



January 2017

Dear Applicant:

This letter serves as notice of a change in our House Rules which will apply to all Wait List Applicants who wish to be considered for an apartment with us.

All new residents will be required to sign a Smoke-free Lease or Lease Addendum, stating the terms of the Smoke-free Policy.

The change in policy is as follows:

Effective April 1, 2010 the House Rules for this property will be amended to include a Smoke-Free Policy. The policy will read “Due to the increased risk of fire, and the known health effects of secondhand tobacco smoke, smoking is prohibited in any area of the premises, including apartments, automobiles parked on the premises and common areas, whether enclosed or outdoors. The policy applies to all owners, tenants, guests, employees and servicepersons.

Smoking: the term “Smoking” means inhaling, exhaling, burning, or carrying any lighted cigar, cigarette, electronic cigarette or other tobacco products in any manner or in any form.

Premises: the term “Premises” means all areas of the building and areas of the grounds owned by Ken-Ton Presbyterian Village.

This initiative is supported by our Board of Directors, HUD, American Associates of Homes and Services for the Aging (AAHSA), Smoke-free Apartment House Registry, and Erie-Niagara Tobacco-Free Coalition.

If you wish to be removed from the Waiting List for Ken-Ton Presbyterian Village, please submit your request, in writing, to us at 3735 Delaware Avenue, Kenmore, New York 14217, Attention: Administrative Assistant (No response is required if you are a non-smoker and wish to remain on the current Waiting List)

Sincerely,

Ken-Ton Presbyterian Village
Administrative Office

Steps to Becoming A Resident at Ken-Ton Presbyterian Village

Rev. 2.18.14

COMPLETE AN APPLICATION

If eligible, you are then placed on the waiting list according to the date the application was received. Please indicate "Apartment without services" or "Apartment with Enriched Housing Services"

Apartment WITHOUT services

As vacancies become available, you will be contacted for a Financial & Personal Interview

Financial Interview

During your Financial Interview you will be required to sign verification forms and provide current financial information

Home Visit

A Home Visit is required with the Administrator

After you have qualified financially, arrangements to sign a lease & set a move in date will be made. **DO NOT** give notice to your landlord until this step is complete

BEFORE your move in date, there will be a move in inspection completed with a staff member

Apartment WITH services

As vacancies become available, you will be contacted for an Interview/ Tour with the Administrator, Assistant Program Coordinator and/or Case Manager to gather information

Financial Interview

During your Financial Interview you will be required to sign verification forms and provide current financial information

Medical Evaluation

You will receive a Medical Evaluation Packet from staff which must be completed and approved by your Primary Care Physician. Medical evaluation is good for 30 days.

Home Visit

A Home Visit is required with the Administrator

After you have qualified for the Enriched Housing Program, arrangements to sign the lease & enriched housing agreement will be made. **DO NOT** give notice to your landlord until this step is complete

BEFORE your move in date, there will be a move in inspection completed with a staff member

Welcome to Ken-Ton Presbyterian Village



FAQ's

The following are questions which we have compiled to better help you understand the Enriched Housing Program.

Q: *How much will my rent cost?*

A: Your rent for Ken-Ton Presbyterian Village is determined by approximately 30% of your adjusted gross income. Out of pocket medical expenses are also taken into consideration.

Q: *Is there a cost for the Enriched Housing Program?*

A: Yes. In addition to your monthly rent, the Private Pay fee is \$1,235 per month. Both your rent, and your Enriched Housing Fee are determined by your income and assets. A Financial Interview will be held to determine the exact cost of the above two (2) figures. We do accept SSI.

Q: *Is there an age requirement?*

A: Yes. Residents on the Enriched Housing Program must be 65 or older.

Q: *What are the steps that I need to take in order to move in?*

A: 1) Fill out an application. 2) Once this has been approved then a tour to view an apartment and the facility must be scheduled. 3) A Financial Interview will need to be scheduled. 4) A Medical Evaluation must be completed by your doctor and has to be current (30 days) of your admission date, we then have to approve the Medical evaluation.

Q: *What is a Financial Interview?*

A: You will be updating the information regarding your finances, which you originally submitted with your application. Third Party verification/consent forms must be signed. These forms are used to process and verify all your current information. A scheduled date and time for the interview is made by appointment only with the front office. Prior to your appointment, detailed guidelines are provided to you regarding the documents required at the interview. We ask that you please come fully prepared for the interview.

Q: *What is the size of an Enriched Housing Program apartment?*

A: The Living Room is 13'-6" x 13'-0". The Bedroom is 10'-0" x 11'-6". The Kitchen is 9'-0" x 7'-0". The Foyer is 4'-10" x 8'-9". The Bathroom is 8'-5" x 8'-7".

Q: *What is a typical day like on the Enriched Housing Program?*

A: Between 8 am and 10:30am a Personal Care Aide (PCA) will come to your apartment to obtain a food order for you to prepare your evening meal and the next day's breakfast. A congregate meal is served in the Enriched Housing dining room at noon. Between 2pm & 3pm a Dietary Aide will come to your apartment to deliver the food order you placed that morning.

Q: *Do I have to attend the noon meal?*

A: Yes. You are required by the New York State Department of Health to attend the noon meal unless you have an excuse from your physician or have a short-term illness.

Q: *How often is my apartment cleaned?*

A: Your apartment will be cleaned on a weekly basis.

Q: *How often is my laundry cleaned?*

A: Your laundry will be cleaned on a weekly basis.

Q: *When do I receive personal care services?*

A: On your regularly scheduled cleaning day a PCA will be available to help you with personal care issues.

Q: *Does the staff of the Enriched Housing Program help with medications?*

A: **No we do not.** The staff is **not** permitted to assist, or provide reminders. Your family/or outside agency may assist with pre-fill containers.

Q: *What are the staff hours?*

A: Our Enriched Housing staff is available from 8 am to 4 pm Monday - Sunday.
Office and Administration staff is available from 8:30 am to 4:30 pm Monday - Friday.

**Thank you for your interest in the services of our ENRICHED HOUSING
PROGRAM at Ken-Ton Presbyterian Village**

It is important to us that applicants and their families are informed of what our program offers for the well being and satisfaction of the resident.

- The Enriched Housing Program is closely regulated and monitored by the Department of Health / Office of Continuing Care. One of the regulations is a medical evaluation be completed by the applicant's primary physician within 30 days of admission to the program and annually thereafter. The primary physician should be informed that our program is **NOT** an assisted living level of care or a **medical model** nor do we provide assistance with medications. Staffing is strictly 8 hours a day, 8:00 am to 4:00 pm, 7 days a week.
Just as cost of rent at Ken-Ton Presbyterian Village is **determined by the resident's income** so is the **cost of the program**. The cost of the Enriched Housing Program is \$1,245.00; this fee is also determined by your income.
- Rent and utilities, except water, are **not included** in the cost of the program.
- **Support services** include housekeeping and laundry, which are done once a week. If a person needs help in bathing, an aide will provide assistance in the shower on the same day as housekeeping is done.
- The **aides** are in contact with the resident twice daily. Once, when an aide checks the resident in the morning between 8:00am and 10:30am and again at approximately 2:00pm when the basket for the evening cold meal and next day breakfast foods are delivered.
- **Meals** include the hot congregate meal at noon, which are served in our dining room. All residents are required to attend the noon meal. Foods provided for breakfast (not served as a meal) are brought to the apartment the day before along with a sandwich, fruit, and dessert for the evening meal of the same day. Other grocery items are available such as milk, juices, coffee or tea, crackers, etc. Breakfast and evening meals are taken in the resident's apartment, not the dining room.
- **Transportation** to appointments and shopping is not provided through our program, but is available through van services contracted by the Town of Tonawanda and Erie County.
- **Case Management** to assist E.H. residents with linkage to community services
- **Activities** at the Village are planned and scheduled by a Resident Auxiliary throughout the year.

I hope this information is helpful and if you have any further questions please call us at 874-6070.

Revised 1/1/2017





PRESBYTERIAN
SENIOR CARE
OF WESTERN NEW YORK

Embrace Aging

Corporate Office
4455 Transit Road
Williamsville, NY 14221-6079



Ken-Ton Presbyterian Village
3735 Delaware Avenue
Kenmore, NY 14217-1000

HISTORY

The dream and development of Ken-Ton Presbyterian Village was a part of the mission of Presbyterian Senior Care of Western New York, Inc. to answer the special needs of lower income senior citizens and individuals with a physical disability. In March, 1981 the HUD Section 202/8 apartment complex, containing 150 apartments for the elderly and physically disabled was opened.

THE VILLAGE

Ken-Ton Presbyterian Village is located on Delaware Avenue, north of Sheridan Drive, with easy access to bus lines, stores, banks, medical care facilities and churches.

Each apartment is equipped with a security system to the front door, a smoke detector and heat sensor, emergency pull cords in the bathroom, bedroom and living room, and grab bars in the bathroom. In addition, fifteen (15) apartments are equipped with other special features for the physically disabled, such as wheel chair access to the kitchen cupboards and sinks, lowered closet bars, wheel-in showers and accessible electrical outlets. All hallways have hand rails. There are two elevators in the six story mid-rise.

Common areas include the lobby, chapel, mail room, community rooms, library and laundry.

ENRICHED HOUSING PROGRAM

Under the regulations of the State of New York Department of Health/Office of Continuing Care, the Enriched Housing Program provides support services to forty-five (45) eligible residents, age 65 and older. Open to both Supplemental Security Income (SSI) recipients and self-paying residents, this program provides three meals per day (including one congregate meal), housekeeping, laundry, personal care, and case management.

KEN-TON PRESBYTERIAN VILLAGE TENANT SELECTION

It is the purpose of Ken-Ton Presbyterian Village (KTPV) to admit all individuals who qualify under the guidelines set forth by the Federal Register and the United States Department of Housing and Urban Development (HUD) Section 202 and Section 8.

SECTION 8 SUBSIDY

Section 8 Subsidy is a Federally funded program which pays a portion of the eligible resident’s rent. The amount of rent you pay is approximately 30% of your adjusted gross annual income. If your annual income is over the HUD allowable amount, you are not eligible for residence.

INCOME LIMITS

Income limits are set by HUD and are subject to change on a yearly basis. The following are current gross income requirements for Section 8 rent subsidy:

Extremely Low

For one person \$14,350 annual gross income
For two people \$16,400 annual gross income

Very Low

For one person \$23,900 annual gross income
For two people \$27,300 annual gross income

Low

For one person \$38,200 annual gross income
For two people \$43,650 annual gross income

APPLICANTS

1. At least 62 years of age. (For couples, at least one applicant must be 62 years of age or older).
2. Age 18 and over and physically disabled and fully in need of an accessible unit. Receipt of disability benefits does not necessarily mean physically disabled.
3. Effective April 1, 2010 Ken-Ton Presbyterian Village is a Smoke-free property. Upon admission, all applicants must acknowledge this policy by signing for and receiving a copy of the HOUSE RULES, when signing the Lease.

WAITING LIST

Applications will be consecutively ranked by application date as received, qualified by age, physical disability, and qualified by income limitations.

PLEASE CHECK ON THE APPLICATION FOR ENRICHED OR KEN-TON LIST.

APPLICATIONS

1. Housing applications may be mailed or accepted in person Monday through Friday from 9:00 a.m. to 4:00 p.m.
2. All housing applications will be stamped with the date and time of receipt.
3. Housing applications must be completely filled out and signed by applicant(s).

Please return the Housing Applicant Declaration Form, completed in full. Receipt of these forms will be acknowledged in writing. Please report any changes in address or financial status. It is important that your record be up-to-date.

ADDITIONAL INFORMATION

- ▲ Apartments are not furnished, but include wall to wall carpeting, refrigerator and electric range.
- ▲ One bedroom apartments are approximately 545 square feet in area.
- ▲ Two bedroom apartments are approximately 830 square feet in area.
- ▲ Rent does not include utilities, with the exception of domestic/hot water. Heat is electric. Each tenant receives a utility allowance, which is deducted from the calculated rent amount.
- ▲ Air conditioners may be professionally installed at the tenant's expense.
- ▲ Tenant may have a pet in keeping with the provisions of the Housing and Urban-Rural Recovery Act of 1983. Application and copy of Pet Policy available upon request.
- ▲ Cable television is available, at tenant's expense, and arranged on an individual basis with provider of your choice.
- ▲ Washers and dryers are provided with self-pay *Smart Card*.
- ▲ Additional services include: parking, monthly religious services, full range of recreational activities, Resident Council and Resident Auxiliary.

KEN-TON PRESBYTERIAN VILLAGE ADMITS ALL ELIGIBLE APPLICANTS UNLESS THERE IS GOOD CAUSE NOT TO. FEDERAL LAW PROHIBITS DISCRIMINATION BASED ON RACE, COLOR, RELIGION, SEX, DISABILITY, FAMILIAL STATUS, OR NATIONAL ORIGIN.

*Tours of the building are conducted only
when applicants are contacted
for possible placement or by appointment.*

KEN-TON PRESBYTERIAN VILLAGE
3735 DELAWARE AVENUE
KENMORE, NEW YORK 14217-1000

Bedroom 1 2 Circle One

To be eligible for a 2 bedroom apt., there must be at least 2 applicants, & no more than 3. Verification of medical necessity is required.



CHOOSE (ONE) WAITING LIST:

APARTMENT WITH ENRICHED HOUSING SERVICES (Floors 1 & 2) _____

OR

APARTMENT WITHOUT SERVICES (Floors 3 through 6) _____

HOUSING APPLICATION

Instructions for Head of Household

Answer all questions on this application. Enter "None" or "N/A" for those questions which do not apply to you. Applications will not be considered unless they are fully completed.

For financial information, please use page 6 to write the names and addresses of people who can verify the information you provide. Please use the backs of the pages to record additional information if there isn't enough room for an entry.

*Before we offer you a unit we will give you a **Consent Form** ("Authorization for Release of Information"); this lets us check the information you give us. Have each adult family member sign this form and return it to us as soon as possible. Until you return the **Consent Form** to us, we cannot offer you a unit.*

General Family Information

Complete this information once for the entire family.

- 1) Name of Head of Household _____

- 2) What is your present address? _____ City _____ State ____ Zip _____
Telephone Number _____ Is this your phone? __ Yes __ No
Work Telephone _____ Message/Emergency Phone _____

- 3) Do you have any pets? __ Yes __ No
If Yes, what kind? _____ Weight _____ Height _____

- 4) Do you live or have you ever lived in subsidized housing? __ Yes __ No
If Yes, where? _____ From _____ To _____

Were you evicted? __ Yes __ No If Yes, did you owe rent? __ Yes __ No
If Yes, how much did you owe? \$ _____

5) How many vehicles does the family own? _____

List make, color, year, license plate number and state for each:

6) If a live-in attendant is required for the elderly or physically disabled family member, please enter the name of the attendant and the name and address of a doctor who can verify the need for the attendant:

Name of attendant _____

Name & Address of Doctor _____

7) How many people live in your household now? _____ Will any of these people live anywhere except the unit you are applying for? __Yes __No

If Yes, please explain _____

Will anyone else live in the apartment on a full-time or part-time basis? __ Yes __No

If Yes, please explain _____

Are you a student enrolled in an institute of higher education? __Yes __No

Do you expect any of the above to change in the future? __Yes __No

If Yes, please explain _____

8) If you are now renting, who is your landlord?

Name _____

Phone # _____

Address _____

Current rent \$ _____

Security Deposit \$ _____

If you are *not* renting, please explain your current living arrangements

9) If you have moved within the past five years, give the name, address, and phone number of your previous landlords and the dates you lived there.

Name of Landlord	Address	Phone	Dates you lived there	
			From	To

10) If you have lived in any state other than New York State, please indicate the state, dates and amount of time you resided there.

11) Is the applicant or any member of the applicant's household subject to a lifetime sex offender registration requirement in any state?

Yes _____ No _____

12) Have you or any member of your household ever been convicted of a felony, or a misdemeanor other than a traffic violation? __ Yes __ No If Yes, please explain

11) Have you or your spouse/co-applicant ever used different names from the names given in this application? (i.e. maiden name) __ Yes __ No

If Yes, give name and explain _____

12) Have you or any members of your household ever used social security numbers different from those listed in this application? __ Yes __ No

If Yes, please explain _____

13) Have you, or your spouse/co-applicant, ever been evicted or otherwise involuntarily removed from rental housing due to fraud, non-payment of rent, failure to cooperate with recertification procedures, or for any other reason? __ Yes __ No

If Yes, please explain _____

14) How did you hear about this rental property? (e.g., newspaper, word of mouth, etc.?)

Application Signature and Certification

We understand the information in this application will be used to determine eligibility for an apartment and that this information will be checked. We understand that any false information may make us ineligible for an apartment.

We certify that all information given in this application and in the attached member, financial, and verification forms is true, complete and accurate. We understand that if any of this information is false, misleading or incomplete, management may decline our application or, if move-in has occurred, terminate our Rental Agreement.

We authorize management, through a home visit, to screen for evidence of destruction of property, living or housekeeping habits which may adversely affect the health, safety, or welfare of other residents. We authorize any and all inquiries to verify information, directly or through information exchanged now or later, with rental and credit screening services or other sources for credit and verification. This information may be released to appropriate Federal, State or Local agencies.

If our application is approved, and move-in occurs, we certify that only those persons listed in this application will occupy the apartment, that they will maintain no other place of residence, and that there are no other persons for whom we have, or expect to have, responsibility to provide housing.

We agree to notify management in writing regarding any changes in household address, telephone numbers, income, and household composition.

We have read and understand the information in this application, in particular the information in the *Instructions for Head of Household* on page 1, and we agree to comply with such information.

If this application is for a household of more than one person, we consider ourselves a stable household, and all of our income is available to the household for its needs.

We also understand that all adult members of the household must sign the HUD required *Consent Form* (“Authorization for Release of Information”) before we can be offered a unit.

PENALTIES FOR MISUSING THIS CONSENT

Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false and fraudulent statements to any department of the United States Government. HUD, the PHA, and any owner (or employee of HUD, the PHA, 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 willfully 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, the PHA, or the owner responsible for the unauthorized disclosure or improper use.

Signature of Head of Household

Date

Signature of Co-applicant

Date

Signature of Head of Household

Date

Signature of Co-applicant

Date

Member Information

Please list each member who will live in the unit, including yourself.

Member Name (Last, First, Initial)	SS#	Date of Birth	Relationship to Head	Sex (M/F)	Race	Hispanic (Y/N)	Occupation	Qualify for Mobility Access Unit? (Yes or No) DO NOT LEAVE BLANK

Ken-Ton Presbyterian Village admits all eligible applicants unless there is good cause not to. Federal law prohibits discrimination based on race, color, creed, religion, sex, familial status, national origin, age or handicap.

**TOURS OF THE BUILDING ARE CONDUCTED
BY APPOINTMENT ONLY UNTIL FURTHER NOTICE**

Financial Information

Complete these pages for each member who will live in the unit who has any income or assets, or who causes any medical, physical disability, or child-care expenses. **You do not need to complete these pages for a live-in attendant.** You may photocopy these pages if necessary.

Income: List all employment and non-employment income for all household members. Includes Salary and Wages (Gross Amount), Social Security Supplemental Security Income, IRA, Keough, V.A. Pension, other pensions or annuities, Home Relief (Welfare), ANFC, Child Support, and any other source of income.

Member Name (Last, First, Initial)	Type of Income and who pays it	Est. Total Income	Address of Income Source	Contact Person Name and Telephone
		\$ _____ per mo.		
		\$ _____ per mo.		
		\$ _____ per mo.		
		\$ _____ per mo.		

Assets: List assets of all household members, including savings and checking accounts, certificates of deposit, stock, bonds, mutual funds, credit union shares, land, real estate (including your home, if you own it), cash surrender value of life insurance policies, and any other assets.

Member Name (Last, First, Initial)	Account #	Description of Asset	Current Value of Asset	Interest Earned <u>Per Year</u> or Annual Income	Bank/Credit Union/Appraiser	Address

Financial Information (cont'd)

List any assets that you have disposed of, transformed, given away, or sold for less than the market value during the last 2 years, e.g., a house, car, or cash.

Description of Asset	Date Disposed of	Fair Market Value	Divestiture Costs (e.g., realtor, CD Penalty)	Amount Received	Name & Address of Financial Institution, Real Estate Agent or Appraiser who can verify.

Do you expect any changes in your income, assets, or expenses during the next twelve months? Yes No



ATTACHMENT 7

APPLICANT
DECLARATION FORMAT

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

LAST NAME _____

FIRST NAME _____

RELATIONSHIP TO HEAD OF HOUSEHOLD _____ SEX _____ DATE OF BIRTH _____

SOCIAL SECURITY NO. _____ ALIEN REGISTRATION NO. _____

ADMISSION NUMBER _____ if applicable, (this is an 11-digit

number found on the 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 blocks 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 1.

____ 1. A citizen or national of the United States

If you check this section, no further information is required. Sign and date below and forward this format to the name and address specified in the attached notification. If this section 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: _____

SECTION 2

_____ 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 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 to 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 _____ 2, you should submit the following documents:

- a. Verification Consent Format (Attachment 9)

AND

- b. 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:
 - (i) “Admitted as Refugee Pursuant to section 207”;
 - (ii) “Section 208” or “Asylum”;
 - (iii) “Section 243 (h)” or “Deportation stayed by Attorney General”;
 - (iv) “Paroled Pursuant to Sec. 212 (d) (5) of the INA”;
- (3) If Form I-94, Arrival-Departure Record, is not annotated, then accompanied by one of the following documents:
 - (i) A final court decision granting asylum (but only if no appeal is taken);
 - (ii) 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 grant asylum (if application filed before October 1, 1990);
 - (iii) A court decision granting withholding or deportation; or
 - (iv) A letter from an INS asylum officer granting withholding of deportation (if application filed on or after October 1, 1990).
- (4) Form I-688m, Temporary Resident Card, which must be annotated “section 245A” or “section 210”;
- (5) Form I-688B, Employment Authorization Card, which must be annotated “Provision of Law 274a.12 (11)” or “Provision of Law 274a.12”;
- (6) 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 __2 or __3 is checked, sign and date below and submit the documentation required above with this format to the name and address specified in the attached notification. If section __2 or __3 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.

If for any reason, the documents shown in paragraph b. above are not currently available, complete the REQUEST FOR EXTENSION section below.

Signature

Date

Check here if adult signed for a child: _____

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 here 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 this section, no further information is required and the person named above is not eligible for assistance. Sign and date below and forward this format to the name and address specified in the attached notification. If this section 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: _____

Supplemental and Optional 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.

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.	

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

--	--

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 actions.

Race and Ethnic Data Reporting Form

U.S. Department of Housing and Urban Development
Office of Housing

OMB Approval No. 2502-0204
(Exp. 06/30/2017)

Ken-Ton Presbyterian Village NY062124201 3735 Delaware Ave., Kenmore, NY 14217

Name of Property Project No. Address of Property

Colleen S. Bullion 202 Section B

Name of Owner/Managing Agent Type of Assistance or Program Title:

Name of Head of Household Name of Household Member

Date (mm/dd/yyyy): _____

Ethnic Categories*	Select One
Hispanic or Latino	
Not-Hispanic or Latino	
Racial Categories*	Select All that Apply
American Indian or Alaska Native	
Asian	
Black or African American	
Native Hawaiian or Other Pacific Islander	
White	
Other	

***Definitions of these categories may be found on the reverse side.**

There is no penalty for persons who do not complete the form.

Signature

Date

Public reporting burden for this collection is estimated to average 10 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. This information is required to obtain benefits and voluntary. HUD may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number.

This information is authorized by the U.S. Housing Act of 1937 as amended, the Housing and Urban Rural Recovery Act of 1983 and Housing and Community Development Technical Amendments of 1984. This information is needed to be in compliance with OMB-mandated changes to Ethnicity and Race categories for recording the 50059 Data Requirements to HUD. Owners/agents must offer the opportunity to the head and co-head of each household to "self certify" during the application interview or lease signing. In-place tenants must complete the format as part of their next interim or annual re-certification. This process will allow the owner/agent to collect the needed information on all members of the household. Completed documents should be stapled together for each household and placed in the household's file. Parents or guardians are to complete the self-certification for children under the age of 18. Once system development funds are provided and the appropriate system upgrades have been implemented, owners/agents will be required to report the race and ethnicity data electronically to the TRACS (Tenant Rental Assistance Certification System). This information is considered non-sensitive and does not require any special protection.

Instructions for the Race and Ethnic Data Reporting (Form HUD-27061-H)

A. General Instructions:

This form is to be completed by individuals wishing to be served (applicants) and those that are currently served (tenants) in housing assisted by the Department of Housing and Urban Development.

Owner and agents are required to offer the applicant/tenant the option to complete the form. The form is to be completed at initial application or at lease signing. In-place tenants must also be offered the opportunity to complete the form as part of the next interim or annual recertification. Once the form is completed it need not be completed again unless the head of household or household composition changes. There is no penalty for persons who do not complete the form. However, the owner or agent may place a note in the tenant file stating the applicant/tenant refused to complete the form. **Parents or guardians are to complete the form for children under the age of 18.**

The Office of Housing has been given permission to use this form for gathering race and ethnic data in assisted housing programs. Completed documents for the entire household should be stapled together and placed in the household's file.

1. The two ethnic categories you should choose from are defined below. You should check one of the two categories.

1. **Hispanic or Latino.** A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. The term "Spanish origin" can be used in addition to "Hispanic" or "Latino."
2. **Not Hispanic or Latino.** A person not of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

2. The five racial categories to choose from are defined below: You should check as many as apply to you.

1. **American Indian or Alaska Native.** A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
2. **Asian.** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam
3. **Black or African American.** A person having origins in any of the black racial groups of Africa. Terms such as "Haitian" or "Negro" can be used in addition to "Black" or "African American."
4. **Native Hawaiian or Other Pacific Islander.** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
5. **White.** A person having origins in any of the original peoples of Europe, the Middle East or North Africa.