



Where your world opens up.

## People Inc. Senior Living Apartments

- The enclosed application must be completed in full, **signed and dated by all persons age 18 years and older, including the last page: Supplement to Application For Federally Assisted Housing requesting your contact person's information on page 5.**
- All applications are processed in the order received.
- All People Inc. apartments are smoke free.

### Eligibility Criteria:

1. The head of household **must be 62** years of age or older at the time the application is received. The household may consist of one or two individuals.
2. Annual income cannot exceed the Federal Income Limits effective 4/1/2024:
  - 1 person: \$33,950/annually or \$2,829/monthly
  - 2 people: \$38,800/annually or \$3,233/monthly

Monthly rent is based on the household's adjusted income. Some utilities are included; amenities vary. The independent apartment communities, which are not assisted living, are one bedroom that features a kitchen with spacious cupboards, a stove and refrigerator. Safety features include secure entrances, a 24-hour response system, grab bars in the bathroom, fire safety system and emergency pull-cords.

Please **mail your completed, signed and dated application** to the site you are applying to. If you are applying to more than one site please indicate on the application which sites you are applying to, and mail your completed application to me at the address listed below. A site list with addresses is on the last page of this application packet. **Do not** send any additional paperwork along with the application.

To ensure equal access to this document, if you have a disability and need assistance with the application process, please contact our Intake Specialist at 716.880.3890.

Thank you for your interest in People Inc. Senior Living Apartments.

Sincerely,  
*Intake Specialist*

Senior Living Apartments 280 Spindrift Drive Williamsville NY 14221  
Phone 716.880.3890 Fax 716.817.9122 Email [housing@people-inc.org](mailto:housing@people-inc.org) Web [people-inc.org](http://people-inc.org)





## **SENIOR LIVING APARTMENTS CONTACT INFORMATION**

### **Burchfield Commons Senior Living**

2290 Union Road; West Seneca 14224  
716.668.2936

### **Carnation Senior Living**

2336 Southwestern Blvd; West Seneca 14224  
716.674.4362

### **Daffodil Senior Living**

160 Robin Road; Amherst 14228  
716.625.6081

### **Elm Senior Living**

4122 Sowles Road; Hamburg 14075  
716.649.2194

### **Holly Senior Living**

174 N. Main Street; Angola NY 14006  
716.549.1606

### **Iris Senior Living**

4150 Sowles Road; Hamburg 14075  
716.648.3255

### **Ivy Rose Senior Living**

1188 Hertel Ave.; Buffalo 14216  
716.875.0400

### **Lilly Senior Living**

36 Arthur Avenue; Blasdell 14219  
716.821.1230

### **Maple Senior Living**

3511 Union Road; Cheektowaga 14225  
716.683.3027

### **Marigold Senior Living**

3026 Grand Island Blvd; Grand Island 14072  
716.773.0907

### **Oak Senior Living**

8099 Sheridan Drive; Clarence 14221  
716.633.1583

### **Orchard Senior Living**

276 Waverly Street; Springville 14141  
716.592.4640

### **Pine Senior Living**

6231 Tonawanda Creek North; Lockport 14094  
716.433.3381

### **Seneca Cazenovia Senior Living**

2171 Seneca Street; Buffalo 14210  
716.823.8560

### **Sunflower Senior Living**

146 Franklin Street; Lackawanna 14218  
716.823.1874

### **Violet Senior Living**

11 Haley Lane; Cheektowaga 14227  
716.656.0669

### **Walnut Apartments**

804 Union Road; West Seneca 14224  
716.674.2348

### **Willow Senior Living**

3990 Forest Parkway; Wheatfield 14120  
716.694.1486

#### **\*Academy Place**

1 School Street; Gowanda 14070  
716.817.9090  
HUD 202 PRAC & NYS Tax Credit 62+

#### **\*BAWNY Excelsior**

130 Central Avenue; Buffalo 14206  
716.894.2763  
HUD 811 PRAC, 18+ with disability, preferences for  
visually impaired and/or homeless

**\*\* Separate application required\*\***

**For more information, call 716.880.3890 or email [housing@people-inc.org](mailto:housing@people-inc.org).**

[www.people-inc.org](http://www.people-inc.org)



**THIS SECTION FOR OFFICE USE ONLY**  
 Date application received: \_\_\_\_\_  
 Time: \_\_\_\_\_  
 Received by: \_\_\_\_\_  
 Type of accessible unit requested:  
 Wheelchair/Hearing/Vision



## APPLICATION FOR PEOPLE INC. SENIOR LIVING APARTMENTS

Name of site(s) applying to: \_\_\_\_\_

Referred by:

- Friend/Family: \_\_\_\_\_  
 Television Station: \_\_\_\_\_  
 Other: \_\_\_\_\_  
 Radio Station: \_\_\_\_\_  
 Newspaper: \_\_\_\_\_  
 Community Event: \_\_\_\_\_

This application must be completed in full and signed by all persons age 18 and over, certifying the information pertaining to them is correct. If you do not sign the application in all areas, it will not be processed and will be mailed back to you. Use the correct legal name for each person who will reside in the unit as it appears on your Social Security card. If any part does not apply to you, please write N/A in that section.

Member	Last Name; First Name; Middle Initial	Relationship to Head of household	Date of Birth	Social Security Number
1.		HEAD		
2.				

Applicants are required to disclose their Social Security Number & for all members of the applicant's household, except those household members who do not contend immigration status. Also, applicants (including each member of the household) are required to disclose their assigned SSN, with the exception of the following: Applicants who do not have a SSN & were 62 years of age or older as of 1/31/2010 & were receiving HUD rental assistance at another location on 1/31/2010.

### Applicant Contact Information

Full Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

E-mail: \_\_\_\_\_

We are required by the Department of HUD to include and request that the attached Supplement to Application for Federally Assisted Housing (HUD92006) be sent with all applications for housing. Please complete this form and include any alternate contact person(s) that can be reached in the event we cannot make contact with you directly.

- If you would like the alternate contact person to receive copies of correspondence sent to you please check this box.

What is your preferred language? \_\_\_\_\_

Income	Members Name	Gross Monthly Amount
Social Security (SSI/SSD)		
State Supplemental (SSP)		
Pension		
Annuity Payments (RMD)		
Employment		
Unemployment		
Other		
Other		

Asset	Members Name	Current Amount	Company/Source
Checking Account			
Savings Account			
Direct Express / Debit Card			
Cash on Hand			
Life Insurance			
Stocks/Bonds/ CD's			
Burial Account			
Real Estate			
Other			

Have you disposed or transferred any asset in the past two (2) years?  Yes  No  
 If yes, please provide amount, asset type, date it was disposed: Example: *sold real estate or reduced assets by more than \$1001.00 or more; gifted money or opened irrevocable trust account.*

Do you have a debt with a utility company?  Yes  No  
 If yes, please explain:

Have you or any member of your household ever been convicted of methamphetamine production in the home?  Yes  No If yes, which member:

Are you or any member of the household subject to Lifetime Sex Offender registration program?  
 Yes  No If yes, which member:

Have you ever lived in another state besides New York?  Yes  No  
 If yes, what other states?

Have you ever applied for or lived in a People Inc. apartment before?  Yes  No  
 If yes, where:

Are you currently receiving rental assistance? (HUD, voucher, section 8)  Yes  No  
 If yes, please specify:

**Reasonable Accommodation:**

Do you or any members of your household have a disability  Yes  No

If yes, do you or any member of your household require a reasonable accommodation?  Yes  No

If you or any member of your household has a disability (Section 223 of the Social Security Act) please note how we may accommodate your needs. Please include any special unit features which may be required. A reasonable accommodation may include, grab bars, emotional support animal, etc.

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Do you need an **accessible unit**, which features walk/roll in shower and lower cabinet/shelving?  Yes  No

**Student Information:**

Is anyone in your household (including minors), currently a full or part time student or planning to become a student in the next 12 months?  Yes  No If yes, answer the following questions:

Name: \_\_\_\_\_ Status:  Full  Part time; Name of school: \_\_\_\_\_

Name: \_\_\_\_\_ Status:  Full  Part time; Name of school: \_\_\_\_\_

**Animal/Pet Information:** Our policy allows for 1 common household pet that is less than 25lbs. at maturity.

Do you have a pet?  Yes  No if yes, please describe:

Do you have a service or support animal?  Yes  No if yes, please describe:

**Information for Government Monitoring Purposes:**

The information below regarding race, ethnicity and sex designation solicited on this application is requested in order to assure the Federal Government, acting through the Rural Housing Service that the Federal Laws prohibiting discrimination against tenant applications on the basis of race, color, nation origin, religion, sex, familial status, age and disability are complied with. You are not required to furnish this information. This information will not be used in evaluating your application or to discriminate against you in any way.

<u>Race Codes:</u>		<u>Ethnicity Codes</u>		<u>Gender Codes</u>	
1. White		1. Hispanic /Latino		F. Female	
2. Black/African American		2. Non-Hispanic or Latino		M. Male	
3. American Indian/ Alaska Native				N. Non-Binary	
4. Asian				T. Transgender	
5. Native Hawaiian/Pacific Islander				D. Prefer to self-describe	
6. Other				N/A Prefer not to say	
Member	Race Code Number: 1, 2,3,4,5 or 6	Ethnicity Code: 1 or 2	Gender: F, M, N, T, D, N/A		
1.					
2.					

## GENERAL RELEASE/CONSENT FOR VERIFICATION

I hereby authorize People Inc. or any corporation it sponsors to obtain any and all information needed to verify my eligibility and continuing eligibility for said housing assistance including but not limited to information on family composition, income, assets, deductions, criminal background, child support arrears and any other item determined by applicable law or regulation.

This release may be relied upon by any financial institution, employer or previous employer, attorney general for child support information, landlord or previous landlord, pharmacy, doctor, hospital, child care provider, creditor, law enforcement agency, utility company, county, state, or federal agency, or assisted housing program and all such individuals or entities are hereby directed to turn over any requested information without further authorization. This form shall remain valid and can be used at any time, at People Inc.'s discretion, as long as I am an applicant or a tenant with the People Inc. Senior Living Apartment program.

Information on this application may be shared with other People Inc. Apartments. Any willful misrepresentation or concealment of any material fact which would affect eligibility for admission will be considered grounds for termination of lease and eviction. I, therefore, declare the information provided to be true to the best of my knowledge.

A copy of this form filled out and executed shall have the full force and effect as an original signed copy.

I understand that People Inc. Senior Living Apartments are smoke-free.

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Signature of Applicant

Date Signed

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Signature of Applicant

Date Signed

All qualified applicants will be afforded equal opportunities without discrimination because of race, color, nationality, religion, sex, familial status, or disability.

*"Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making the false or fraudulent statement to any department of the U.S. Government. HUD and any owner (or any employee of HUD or the owner) may be subject to penalties for unauthorized disclosures or improper use of information collected based on this consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willingly requests, obtains, or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor or 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 or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the "Social Security Act at 208 (a) (6) (7) and (8). Violations of 42 U.S.C. 408(a) (6) (7) and (8)."*



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.

<b>Applicant Name:</b>	
<b>Mailing Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>Name of Additional Contact Person or Organization:</b>	
<b>Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>E-Mail Address (if applicable):</b>	
<b>Relationship to Applicant:</b>	
<b>Reason for Contact:</b> (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	
<b>Commitment of Housing Authority or Owner:</b> 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.	
<b>Confidentiality Statement:</b> The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
<b>Legal Notification:</b> 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.

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**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.