



DePaul Housing Management Corporation
Communities for Seniors

Franciscan Heights Senior Community

1 St. Anthony Lane
Rensselaer, NY 12144
Phone 518-432-3555
Fax 518-432-3553
TTY/Voice Relay Services 7-1-1
www.depaulhousing.com

Dear Applicant:

Thank you for your interest in Franciscan Heights Senior Community, managed by DePaul Housing Management.

Included in this package are the following materials:

- * Tenant Selection Plan
- * Application for Housing

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.

If you wish to tour Franciscan Heights Senior Community, or have questions regarding our community, please contact the rental office at 518-432-3555.

If you have any questions or require assistance in reading, understanding or completing this application please call me at 518-432-3555, Monday-Friday between 8:30 a.m. and 4:30 p.m.

Please return all forms to: Franciscan Heights Senior Community
1 St. Anthony Lane
Rensselaer, NY 12144

We look forward to receiving your application.

Sincerely,
Laurie Bender
Community Manager



B. HOUSEHOLD COMPOSITION

	Name	Relationship to head	Birth Date	Age (optional)	SS#	Student Y/N
Head						
Co-T						
3.						
4.						
5.						
6.						
7.						
8.						

Have there been any changes in household composition in the last twelve months? Yes No

If yes, explain:

Do you anticipate any changes in household composition in the next twelve months? Yes No

If yes, explain:

Will all of the persons in the household be or have been full-time students during five calendar months of this year or plan to be in the next calendar year at an educational institution (other than a correspondence school) with regular faculty and students? Yes No

IF YES, ANSWER THE FOLLOWING QUESTIONS:

Are any full-time student(s) married and filing a joint tax return?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are any student(s) enrolled in a job-training program receiving assistance under the Job Training Partnership Act?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are any full-time student(s) a TANF or a title IV recipient?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are any full-time student(s) a single parent living with his/her minor child who is not a Dependant on another's tax return?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

C. INCOME

List ALL sources of income as requested below. If a section doesn't apply, cross out or write NA.

Household Member Name	Source of Income	Gross Monthly Amount
	Social Security	\$
	Social Security	\$
	Social Security	\$
	Social Security	\$
	SSI Benefits	\$
	SSI Benefits	\$
	SSI Benefits	\$
	SSI Benefits	\$
	Pension (list source)	\$
	Pension (list source)	\$
	Pension (list source)	\$
	Veteran's Benefits (list claim #)	\$
	Veteran's Benefits (list claim #)	\$
		\$
	Unemployment Compensation	\$
	Unemployment Compensation	\$
	Title IV/TANF	\$
	Title IV/TANF	\$
	Contributions to the Household (monetary or not)	\$
	Full-Time Student Income (18 & Over Only)	\$
	Full-Time Student Income (18 & Over Only)	\$
	Interest Income (source)	\$
	Interest Income (source)	\$
	Interest Income (source)	\$
	Long Term Medical Care Insurance Payments in excess of \$180/day	\$

Household Member Name	Source of Income	Monthly Amount
	Employment amount	\$
	Employer:	
	Position Held	
	How long employed:	
	Employment amount	\$
	Employer:	
	Position Held	
	How long employed:	
	Employment amount	\$
	Employer:	
	Position Held	
	How long employed:	
	Employment amount	\$
	Employer:	
	Position Held	
	How long employed:	
	Alimony	
	Are you <i>legally entitled</i> to receive alimony?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, list the amount you are <i>entitled</i> to receive.	\$
	Do you receive alimony?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes list amount you receive.	\$
	Child Support	
	Are you <i>legally entitled</i> to receive child support?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes list the amount you are <i>entitled</i> to receive.	\$
	Do you receive child support?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, list the amount you receive.	\$
	Other Income	\$
	Other Income	\$
	Other Income	\$
TOTAL GROSS ANNUAL INCOME (Based on the monthly amounts listed above x 12)		\$
TOTAL GROSS ANNUAL INCOME FROM PREVIOUS YEAR		\$
Do you anticipate any changes in this income in the next 12 months?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is any member of the household legally entitled to receive income assistance?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is any member of the household likely to receive income or assistance (<i>monetary or not</i>) from someone who is not a member of the household as listed on Page 2 etc)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes to any of the above, explain:		
Is the income received?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

D. ASSETS

If your assets are too numerous to list here, please request an additional form.

If a section doesn't apply, cross out or write NA.

Checking Accounts	#	Bank	Balance \$	
	#	Bank	Balance \$	
	#	Bank	Balance \$	
Savings Accounts	#	Bank	Balance \$	
	#	Bank	Balance \$	
	#	Bank	Balance \$	
Trust Account	#	Bank	Balance \$	
Certificates	#	Bank	Balance \$	
	#	Bank	Balance \$	
	#	Bank	Balance \$	
	#	Bank	Balance \$	
Credit Union	#	Bank	Balance \$	
	#	Bank	Balance \$	
Savings Bonds	#	Maturity Date	Value \$	
	#	Maturity Date	Value \$	
	#	Maturity Date	Value \$	
Life Insurance Policy	#		Cash Value \$	
Life Insurance Policy	#		Cash Value \$	
Mutual Funds	Name:	#Shares:	Interest or Dividend \$	Value \$
	Name:	#Shares:	Interest or Dividend \$	Value \$
	Name:	#Shares:	Interest or Dividend \$	Value \$
Stocks	Name:	#Shares:	Dividend Paid \$	Value \$
	Name:	#Shares:	Dividend Paid \$	Value \$
	Name:	#Shares:	Dividend Paid \$	Value \$
Bonds	Name:	#Shares:	Interest or Dividend \$	Value \$
	Name:	#Shares:	Interest or Dividend \$	Value \$
Investment Property				Appraised Value \$

Real Estate Property: <i>Do you own any property?</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If yes, Type of property</i>	
Location of property	
Appraised Market Value	\$
Mortgage or outstanding loans balance due	\$
Amount of annual insurance premium	\$
Amount of most recent tax bill	\$

Does any member of the household have an asset(s) owned jointly with a person who is NOT a member of the household as listed on Page 2?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If yes, describe:</i>	
Do they have access to the asset(s)?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Have you sold/dispensed of any property in the last 2 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If yes, Type of property:</i>	
Market value when sold/dispensed	\$
Amount sold/dispensed for	\$
Date of transaction:	

Have you disposed of any other assets in the last 2 years (Example: Given away money to relatives, set up Irrevocable Trust Accounts)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If yes, describe the asset:</i>	
Date of disposition:	
Amount disposed	\$

Do you have any other assets not listed above (excluding personal property)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If yes, please list:</i>	

E. ADDITIONAL INFORMATION		
Are you or any member of your family currently using an illegal substance?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you or any member of your family ever been convicted of a felony?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>If yes, describe:</i>		

Have you or any member of your family ever been evicted from any housing?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>If yes, describe</i>		
Have you ever filed for bankruptcy?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>If yes, describe</i>		
Will you take an apartment when one is available?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>Briefly describe your reasons for applying:</i>		

F. REFERENCE INFORMATION

Current Landlord	Name:	
	Address:	
	Home Phone:	
	Bus. Phone:	
	How Long?	
Prior Landlord	Name:	
	Address:	
	Home Phone:	
	Bus. Phone:	
	How Long?	
Credit Reference #1:		
Address:		
Account #:		Phone #:
Credit Reference #2:		
Address:		
Account #:		Phone #:
Credit Reference #3:		
Address:		
Account #:		Phone #:
Personal Reference #1:		
Address:		
Relationship:		Phone #:
Personal Reference #2:		
Address:		

Relationship:	Phone #:
Personal Reference #3:	
Address:	
Relationship:	Phone #:

In case of emergency notify:	
Address:	
Relationship:	Phone #:

G. VEHICLE AND PET INFORMATION (if applicable)			
List any cars, trucks, or other vehicles owned. Parking will be provided for one vehicle. Arrangements with Management will be necessary for more than one vehicle.			
Type of Vehicle:	License Plate #:		
Year/Make:	Color:		
Type of Vehicle:	License Plate #:		
Year/Make:	Color:		
Do you own any pets?			<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If yes, describe:</i>			

CERTIFICATION

I/We hereby certify that I/We Do/Will Not maintain a separate subsidized rental unit in another location. I/We further certify that this will be my/our permanent residence. I/We understand I/We must pay a security deposit for this apartment prior to occupancy. I/We understand that my eligibility for housing will be based on applicable income limits and by management's selection criteria. I/We certify that all information in this application is true to the best of my/our knowledge and I/We understand that false statements or information are punishable by law and will lead to cancellation of this application or termination of tenancy after occupancy. All adult applicants, 18 or older, must sign application.

SIGNATURE (S):

(Signature of Tenant)	Date
(Signature of Co-Tenant)	Date
(Signature of Co-Tenant)	Date
(Signature of Co-Tenant)	Date

DePaul Housing Management Corporation
Franciscan Heights Senior Community
TENANT SELECTION PLAN

March 6, 2015

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.

Applications are accepted by mail at Franciscan Heights Senior Community, 1 St. Anthony Lane, Rensselaer, New York 12144. Requests for applications may be made by calling (518) 432.3555. **If you require assistance in reading, understanding or completion of this application, please call the above number to request a reasonable accommodation.** The TTY Relay number is 1.800.662.1220.

ELIGIBILITY REQUIREMENTS

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

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 the co-head: The 2nd applicant, as listed on the application.

The applicant must be a person who is 55 years of age or older, OR

A household of two persons or more, the head of which is 55 years of age or older.

Note: Per IRS/ Tax Credit regulations most students are not eligible for the rent restricted units. Verification of student eligibility is required. All student issues can be explained in detail to prospective applicants.

2. Income

For the One-Bedroom Apartments Maximum Annual Income May Not Exceed \$34,740 for a one person household, and \$39,720 for a two person household.

For Two-Bedroom Apartments funded with Low Income Housing Tax Credit funding, Maximum Annual Income May Not Exceed \$39,720 for a two person household; \$44,700 for a three person household and \$49,620 for a four person household. Per regulations, a one person household is not permitted to occupy a tax credit two bedroom apartment.

For the ten Two-Bedroom Cottages funded under New York State's Homes for Working Families (HWF) program, Maximum Income Limits May Not Exceed \$52,650 for a two person household; \$59,250 for a three person household and \$65,800 for a four person household. Per regulations, a one person household is not permitted to occupy a two person cottage funded under the HWF program.

For the 22 Market Rate Cottages and four Market Rate Apartments there are NO Maximum Income Limits, but there is a Minimum Income Requirement which requires that a household at time of application processing will pay no more than 50% of their income for rent and utilities.

Notes: No Maximum Income Limits pertain to Market-Rate Units. As stated above, there are minimum Income requirements for Market-Rate Units. Verification of Income & Assets will be conducted to ensure applicants' ability to pay rent for Market-Rate Units.

Rental Amounts and Income Eligibility Standards and Criteria are subject to adjustment.

5. **Social Security Number Requirement**

Applicants must disclose Social Security numbers (SSNs) for all family members. Documentation must be provided, such as the original Social Security card. If no SSN has been assigned, the applicant must complete a certification that no SSN has been assigned.

Note: If it has been determined that the applicant is otherwise eligible for admission into the property, and the only outstanding verification is that of the SSN, the applicant may retain his or her place on the waiting list for a period of 60-days during which the applicant is trying to obtain documentation of SSN.

APPLICANT SCREENING

1. **General**

Applicant screening is targeted toward determining 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 entitled "Ability to Meet the Requirements of Tenancy." Note: Live-in aides are subject to the same screening criteria as the Applicant.

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 in conjunction with the application approval process.

A. 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 sale, manufacture or possession 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 rental history for the five (5) years prior to the date of the interview for all applicants. Note: Any applicant or household member who was evicted from any 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. **In-Person (Eligibility) Interview**

The applicant must successfully complete an in-person interview with the DePaul Housing Management Staff. 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.

5. 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 community's rules, regulations, and policies.
- To appropriately maintain the rental unit in a safe & sanitary manner.
- To follow instructions and respond appropriately in emergency situations.
- ◆ To pay rent and other fair charges in a timely manner including the appropriate security deposit.
- ◆ 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 threaten 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 IRS Low Income Housing Tax Credit Code 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."
- ◆ To comply with DePaul Housing Management managed properties' "Pet Policy", when applicable.

WAITING LIST

Upon receipt of a complete application, Franciscan Heights Senior Community 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 communities remain open always; waiting lists are never closed to applicants.

Applicants are placed on the community's waiting list in the order they are received. There will be separate waiting lists for apartments and cottages based on income restrictions. When a vacancy

occurs 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.

If at the time of the eligibility appointment the applicant appears to be qualified for the apartment or cottage and wishes to lease the unit, the applicant will deposit with Franciscan Heights Senior Community (FHSC) a holding deposit which will hold the unit for them until the applicant signs the lease and takes responsibility for the lease requirements. If during the application processing it is determined that the applicant is not eligible for the apartment, the deposit will be returned to the applicant. If, after depositing the holding deposit with FHSC and FHSC has started to process the application, the applicant withdraws the application for any reason or refuses the unit upon completion of application processing, then the deposit will be forfeited by the applicant and will become a non-refundable processing fee retained by Franciscan Heights Senior Community. If the applicant is deemed eligible after the application processing and signs a lease effective on the agreed upon date, then the deposit paid will be credited to rent due on the unit.

Applicants may choose not to be considered for an apartment or cottage at the time they are contacted for the eligibility appointment and may request that they remain on the Waiting List; their name will then go to the “bottom” of the Waiting List. If there are no successful candidates for an apartment or cottage found within the first contact group, the Building Director 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 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 a written notice for an eligibility interview 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 community so that the Waiting List information may be kept accurate and up-to-date.

UNIT SIZE

No more than two (2) persons may reside in any one-bedroom apartment. No fewer than two (2) and no more than four (4) persons may reside in a two-bedroom apartment or cottage.

TERMS OF RESIDENCY

Each eligible, qualified applicant who accepts an apartment or cottage will be required to sign a rental lease for a period of no less than one year. If an applicant accepts a Low Income Tax Credit apartment or a NYS Homes for Working Families cottage, that apartment or cottage must be your only residence.

APARTMENT TRANSFERS

1. Within the Community

In order for a resident of an apartment or cottage to transfer to another apartment or cottage within the Franciscan Heights Senior Community, the resident must meet one of the following criteria:

- Have experienced a change in household composition
- Have experienced a change in income which is permanent in nature
- Requires a Reasonable Accommodation for a disability

If a resident meets one of these criteria, which must be verified, and is qualified for the new apartment, they will be placed on the transfer list in the order in which the request for transfer is approved. Persons on the transfer list will have priority over persons on the waiting list when an appropriate unit becomes available. If a household on the transfer list refuses an appropriate unit when it becomes available, they will be moved to the bottom of the transfer list.

2. From One DePaul Housing Management Community to Another

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

ELIGIBILITY REQUIREMENTS FOR ACCESSIBLE APARTMENTS

An eligible household where the head 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 follows:

- Wider doorways throughout the apartment
- Lowered kitchen counter 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/cottage needing an accessible unit.
- B. The next eligible qualified applicant on the Waiting List who is mobility impaired and needs an assessable unit.
- C. The next eligible qualified applicant on the Waiting List who is not mobility impaired and 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.

REJECTION CRITERIA

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 (illegal and/or prescribed) 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 evicted from any housing for drug related criminal activity, for five years from the date of eviction. Refer to page three (3) of this document, #3-Rental History.
 - Any applicant/household member who is currently engaging in illegal drug use or in possession of illegal drugs.
 - 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 two (2) and three (3) of this document.
 - 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, it may not be possible to complete an in-person meeting review 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.



