



**Lewiston Villa**  
930 Upper Mountain Road  
Lewiston, New York 14092



Complete this application and return to:  
SAGE MANAGEMENT CORPORATION, 916 Upper Mountain Road, Lewiston, New York 14092

**ACCEPTANCE OF THIS APPLICATION DOES NOT GUARANTEE RENTAL OF AN APARTMENT. ALL APPLICANTS MUST MEET SCREENING CRITERIA, INCLUDING LANDLORD AND CREDIT CHECKS. CHANGES IN FAMILY INCOME, FAMILY SIZE, ADDRESS AND TELEPHONE NUMBER MUST BE REPORTED PROMPTLY TO MANAGEMENT. INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED.**

Questions call 716-298-4966 between 9:00 AM and 5:00 PM Monday through Friday. TDD may call 1-800-662-1220 for assistance.

**APPLICATIONS ARE PROCESSED ON A FIRST COME, FIRST SERVED BASIS.**

**A. GENERAL INFORMATION**

Applicant Name: \_\_\_\_\_ Telephone \_\_\_\_\_

Address: \_\_\_\_\_  
                     Street                    Apt.#                    City                    State                    Zip

Type of Unit Requested: (You may request more than one type of unit).

\_\_\_\_\_ 1st Floor One Bedroom      \_\_\_\_\_ 2nd Floor One Bedroom      \_\_\_\_\_ Handicapped

List ALL persons who will live in the apartment; Head of Household first.

NAME	RELATIONSHIP	BIRTHDATE	SOCIAL SECURITY #
------	--------------	-----------	-------------------

1. \_\_\_\_\_

2. \_\_\_\_\_

Do you expect anyone not listed to be moving in with you in the future?  
 No \_\_\_\_\_ Yes \_\_\_\_\_ If yes, please explain \_\_\_\_\_

**B. REFERENCE INFORMATION**

You must provide written references from prior landlords as well as two credit references and two personal references.

Current Landlord:

Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone # \_\_\_\_\_

Previous Landlord/Rental Information:

Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone # \_\_\_\_\_

Credit References:

Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone # \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone # \_\_\_\_\_

Personal References (No Relatives):

Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone # \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone # \_\_\_\_\_

**C. INCOME**

<u>NAME</u>	<u>SOURCE OF INCOME</u>	<u>MONTHLY AMOUNT</u>	<u>ANNUAL AMOUNT</u>
_____	1 Social Security	\$ _____	\$ _____
_____	Social Security	\$ _____	\$ _____
_____	2 Pension (Source) _____	\$ _____	\$ _____
_____	Pension (Source) _____	\$ _____	\$ _____
_____	3 Veteran Benefits	\$ _____	\$ _____
_____	4 SSI Benefits	\$ _____	\$ _____
_____	5 Wages (Employer) _____	\$ _____	\$ _____
_____	6 Interest (Source) _____	\$ _____	\$ _____
_____	Interest (Source) _____	\$ _____	\$ _____
_____	7 Other Income (Source) _____	\$ _____	\$ _____
TOTAL INCOME		\$ _____	\$ _____

Do you anticipate changes to this income in next 12 months? No \_\_\_ Yes \_\_\_  
 Yes, explain: \_\_\_\_\_

**D. ASSETS**

Checking Account	# _____	Bank _____	Balance \$ _____
	# _____	Bank _____	Balance \$ _____
Savings Account	# _____	Bank _____	Balance \$ _____
	# _____	Bank _____	Balance \$ _____
CDs	# _____	Bank _____	Balance \$ _____
	# _____	Bank _____	Balance \$ _____
Trust Account	# _____	Bank _____	Balance \$ _____
IRAs	# _____	Bank _____	Balance \$ _____
Savings Bonds	# _____		Face Value \$ _____
Insurance Policy	# _____	Company _____	Cash Value \$ _____
Other Assets	_____		

Real Property: Do you own any property? Yes \_\_\_\_\_ No \_\_\_\_\_  
 If Yes: Type of Property \_\_\_\_\_  
 Location \_\_\_\_\_  
 Appraised Market Value \$ \_\_\_\_\_ Mortgage Balance \_\_\_\_\_

Have you disposed of any property in the last two years? Yes \_\_\_\_\_ No \_\_\_\_\_  
 If Yes: Type of Property/Asset \_\_\_\_\_  
 Market Value When Sold/Disposed \$ \_\_\_\_\_ Transaction Date \_\_\_\_\_  
 Amount Sold/Disposed For \$ \_\_\_\_\_

Do you have other asset not listed above (excluding personal property)?  
 Yes \_\_\_\_\_ No \_\_\_\_\_ If Yes explain \_\_\_\_\_

**E. MEDICAL AND HANDICAPT ASSISTANCE EXPENSES**

NAME		
_____	Medicare Premium(s) Monthly Amount	\$ _____
_____	Health Insurance Premium(s) Monthly Amount)	\$ _____
_____	Projected Prescription Costs(s) Monthly Amount	\$ _____
_____	Projected Medical/Doctor Bills Monthly Amount	\$ _____
_____	Outstanding Medical Bills Monthly Amount	\$ _____

**F. OTHER REQUIRED INFORMATION**

List car, truck or other vehicle owned. Parking is provided for one vehicle per household. Year/Make \_\_\_\_\_ Color \_\_\_\_\_ License Plate \_\_\_\_\_

Any pets? No \_\_\_\_\_ Yes \_\_\_\_\_ If yes, describe \_\_\_\_\_

<p><b>Emergency Contact:</b></p> <p>Name _____</p> <p>Address _____</p> <p>Telephone _____ Relationship _____</p>
---

**G. PROGRAM INFORMATION**

**Check One**

Do you or anyone in your household require the special design features of a handicap accessible apartment? Yes \_\_\_ No \_\_\_  
If yes, explain \_\_\_\_\_

Will any alterations to the apartment be necessary for you or a member of your family? Yes \_\_\_ No \_\_\_  
If yes, explain \_\_\_\_\_

Are you or anyone in your household seeking occupancy to a disability? Yes \_\_\_ No \_\_\_  
If yes, you must provide a statement by a qualified individual.

Does anyone in the household receive regular contributions or gifts from family or non-household members? Yes \_\_\_ No \_\_\_  
If yes, explain \_\_\_\_\_

Does anyone in the household receive any income from property? Yes \_\_\_ No \_\_\_  
If yes, explain \_\_\_\_\_

Are you currently under eviction or have you ever been evicted? Yes \_\_\_ No \_\_\_  
If yes, explain \_\_\_\_\_

Are you a drug dealer or have you ever been a drug dealer? Yes \_\_\_ No \_\_\_  
If yes, explain \_\_\_\_\_

Are you a current illegal user of a controlled substance, have you been convicted for the same, or have you been convicted for the manufacture or distribution of a controlled substance? Yes \_\_\_ No \_\_\_  
If yes, explain \_\_\_\_\_

Have you successfully completed a controlled substance abuse program or are you presently enrolled in a program? Yes \_\_\_ No \_\_\_  
If Yes, explain \_\_\_\_\_

Have you been convicted of, pleaded guilty or "no contest" to a felony/misdemeanor whether or not resulting in a conviction? Yes \_\_\_ No \_\_\_  
If Yes, explain \_\_\_\_\_

Have you been convicted of, pleaded guilty or "no contest" to a Felony/misdemeanor involving sexual misconduct (whether or not resulting in a conviction)? Yes \_\_\_ No \_\_\_  
If Yes, explain \_\_\_\_\_

**CERTIFICATION**

I hereby certify that I will not maintain a separate subsidized rental unit in another location. I certify that this will be my permanent residence. I certify that I am a U.S. citizen or a qualified alien (a legal or qualified alien refers to any person lawfully admitted to the country who meets the criteria in Section 214 of the Housing and Community Development Act of 1980, 42 USC 1436a.). I understand I must pay a security deposit for this apartment prior to occupancy. I understand that my eligibility for housing will be based on the US Development of Housing and Urban Development income and occupancy limits and selection criteria. I certify that all information contained in this application is true to the best of my knowledge and that false statements and/or information are punishable by law and will lead to cancellation of this application and/or termination of tenancy after occupancy.

SIGNATURE:

\_\_\_\_\_  
Head of Household Date Spouse Date

**AUTHORIZATION**

I do hereby authorize Sage Management Corporation of W.N.Y., its staff or authorized representative to contact any agencies, offices, groups or organizations to obtain and verify any information or materials which are deemed necessary to complete my application for housing in programs administered or managed by Sage Management Corporation of W.N.Y. This could include police/background checks and credit checks.

SIGNATURE:

\_\_\_\_\_  
Head of Household Date Spouse Date

**HOUSEHOLD COMPOSITION**

The information regarding race, ethnicity and sex designation solicited on this application is requested in order to assure the Federal Government, acting through the US Development of Housing and Urban Development, that the Federal laws prohibiting discrimination against tenant applications on the basis of race, color, national origin, religion, sex, familial status, age and disability are complied with. You are not required to furnish this information but are encouraged to do so. This information will not be used in evaluation of your application or to discriminate against you in any way. However, if you choose not to furnish it, the owner is required to note the race, ethnicity and sex of individual applicants on the basis of visual observation or surname. PLEASE CIRCLE YOUR ANSWER.

**APPLICANT #1**

\* I do not wish to furnish this information.  
Ethnicity: \* Hispanic or Latino \* Not Hispanic or Latino  
Race: \* White \* American Indian or  
\* Asian Alaskan Native  
\* Black/African American \* Native Hawaiian or  
\* Other (Specify) \_\_\_\_\_ Other Pacific Islander  
Gender: \* Male \* Female

**APPLICANT #2**

\* I do not wish to furnish this information.  
Ethnicity: \* Hispanic or Latino \* Not Hispanic or Latino  
Race: \* White \* American Indian or  
\* Asian Alaskan Native  
\* Black/African American \* Native Hawaiian or  
\* Other (Specify) \_\_\_\_\_ Other Pacific Islander  
Gender: \* Male \* Female

Borrowers/managers shall provide the number of respondents in each racial category who are Hispanic or Latino. You are strongly encouraged to provide detailed distributions, including all possible combinations of multiple responses to the race question. At a minimum, the total number of respondents reporting "more than one race" shall be made available.