

**RENTAL APPLICATION**

**HILLSIDE PLACE APARTMENTS**  
180 Briggs St. Extension  
Johnstown, NY 12095

MANAGED BY: Sermar Management, LLC  
349 W. Commercial St. #3100  
E. Rochester, NY 14445  
585-248-5490

***NO SMOKING ALLOWED IN THE BUILDING***

**NOTE: PLEASE PRINT.**

Please be sure to answer ALL questions.

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APARTMENT SIZE: \_\_\_\_\_ ONE BEDROOM \_\_\_\_\_ TWO BEDROOM APARTMENT?

APPLICANT: \* HEAD OF HOUSEHOLD (Head of Household must be age 55 or older at the time of occupancy)

FULL NAME: \_\_\_\_\_  
                            First                      M/I                      Last    SS #    Birthdate

CO-APPLICANT:

FULL NAME \_\_\_\_\_  
                            First                      M/I                      Last    SS#    Birthdate

STUDENT STATUS

Will you be a full time student?    ( ) Yes                      ( ) No

RENT      OWN

Current Address \_\_\_\_\_ Monthly Rent \$ \_\_\_\_\_ How long? \_\_\_\_\_  
                            Street Name                      Apt. #

Telephone Number \_\_\_\_\_

\_\_\_\_\_  
City                      State                      Zip Code (required)

Landlord's Name: \_\_\_\_\_

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Landlord Phone                      Home Phone                      Reason for moving

Previous Address \_\_\_\_\_ Monthly Rent\$ \_\_\_\_\_ How Long \_\_\_\_\_  
                            Street Name                      Apt. #

(if less than 2 yrs)

\_\_\_\_\_  
City    State                      Zip Code (required)                      Landlord's Name: \_\_\_\_\_

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Landlord Phone                      Home Phone                      Reason for moving

REFERENCES:

NAME: \_\_\_\_\_ ADDRESS \_\_\_\_\_ PHONE# \_\_\_\_\_

NAME: \_\_\_\_\_ ADDRESS \_\_\_\_\_ PHONE# \_\_\_\_\_

NAME: \_\_\_\_\_ ADDRESS \_\_\_\_\_ PHONE# \_\_\_\_\_

BANK NAME: \_\_\_\_\_ SAVINGS# \_\_\_\_\_ CHECKING# \_\_\_\_\_

DRIVERS LICENSE: \_\_\_\_\_ STATE \_\_\_\_\_ EXPIRES \_\_\_\_\_

VEHICLE MODEL: \_\_\_\_\_ YEAR \_\_\_\_\_ COLOR \_\_\_\_\_

VEHICLE MODEL: \_\_\_\_\_ YEAR \_\_\_\_\_ COLOR \_\_\_\_\_

OTHER INFORMATION

Have you ever	Filed for Bankruptcy	( ) yes	( ) no	Do you have a pet?
	Been evicted from Tenancy	( ) yes	( ) no	Yes ( ) No ( )
	Been convicted of a felony	( ) yes	( ) no	Type _____

HANDICAPPED STATUS:

Two apartments are handicap adapted. Would you require a handicap adapted apartment? ( ) Yes ( ) No  
Are you wheelchair bound? ( ) Yes ( ) No

FRAIL ELDERLY:

There are 4 units available to Frail Elderly. The questions below help determine if you fall under the definition of Frail Elderly. Do you wish to be considered a Frail Elderly applicant ( ) Yes ( ) No If Yes, please answer the next 2 questions, if no please skip to the Emergency Information section.

Do you require assistance with one or more activities of daily living or instrumental activities of daily living? ( ) Yes ( ) No  
Do you have limitations in mental capacity or emotional strength and motivation that affect capacity to viably live independently; that is without assistance or intervention? ( ) Yes ( ) No

IN CASE OF EMERGENCY, NOTIFY:

NAME \_\_\_\_\_ PHONE \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

ADDRESS \_\_\_\_\_

EMPLOYMENT:

Circle all applicable      Employed full time      Employed part time      Self-employed  
Non-employed/Retired      Unemployed

Current Employer: \_\_\_\_\_ Position: \_\_\_\_\_ How Long? \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_ Phone# \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ FAX# \_\_\_\_\_

Current wages: \_\_\_\_\_ per hour week bi-weekly month year (circle one)

Average hours worked per week: \_\_\_\_\_ Average tips per week \$ \_\_\_\_\_

Do you have more than one job? ( )yes ( )no

TOTAL ANNUAL EMPLOYMENT INCOME: \_\_\_\_\_

**OTHER INCOME:**

Note: Applicants must complete this section in order to determine qualification for residency within the Federal Low Income Housing Tax Credit Program. Although this information is voluntary under the Federal Fair Housing Act, failure to provide such income may result in non-qualification for residency for any rental unit in Affordable Housing Program.

Other Income Includes: Alimony, child support, welfare, unemployment, aid to dependent children, social security, annuities, insurance policies, retirement benefits, pensions, disability, gifts from family, and other regular periodic payments. Please consult the leasing personnel for complete list of other income.

If none, check here ( ) No other sources of income

1. SOCIAL SECURITY  
 Type of income \_\_\_\_\_ Annual Amount \_\_\_\_\_ Contact address or phone \_\_\_\_\_

2. PENSION  
 Type of income \_\_\_\_\_ Annual Amount \_\_\_\_\_ Contact address or phone \_\_\_\_\_

3. \_\_\_\_\_  
 Type of income \_\_\_\_\_ Annual Amount \_\_\_\_\_ Contact address or phone \_\_\_\_\_

TOTAL OTHER INCOME: \_\_\_\_\_

**RENTAL ASSISTANCE:**

( ) No Rental Assistance ( ) Rental Assistance From: \_\_\_\_\_

( ) Voucher ( ) Certificate Tenant Portion \$ \_\_\_\_\_

**ASSETS:**\* The 6-month average balance must be used for the checking account. \*\*The current balance must be used for the savings account.

Assets Include: Cash (wherever held), trust corpus, equity in real estate or capital investments, notes receivable, stocks, bonds, money market accounts, certificates of deposit, IRA's, retirement and pension funds, and luxury personal property (gems, jewelry, art, coin collections, etc...) You must also include the value of any assets disposed of in the past 24 months at less than fair market value.

Assets do not Include: Necessary personal property such as clothing, furniture, daily-use autos, tools, dishes, etc... Also excluded is any special equipment for use by the handicapped and assets of a business.

Are the assets (as defined above) of the whole household more than \$5,000? ( ) Yes ( ) No

Have you disposed of any assets at less than fair market value within 24 months? ( ) Yes ( ) No

**ASSETS**

YES	NO	DO YOU HAVE:	BANK	BALANCE	RATE
		*Checking Account(s)?		\$	
		**Savings Account(s)?		\$	
		Certificate(s) of Deposit?		\$	
		Cash held at home, etc?		\$	
		Money in Trust?		\$	
		Stocks or Bonds?		\$	
		IRA or Keogh Account(s)		\$	
		Money Market Account(s)?		\$	
		Treasury Bills?		\$	
		A Retirement Fund?		\$	
		Mutual Funds?		\$	
		A Whole Life Insurance Policy?		\$	
		Personal Property held as Investment? (Jewelry, coin collection, antiques)? Cash Value: \$ _____			
		Equity in Real Estate or Capital Investments? Market Value less unpaid balance and selling costs = Cash Value \$ _____			
		Have you received any Lump Sum Receipts? (Inheritances, capital gains, lottery winnings, insurance settlements or other claims) When _____ Amount \$ _____			
		Have you sold/given away any assets within the last 2 years? If yes, complete the "disposal of assets" form.			

Total Cash Value of ALL Assets: \_\_\_\_\_ x  $\frac{2\%}{\text{HUD Passbook Rate 2\%}} = \text{(A)}$  \_\_\_\_\_  
Imputed Asset Income

Total ACTUAL Asset Income (B): \_\_\_\_\_

**INCOME CALCULATION**

Enter the greater of A or B \$ \_\_\_\_\_

Annual Employment Income \$ \_\_\_\_\_

Other Annual Income \$ \_\_\_\_\_

TOTAL ANNUAL INCOME \$ \_\_\_\_\_

\_\_\_\_\_  
 The undersigned makes the foregoing representation knowing that if any of such proven false, owner at his option may cancel and annul any lease given in reliance upon such information. The undersigned hereby grant Landlord permission to obtain any additional information deemed appropriate pertaining to my personal and financial records.

\_\_\_\_\_  
 Signature Date

\_\_\_\_\_  
 Signature Date

NOTE: The Income Limits for 2014 are \$23,820 for a 1-person household and \$27,180 for a 2-person household.

Income is calculated by determining what the household's income will be over the next 12 months. Income from employment, social security, and other sources as listed above is added to any income you may receive from your assets. If there is no interest earned from your asset, the value of your asset (such as a home and other examples listed above) is multiplied by 2% to determine the amount used for Asset Income.

Please call Sermar Management at 585-248-5490 with any further questions.



WE DO BUSINESS IN ACCORDANCE WITH THE FEDERAL FAIR HOUSING LAW  
 (THE FAIR HOUSING AMENDMENTS ACT OF 1988)

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AFFORDABLE HOUSING PROGRAM INFORMATION SHEET

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Hillside Place Apartments  
180 Briggs St. Extension  
Johnstown, N.Y. 12095  
518-762-1971

Managed by: Sermar Management, LLC  
349 W. Commercial St. #3100  
E. Rochester, NY 14445  
585-248-5490

Welcome to Hillside Place Apartments. Our community is operated under the Affordable Housing Program, within Section 42 of the Internal Revenue Code. This program is designed to facilitate the housing needs of moderate and middle income families. Residence at Hillside Place Apartments requires that applicants meet certain qualifying standards established by the government and the Managing Agent. This program is not connected with Section 8, although applicants with Section 8 vouchers or certificates may apply for residency.

Residency at Hillside Place Apartments is limited to those households having moderate incomes. In addition to standard wages, income includes monies received from many sources such as alimony, child support, pensions, and social security. In Johnstown, NY the maximum allowable incomes (by household size) are as follows:

<u>Household Size</u>	<u>Maximum Allowable Income</u>	<u>Minimum Income Guidelines</u>
1 (one bedroom)	\$23,820	\$9,000
2 (one bedroom)	\$27,180	\$9,000
2 (two bedroom)	\$27,180	\$12,000

Minimum income requirements are based upon the size of the household and the size of the apartment. Minimum income requirements may be waived under certain circumstances such as the ability to provide a higher security deposit or to obtain a cosigner for the lease. Maximum occupancy limits at Hillside Place Apartments are set at two people per one-bedroom and two people per two-bedroom apartment. The Head of Household must be age 55 or older.

All information on income provided by applicants must be verified before occupancy. This qualification and certification process must also be completed annually upon renewal. In addition to standard wages, income includes monies received from many sources such as alimony, child support, social security, pensions, and AFDC. A complete definition of income is available for inspection upon request.

The rents at Hillside Place Apartments are controlled by regulation. Currently, the maximum allowable rents by bedroom are:

<u>Monthly Housing Cost</u>	<u>Projected Monthly Rent</u>
1 Bedroom	\$358
2 Bedroom	\$464

**Rent includes heat and hot water.**

The allowable rent is subject to change annually and is based upon median incomes as determined by the Department of Housing and Urban Development and estimated utility expenses which you will be required to pay directly to the utility company. The estimated additional utility costs are \$35/month for electricity for one bedroom apartments and \$45 for two bedroom apartments.

There are 20 one-bedroom apartments, 2 of which are handicapped adapted. There are 4 two bedroom apartments. The security deposit is one month's rent and is payable when application is approved. One dog or cat under 20 lbs is permitted with the payment of an additional \$100.00 security deposit.

# **HILLSIDE PLACE APARTMENTS**

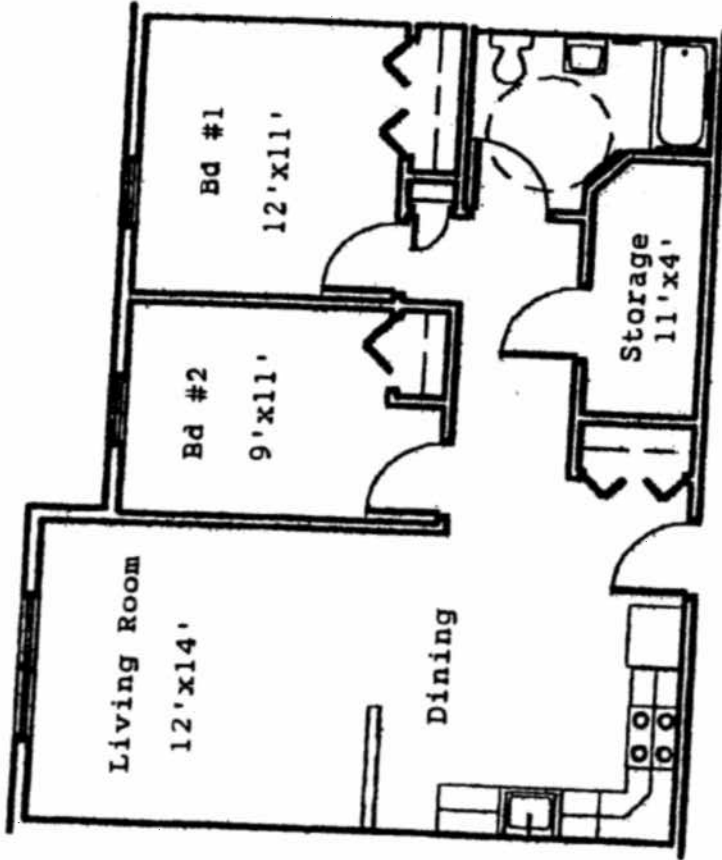
## **A SENIOR LIVING COMMUNITY LOCATED AT 180 Briggs Street Extension, Johnstown, NY**

- 20 One bedroom apartments (650 sq. ft.)
- 4 Two bedroom apartments (855 sq. ft.)
- 2 handicap accessible units, 4 units targeted for frail elderly
- Community room with kitchen and library
- Walking distance to Pharmacy, Banks, Restaurants and Grocery Stores
- Electricity estimated to be \$35/month and \$45/month for one and two bedrooms respectively
- One bedroom rents between \$328 and \$358
- Two bedroom rent \$464
- Rent includes heat, hot water and refuse
- One dog or cat under 20 lbs. allowed (additional deposit)
- Private storage
- Head of household must be age 55 or older
- Maximum and minimum income limits apply
- Central coin laundry facilities
- Security system, emergency call switches
- No smoking allowed on property

**CALL NOW FOR AN APPLICATION  
(585) 248-5490**

**Sermar Management, LLC  
349 W. Commercial Street, Suite 3100  
East Rochester, New York 14445**





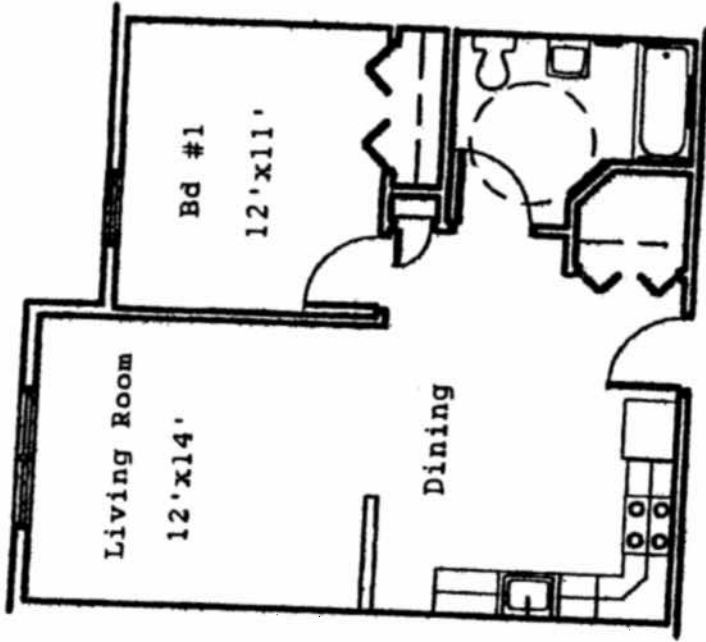
**2 BEDROOM UNIT**

+/- 860 sq. ft.

\* approximate dimensions

\* electric stove

\* resident may install window air conditioner



**1 BEDROOM UNIT**

+/- 650 sq. ft.