Complete this form for each member of the household listed on the Family Summary Sheet

LAST NAME: _____

FIRST NAME: _____

RELATIONSHIP TO HEAD OF HOUSEHOLD: _____ Gender (optional) _____ DATE OF BIRTH: _____

SOCIAL SECURITY NO: _____ ALIEN REGISTRATION NO: _____

ADMISSION NUMBER: _____ if applicable, (this is an 11-digit number found on INS Form I-94, Departure Record)

NATIONALITY: _____ (Enter the foreign nation or country to which you owe legal allegiance. This is normally, but not always, the country of birth.)

SAVE VERIFICATION NO: _____ (To be entered by owner if and when received)

INSTRUCTIONS: Complete the Declaration below by printing or by typing the person's first name, middle initial and last name in the space provided. Then review the sections shown below and complete either Section number 1, 2 or 3:

DECLARATION:

I, _____ hereby
(Print or type first name, middle initial, last name)

declare, under penalty of perjury, that I am:

Section No. 1

_____ **A citizen or national of the United States.**

If you checked Section No. 1, no further information is required.
Sign and date below and forward this form to the name and address specified in the attached notification. If Section No. 1 is checked on behalf of a child, the adult who will reside in the assisted unit, and who is responsible for the child should sign and date below.

Signature

Date

Check here if adult signed for a child: _____

_____ 2. A non-citizen with eligible immigration status in the category checked below:

- _____ (i) A non-citizen lawfully admitted for permanent residence, as defined by Section 101(a)(20) of the Immigration and Nationality Act (INA), as an immigrant, as defined by Section 101(a)(15) of the INA (8 U.S.C. 1001(a)(20) and 1101(a)(15), respectively). [immigrants]. (This category includes a non-citizen admitted under Section 210 or 210A of the INA (8 U.S.C. 1160 or 1161), [special agricultural worker], who has been granted lawful temporary resident status);
- _____ (ii) A non-citizen who entered the United States before January 1, 1972, or such later date as enacted by law, and has continuously maintained residence in the United States since then, and who is not eligible for citizenship, but who is deemed to be lawfully admitted for permanent residence as a result of an exercise of discretion by the Attorney General under Section 249 of the INA (8 U.S.C. 1259);
- _____ (iii) A non-citizen who is lawfully present in the United States pursuant to an admission under Section 207 of the INA (8 U.S.C. 1157) [refugee status]; pursuant to the granting of asylum (which has not been terminated) under Section 208 of the INA (8 U.S.C. 1158) [asylum status]; or as a result of being granted conditional entry under Section 203(a)(7) of the INA (8 U.S.C. 1153(a)(7)) before April 1, 1980, because of persecution or fear of persecution on account of race, religion, or political opinion or because of being uprooted by catastrophic national calamity;
- _____ (iv) A non-citizen who is lawfully present in the United States as a result of an exercise of discretion by the Attorney General for emergent reasons or reasons deemed strictly in the public interest under Section 212(d)(5) of the INA (8 U.S.C. 1182(d)(5)) [parole status];
- _____ (v) A non-citizen who is lawfully present in the United States as a result of the Attorney General's withholding deportation under Section 243(h) of the INA (8 U.S.C. 1253(h)) [threat of life or freedom]; or
- _____ (vi) A non-citizen lawfully admitted for temporary or permanent residence under Section 245A of the INA (8 U.S.C. 1255a) [amnesty granted under INA 245A].

If you checked Section No. 2, you should submit the following documents:

1. Verification Consent Format (Attachment C, page 8)

AND

2. One of the following documents:

1. Form I-551, Alien Registration Receipt Card (for permanent resident aliens);
2. Form I-94, Arrival-Departure Record, with one of the following annotations:

- (1) "Admitted as Refugee Pursuant to Section 207";

- (2) "Section 208" or "Asylum";
- (3) "Section 243(h)" or "Deportation stayed by Attorney General";
- (4) "Paroled Pursuant to Sec. 212(d)(5) of the INA";
- (5) If Form I-94, Arrival-Departure Record, is not annotated, then accompanied by one of the following documents:
 - (1) A final court decision granting asylum (but only if no appeal is taken);
 - (2) A letter from an INS asylum officer granting asylum (if application is filed on or after October 1, 1990) or from an INS district director granting asylum (if application filed before October 1, 1990);
 - (3) A court decision granting withholding of deportation; or
 - (4) A letter from an INS asylum officer granting withholding of deportation (if application filed on or after October 1, 1990).
- 3. Form I-688 Temporary Resident Card, which must be annotated "Section 245A" or "Section 210";
- 4. Form I-688B, Employment Authorization Card, which must be annotated "Provision of Law 274a.12(11)" or "Provision of Law 274a.12";
- 3. A receipt issued by the INS indicating that an application for issuance of a replacement document in one of the above listed categories has been made and the applicant's entitlement to the document has been verified.

If Section No. 2 is checked, sign and date below and submit the documentation required above with this form to the name and address in the attached notification. If Section No.2 is checked on behalf of a child, the adult who will reside in the assisted unit and who is responsible for the child should sign and date below.

Signature

Date

Check here if adult signed for a child: _____

If for any reason the documents shown in paragraph b are not currently available, complete the Request for Extension below:

REQUEST FOR EXTENSION

I hereby certify that I am a non-citizen with eligible immigration status, as noted in Section 2 above, but the evidence needed to support my claim is temporarily unavailable. Therefore, I am requesting additional time to obtain the necessary evidence. I further certify that diligent and prompt efforts will be undertaken to obtain this evidence.

Signature

Date

Check if adult signed for a child: _____

Section 3

_____ 3. **Not contending eligible immigration status and I understand that I am not eligible for financial assistance.**

If you checked Section 3, no further information is required and the person named above is not eligible for assistance. Sign and date below and forward this form to the name and address specified in the attached notification. If this block is checked on behalf of a child, the adult who is responsible for the child should sign and date below.

Signature

Date

Check here if adult signed for a child: _____

APPLICANT
VERIFICATION CONSENT FORMAT

INSTRUCTIONS: Complete this format for each non-citizen member of the household who declared eligible immigration status on the Declaration Format. If this format is being completed on behalf of a child, the adult responsible for the child must sign it.

CONSENT

I, _____ hereby
(Print or type first name, middle initial, last name)

consent to the following:

- 1. The use of the attached evidence to verify my eligible immigration status to enable me to receive financial assistance for housing; and
- 2. The release of such evidence of eligible immigration status by the project owner without responsibility for the further use or transmission of the evidence by the entity receiving it, to:
 - 1. HUD, as required by HUD; and
 - 2. the INS for purposes of verification of the immigration status of the individual.

NOTIFICATION TO APPLICANTS:

Evidence of eligible immigration status shall be released only to the INS for purposes of establishing eligibility for financial assistance and not for any other purpose. HUD is not responsible for the further use or transmission of the evidence or other information by the INS.

Signature

Date

Check here if adult signed for a child: _____

DePaul Housing Management Corporation

TENANT SELECTION PLAN

For: Carondelet Commons; Cabrini Acres; Sanderson Court; Fontbonne Manor; Bishop Broderick Apartments; St. Vincent's Apartments; Marie Rose Manor; Fr. Leo O'Brien Senior Community; The Lawrence Commons; Branson Manor; St. Jude Apartments; Bishop Hubbard Senior Apartments; Delhi Senior Communities

Updated: March 28, 2016

DePaul Housing Management Corporation and the buildings it manages are pledged to the letter and the spirit of U.S. policy of achievement of equal housing opportunity throughout the nation. We encourage and support affirmative advertising and marketing programs in which there are no barriers to obtaining housing because of race, color, religion, sex, handicap, familial status, or national origin. We also comply with section 504 of the Rehabilitation Act of 1973, which prohibits discrimination on the basis of disability in any program or activity receiving federal financial assistance from the U.S. Department of Housing & Urban Development, the Fair Housing Act Amendments of 1988 and Title VI of the Civil Rights Act of 1964.

Applications are accepted by mail at DePaul Housing Management Corporation, 41 North Main Avenue, Albany, New York 12203. Requests for applications may be made by calling (518) 459-0183 OR by contacting the individual communities or by utilizing the TTY/Voice Relay Services number #7-1-1. Applications may also be obtained on-line at www.depaulhousing.com. Interviews and apartment showings are conducted at each building. **If you require assistance in reading, understanding or completion of this application, please call the above number to request a reasonable accommodation.**

ELIGIBILITY REQUIREMENTS

Failure to meet eligibility requirements in any one or more of these categories will result in the rejection of the applicant. In order to be accepted as a resident, each applicant will be required to provide third-party verification for required information in each of the categories listed below at an in-person eligibility interview.

1. **Household Composition**

[Definition of head of household: As listed on the application, the 1st or primary applicant. If only one person is applying, that person will be the head of household. Definition of co-head: The 2nd applicant, as listed on the application.]

A. **For St. Vincent's Apartments, Bishop Broderick Apartments, Bishop Hubbard Senior Apartments, Cabrini Acres Senior Apartments, St. Jude Apartments, and Branson Manor Senior Apartments:**

The applicant must be a single person who is 62 years of age or older, OR
a non-elderly mobility-impaired person between the ages of 18-61 in need of the accessibility features of an apartment designed for the mobility impaired,
OR

a household of two persons whose head of household is 62 years of age or older OR is a non-elderly mobility-impaired person between the ages of 18-61.

B. **For Sanderson Court Senior Apartments, Marie Rose Manor, Delhi Senior Communities, Fontbonne Manor Senior Apartments, and Fr. Leo O'Brien Senior Community:**

The applicant must be a single person who is 62 years of age or older, OR

a household of two persons whose head of household is 62 years of age or older.

C. For Carondelet Commons Senior Apartments:

The applicant must be a single person who is 55 years of age or older, OR
a non-elderly mobility-impaired person between the ages of 18-54,
OR

a household of two persons, whose head of household is 55 years of age or older, OR a non-elderly mobility-impaired person, between the ages of 18-54.

D. For The Lawrence Commons:

The applicant must be a single person who is 18 years of age or older, who is mobility impaired,
OR

a household of two persons, whose head or co-head of household is 18 years of age or older,
AND mobility impaired.

2. Citizenship

For St. Vincent's Apartments, Branson Manor Senior Apartments, Cabrini Acres Senior Apartments, Bishop Broderick Apartments, Bishop Hubbard Senior Apartments, St. Jude Apartments, and The Lawrence Commons the applicant must meet the requirements regarding citizenship according to Section 214 of the Housing and Community Development Act of 1980 (see related application attachment). Citizenship information will be verified, as appropriate and required, through the Department of Homeland Security and the SAVE system.

3. Income

A. For Bishop Broderick Apartments, Bishop Hubbard Senior Apartments, Cabrini Acres Senior Apartments, St. Jude Apartments, Branson Manor Senior Apartments, Sanderson Court Senior Apartments, Marie Rose Manor, Fontbonne Manor Senior Apartments, The Lawrence Commons, Fr. Leo O'Brien Senior Community:

maximum annual gross income must not exceed:

For one person: \$28,700* **
For two persons: \$32,800* **

B. For St. Vincent's Apartments and Carondelet Commons:

maximum annual gross income must not exceed:

For one person: \$45,950* **
For two persons: \$52,500* **

C. For Delhi Senior Community I & II:

maximum annual gross income must not exceed:

For one person: \$20,650*
For two persons: \$23,600*

(For St. Vincent’s Apartments, Bishop Broderick Apartments, Bishop Hubbard Senior Apartments, Cabrini Acres Senior Apartments, St. Jude Apartments, Branson Manor Senior Apartments, & The Lawrence Commons: at least 40% of each buildings’ apartments that become available each fiscal year must be made available first to those families whose income does not exceed \$17,250* for one person per year or \$19,700* for two persons per year. See below for full procedure.)**

(* These income limits were updated March 28 ,2016 and are subject to periodic change by the U.S. Department of Housing and Urban Development [HUD]).

PROCEDURE FOR INCOME TARGETING COMPLIANCE: Income Targeting requirements stipulate that 40% of the units that become available each fiscal year must be rented to Extremely Low-Income (ELI) households earning 30% or less of the median income. To meet this requirement, the site must alternate between the first extremely low-income applicant on the waiting list and the applicant at the top of the waiting list that is not extremely low income. This may mean some applicants with higher incomes might be skipped over for the available apartment. Once the ELI requirement is met, management is permitted to go to the other applicants on the Waiting List.

4. Student Eligibility

There are restrictions at most communities for providing section 8 assistance to any individual who is enrolled as either a part-time or full time student at an institution of higher education for the purpose of obtaining a degree, certificate, or other program leading to a recognized educational credential.

For Bishop Broderick Apartments, Bishop Hubbard Senior Apartments, Cabrini Acres Senior Apartments, Saint Jude Apartments, Branson Manor Apartments, The Lawrence Commons and Saint Vincent Apartments, restrictions will apply if the student:

- Is under the age of 24
- Is not married
- Is not a veteran of the US Military
- Does not have a dependent child
- Is not a person with disabilities, as such term is defined in 3(b)(3)(E) of the US Housing Act of 1937 (42U.S.C. 1437 a(b)(3)(E) and was not receiving section 8 assistance as of November 30, 2006)
- Is not living with his or her parents who are receiving Section 8 assistance; and
- Is not individually eligible to receive Section 8 assistance **and** has parents (the parents individually or jointly) who are not income eligible to receive Section 8 assistance.

For Sanderson Court Senior Apartments, Marie Rose Manor, Delhi Senior Communities, Fontbonne Manor and Father Leo O’Brien to be eligible the student must:

- Be of legal contract age under state law
- Have established a household separate from parents or legal guardians for at least one year prior to application for occupancy OR
- Meet the US Department of Education’s definition of an independent student
- Not be claimed as a dependent by parents or legal guardians pursuant to IRS regulations, and,
- Obtain a certification of the amount of financial assistance that will be provided by parents, signed by the individual providing the support.

5. Assets

There is no dollar limitation on the amount of assets an applicant may have. However, federal

and state funding sources require us to consider the value of an applicant's assets or income from assets when determining an applicant's eligibility. If the applicant has disposed of any assets for less than fair market value within two years prior to the date of the application, the fair market value of that asset will be considered an (imputed) asset for two years from the date of disposal.

6. **Social Security Number Requirement**

Applicants must disclose social security numbers (SSNs) for all applying household members at the time of application. Documentation verifying the social security numbers, such as the original social security card issued by the Social Security Administration, must be provided at the time of the In-Person (Eligibility) Interview. If no social security card is available, documents such as an original document issued by a federal or state government agency which contains the name of the individual and the complete social security number along with other identifying information of the individual must be provided.

If all household members have not disclosed and/or provided verification of their SSNs at the time an apartment becomes available, the next eligible applicant will be offered the available apartment. The applicant household that has not disclosed and/or provided of SSNs for all household members has 90 days from the date they were first offered an available apartment to disclose and verify the SSNs. During this 90 day period, the applicant household may retain its place on the waiting list. After 90 days, if all SSNs of the household are not verified the household will be determined ineligible and will be removed from the waiting list.

If you are not a citizen of the United States, do not have a social security number and do not have eligible immigration status, please refer to the office of the property for which you are applying for housing for further instructions regarding the disclosure and verification of social security numbers. Households unable to supply social security number verification or comply with the regulation will be determined ineligible and will be removed from the waiting list.

7. **Violence Against Women's Act**
For St. Vincent's Apartments, Bishop Broderick Apartments, Bishop Hubbard Senior Apartments, Cabrini Acres Senior Apartments, St. Jude Apartments, Branson Manor Senior Apartments and The Lawrence Commons Apartments:

The Violence Against Women's Act was enacted to help to ease the housing concerns of victims of domestic violence. In connection with housing, the Act provides legal protections to victims of domestic violence, dating violence or stalking. An applicant who certifies that they were the victim of domestic violence can be admitted for housing even with poor landlord references if they can show the negative references were due to domestic violence. The applicant must provide certification beyond self certification of the domestic violence. This may include verification from police, domestic violence victims' advocates and social service agencies. The Act also prohibits owner and agents from evicting or terminating assistance from individuals being assisted under a project-based section 8 program in the above stated housing communities, if the asserted grounds for such action is an instance of domestic violence and such violence is verified.

If you believe this applies to you, please contact us for further information and assistance.

APPLICANT SCREENING

1. **General**

Applicant screening is targeted toward determining the likelihood that an applicant will be able to meet

the essential requirements of tenancy as expressed in the lease and the Handbook of Policies. These essential requirements are summarized in the section (see page 6) entitled “Ability to Meet the Requirements of Tenancy.” Note: “Applicant” as used in this section, also includes any live-in aide.

2. **Background Checks**

All applicants will be subject to a criminal background check including, but not limited to, a mandatory screening review of the lifetime registration list under a state’s sex offender registration program. Live-in aides are subject to the same screening requirements. These screenings will be done as part of the application verification process.

A. As required by the United States Department of Housing & Urban Development’s Notice H2002-22 HUD, any applicant who is subject to a requirement of lifetime registration on any state’s sex offender registration program will NOT be admitted.

B. Any conviction or adjudication other than an acquittal of the following crimes is cause for rejection of an application to housing in any community managed by DePaul Housing Management:

- Murder
- Manslaughter
- Arson
- Armed Robbery
- Sex offenses, including forcible rape, child molestation, and aggravated sexual battery

C. Any conviction or adjudication other than acquittal of the following crimes within five (5) years from the date of application is cause for rejection of an application to housing in any community managed by DePaul Housing Management:

- A crime involving the illegal possession, sale or manufacture of a controlled substance
- A felony that involved harm to another person or to property

D. Any conviction or adjudication other than acquittal of the following crimes within three (3) years from the date of application is cause for rejection of an application to housing in any community managed by DePaul Housing Management:

- Any other felony, not included above

3. **Rental History**

A. During the screening process, we will ask for verification of successful, appropriate, and verifiable rental history for the five (5) years prior to the date of the interview for all applicants (1st and 2nd). Note: Any applicant or household member who was evicted from state- and/or federally-assisted housing for drug related criminal activity within five years prior to the date of the application will NOT be accepted as a resident.

B. We will mail reference forms to each landlord. The form(s) must be completed and mailed or hand-delivered to the office by the landlord. This requirement will be waived ONLY if the applicant can document that he or she has been a homeowner residing in his/her home for five (5) years or more prior to the date of the interview.

C. Negative responses to landlord reference questions are cause for rejection.

4. **Screening For Current Receipt of HUD Housing Assistance:**

HUD provides the owner/agent with information about an applicant's current status as a HUD housing assistant recipient. The owner/agent will utilize the Enterprise Income Verification System to determine if you or any member of your household is currently receiving HUD assistance. Nothing prohibits a HUD housing assistance recipient from applying to another property. However, the applicant must move out of the current property and /or forfeit any rental assistance before HUD rental assistance for the new property will begin. If the applicant or any member of the applicant household fails to fully and accurately disclose rental history, including their current residence, the application may be denied based on the applicant's misrepresentation of information.

5. **In-Person (Eligibility) Interview**

The applicant must successfully complete an in-person interview with the Community Manager. He or she must respond appropriately either personally or through an interpreter (in the case of hearing-impaired or non-English-speaking applicants) to a standard questionnaire.

6. **Ability to Meet the Requirements of Tenancy**

The applicant must demonstrate the capacity and willingness:

- To understand and comply with the lease.
- To understand and comply with the building's rules, regulations, and policies.
- To appropriately maintain the rental unit.
- To follow instructions and respond appropriately in emergency situations.
- To pay rent and other fair charges in a timely manner. And, at the time of move-in, to pay a security deposit equal to the applicant's "total tenant payment" (rent based on 30% of income plus the monthly Utility Allowance).
- To care for and avoid damaging the unit and common areas.
- To use facilities and equipment in a reasonable manner.
- To create no health, safety or sanitation hazards that threatens self or rights of others including any drug related activity.
- To support in actions and behaviors the quiet enjoyment of premises by self and other residents.
- To avoid criminal activity that threatens the health, safety or rights of others including any drug-related criminal activity.
- To comply with necessary and reasonable rules and program requirements of the U.S. Department of Housing and Urban Development (HUD) and the housing provider.
- To comply with health and safety codes.
- To report maintenance needs.
- To comply with DePaul Housing Management managed properties' "Handbook of Policies."

WAITING LISTS

Completed, eligible applications are distributed from the DePaul Housing Management main office to the building(s) that are checked-off on the application. Upon receipt of the application, each building places the applicant's name on their Waiting List and sends the applicant a letter notifying them of this action.

Note: It is the policy of DePaul Housing Management that Waiting Lists for any of its buildings remain open always; Waiting Lists are never closed to applicants.

Applicants are placed on the individual building's Waiting List in the order they are received. When a vacancy occurs within a building, the Community Manager refers to the Waiting List and contacts the next person(s) on their List (at the "top of the List"), requesting that they come in to the office for an eligibility appointment **.

Applicants may choose not to be considered for an apartment at the time they are contacted and may request that they remain on the Waiting List. In that case, their name will then go to the "bottom" of the Waiting List, meaning that they will not be contacted again for one year or until the List has been exhausted, whichever comes first. If there are no successful candidates for an apartment found within the first contact group, the Community Manager will re-visit the Waiting List and contact the next person(s) on the list, and so on.

Applicants who repeatedly (three times) turn down the opportunity for an eligibility appointment (offer of an appointment) will be removed from the Waiting List. Applicants who successfully complete the eligibility process and are consequently offered an apartment but refuse the apartment, are removed from the Waiting List. Applicants will also be removed from the Waiting List if: the applicant no longer meets the eligibility requirements for the property or, the applicant fails to respond to our written notices or requests, or, mail sent to the applicant's address is returned as undeliverable, or if the family size changes the size of the unit needed and such size unit does not exist in the property. In all cases, those applicants who have been removed from the Waiting List must reapply in order to be considered for an apartment once again. Upon reapplication, the applicant will be placed at the bottom of the Waiting List.

A yearly Waiting List update survey will be mailed to all applicants on each Waiting List. This allows the applicant to reaffirm their interest in remaining on a Waiting List. Non-responders will be removed from the Waiting List. Note: Should an applicant have a change in address, it is their responsibility to notify the building so that the Waiting List information may be kept accurate and up-to-date.

Upon accepting the offer of an apartment and starting the interview and income certification process, the applicant must provide a deposit in the amount of \$50 to hold the apartment while the interview and certification process proceeds. If the application is deemed to be income and otherwise eligible, the \$50 deposit will be applied toward the required lease security deposit. If the application is found to be income or otherwise ineligible, the \$50 will be returned to the applicant. If the applicant withdraws the application and refuses to accept the apartment at anytime after the \$50 has been deposited and the interview and certification process has begun, the \$50 will be forfeited.

(** **Reminder:** For St. Vincent's Apartments, Bishop Broderick Apartments, Bishop Hubbard Senior Apartments, Cabrini Acres Senior Apartments, St. Jude Apartments, Branson Manor Senior Apartments, & The Lawrence Commons: at least 40% of each buildings' apartments that become available each fiscal year must be made available first to those families whose income does not exceed \$17,250* for one person per year or \$19,700* for two persons per year. See Income Targeting Compliance Procedure on page 3.)

ELIGIBILITY REQUIREMENTS FOR ACCESSIBLE APARTMENTS

WHO IS ELIGIBLE:

(Please see "Household Composition" requirements listed on page one for particular building regulations.)

Elderly or non-elderly single persons or a household where the head of the household or co-head has a mobility impairment or physical disability *. A person with a degenerative condition that will result in mobility impairment, if otherwise eligible, is also eligible for an accessible unit. Written verification of the mobility impairment from the attending physician will be required.

* The applicant's mobility impairment or physical disability must necessitate the need for all of the special design features of our accessible apartments as listed below:

- Wider doorways throughout the apartment
- Lowered kitchen counters and cabinets
- Roll-in kitchen sink (sink with cut-out for wheelchair access)
- Additional grab bars in the bathtub/shower
- Specially designed hand-held shower

Tenant Selection for Accessible Apartments is done in this order:

- A. Current tenant (within the same building) needing an accessible unit.
- B. The next eligible qualified applicant on the Waiting List who is mobility-impaired and needs an accessible unit. (Note: For St. Vincent's Apartments, Bishop Broderick Apartments, Bishop Hubbard Senior Apartments, Cabrini Acres Senior Apartments, St. Jude Apartments, Branson Manor Senior Apartments, & The Lawrence Commons: at least 40% of each buildings' apartments that become available each fiscal year must be made available first to those families whose income does not exceed \$17,400 for one person per year or \$19,850 for two persons per year. Income limits are subject to change by the U.S. Dept. of Housing & Urban Development.)
- C. Waiting Lists—The next eligible qualified applicant on the Waiting List who is not mobility impaired does not need an accessible unit. However, the tenant's lease will include a provision that the tenant will move to a standard unit when the next standard unit becomes available and a household from A or B above is available to move into the accessible unit.

UNIT OCCUPANCY

No more than two (2) persons may reside in any apartment.

TERMS OF RESIDENCY

Each eligible qualified applicant who accepts an apartment will be required to sign a rental lease for a period of one year. Thirty days written notice is required to terminate the lease agreement. **This apartment must be the applicant's only residence.**

Rent

- A. Rents are based on each individual's income in accordance with current HUD regulations or other appropriate regulations.

- B. At Carondelet Commons, rent is based on income categories. These rents are subject to periodic review by the New York State Division of Housing and Community Renewal (DHCR).

Security Deposit

At the time of move-in, the new tenant is required to pay a security deposit. At all buildings **except** Carondelet Commons, the security deposit is equal to the tenants' "total tenant payment" or \$50, whichever is **larger**. Total tenant payment equals the amount of the unit's HUD-approved utility allowance plus the monthly rent amount. At Carondelet Commons the security deposit is equal to the tenants' monthly rent **plus** \$50. A separate check or money order for the security deposit is required. The security deposit will be placed in a bank account under the tenant's name and the deposit will accrue interest until such time that the apartment is vacated.

APARTMENT TRANSFERS

1. **Within the Building**

Residents may transfer from one apartment to another only as a reasonable accommodation for a disability. All reasonable accommodation requests will be subject to third party verification prior to placement on the transfer list. If an apartment is not available to accommodate the resident's needs in this regard, the resident will be placed on a transfer list. When an appropriate unit becomes available, it will be filled first from the transfer list and then from the waiting list.

2. **From One DePaul Building to Another**

There is no shortcut way to "transfer" from one building to another; the resident must apply in the same manner as any other applicant.

REJECTION CRITERIA

Under the guidance of the U.S. Department of Housing & Urban Development (H2002-22 HUD) regulations, an applicant will **not** be accepted for tenancy for any one of the following reasons:

1. Failure to meet any one or more of the Tenant Selection Criteria listed in this document.
2. Violent criminal behaviors or other criminal behaviors that would threaten the health, safety, or right to peaceful enjoyment of the premises by other residents, or of the site's employees, contractors or agents.
3. Any applicant/household member whom DePaul Housing Management has reasonable cause to believe abuses or has a pattern of alcohol or substance abuse which may interfere with the health, safety, or right to peaceful enjoyment of the premises by other residents.
4. Inability/unwillingness to disclose and document all social security numbers or to execute a certification when numbers have not been assigned.

5. Failure to sign and submit all required verification consents, including landlord reference requests. Negative responses found on any landlord reference are cause for rejection.
6. Criminal activity:
 - Any applicant/household member who was a household member who was evicted from State- or Federally-assisted housing for drug related criminal activity, for five years from the date of eviction. Refer to page five (5) of this document, #3-Rental History.
 - Any applicant/household member who is currently engaging in illegal drug use.
 - Any applicant/household member whom DePaul Housing Management has reasonable cause to believe is involved in illegal use or a pattern of illegal use of a drug which may interfere with the health, safety, or right to peaceful enjoyment of the premises by other residents.
 - Any applicant/household member who is a sex offender subject to a lifetime registration requirement under a state sex offender registration program.
 - As disclosed by background check outlined on pages four (4) and five (5) of this document.
7. Misrepresentation: Willful or serious misrepresentation in the application procedures

REJECTION PROCEDURE

1. A letter is sent to the applicant, informing him/her of the rejection and the reason(s) for the rejection.
2. The applicant is advised in this letter that he/she has fourteen (14) days to request review of the rejection. The applicant may request a meeting with the DePaul Housing Management staff reviewer to appeal the rejection.
3. A DePaul Housing Management staff member, not the staff member who made the initial decision on the application, will review the application and the decision to reject the applicant.
4. To the extent practicable, this review will be completed within five (5) business days of the applicant's request for review. However, an in-person meeting review may not be able to be completed within five (5) business days. Such a meeting will be scheduled as soon as possible.
5. The applicant will be sent a written, final determination within five (5) business days of completion of this review.

