

LOG # _____(for office use only)

Juniper Apartments
Senior Building
5374 Rogers Road
Hamburg, NY 14075








Application Deadline: February 13, 2026

Where to Send Completed Application: **Juniper Apartments, PO Box 400, Williamsville, NY 14231, housing@people-inc.org**

Lottery Date: **March 4, 2026**

Contact Information: **People Inc. Housing Department, (716) 880-3890, housing@people-inc.org**

Units and Eligibility Chart:

40% AREA MEDIAN INCOME (AMI) UNITS	Units Size	# Units	Monthly Rent*	House- hold Size	House-hold Income**	50% AREA MEDIAN INCOME (AMI) UNITS	Units Size	# Units	Monthly Rent*	House- hold Size	House-hold Income**
	1 BR	2	\$568		\$15,900 - \$28,280		1 BR	5	\$749		\$20,425 - \$35,350
					\$15,900 - \$32,320						\$20,425 - \$40,400
	2 BR	0					2 BR	2	\$908		\$24,625 - \$40,400
											\$24,625 - \$45,450
						\$24,625 - \$50,500					

Applicant and Contact Information:

First Name	Middle Initial	Last Name
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Current Living Address:

[illegible]

City	State	Zip
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Mailing Address (if different from above):

Street Address	Apartment # or PO Box #
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City	State	Zip
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Homes and
Community Renewal

Email: _____

Phone Number(s): _____
Cell Phone Home Phone Work Phone

Preferred Method of Contact: (Email/Paper Mail/Phone Call/Text Message)

Preferred Language of Contact: In what language would you prefer to receive written communications about your application? _____

(Optional) Contact Person or Organization Information (If we are unable to reach you):

Name: _____ Email: _____ Phone Number: _____
Relationship: ☐ Friend ☐ Family ☐ Case Manager ☐ Housing Counselor ☐ Other _____

Are you homeless? ☐ Yes ☐ No If yes, please provide agency that can verify your current living situation: _____

Agency: _____ Address: _____

Are you frail/elderly? ☐ Yes ☐ No If yes, please provide name of medical provider that can verify Frail/Elderly status: _____

Provider: _____ Phone #: _____

Address: _____

Are you enrolled in Medicaid? Do you have Medicaid ☐ Yes ☐ No

Household Information:

1. How many persons (including yourself) will live in the unit you are applying for? _____
2. Do you anticipate any changes in the size of your household within the next 12 months? (Future spouse, a minor entering the home through adoption, child returning from foster care, etc.) If yes, please describe any changes here:

3. **Which bedroom size(s) do you prefer?** (You can be considered for more than 1 bedroom size, subject to availability and eligibility)

☐ 1 bedroom ☐ 2 bedroom

4. List **ALL** the people who will live in the unit for which you are applying (household members), starting with yourself as “Self” on chart below.

Unit with Additional Accessible Features: If a household member has an ongoing mobility (M), hearing (H), or visual (V) disability and can benefit from a unit adapted for these disabilities, **check the relevant box on the chart below.** If selected for further processing, you may be required to provide supporting documentation

First, Middle Initial & Last Name, Suffix	SSN/TIN (Optional)	Relationship to Applicant	Birth Date MM/DD/YY	Student Status (Specify No, Full-time or Part-time)	Have a Disability?		
					Mobility	Visual	Hearing
		Self					

Reasonable Accommodations/Modifications: You have a right to request a reasonable accommodation or modification for the disability of someone in your household. To learn more, read the attached Notice Disclosing Tenant’s Rights to Reasonable Accommodation also available here: <https://dhr.ny.gov/legalupdates#notice-of-tenant's-rights-to-reasonable-accommodation>

If you are seeking a reasonable accommodation/modification, please describe:

Eligibility for Special Preferences: Check off any of the following that can apply to you or a member of your household and specify member(s) if applicable. If selected for further processing,

you may be required to provide supporting documentation and/or be subject to third party verification.

<input type="checkbox"/> Physical Disabilities Discapacidades físicas 身体残疾	
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Information About Tenant Screening

Criminal Legal System and Credit History: The landlord must consider individual circumstances regarding most criminal legal events or negative credit history you may have. You have rights! Find out more in the attached Know Your Rights documents and here: <https://hcr.ny.gov/marketing-plans-policies#credit-&-criminal-history-assessment-policies>

Domestic Violence: If you otherwise qualify for the rental housing or program, you cannot be denied admission or denied assistance because you are or have been a victim of domestic violence, dating violence, sexual assault, or stalking. To learn more, read the Notice of Occupancy Rights attached to this application.

Rental Subsidy

1. **Does your household have a transferable rental subsidy like Section 8, VASH or NYC FHEPS?** NOTE: This information *will not affect the processing of the application*. Rental subsidy information may make your household eligible for more units (example: units with higher income requirements than your current household income).

- ☐ No
☐ Yes – Section 8 Voucher
☐ Yes – NYC FHEPS
☐ Yes – Other Rental Subsidy/Certificate: _____

NOTE: Housing providers in New York State cannot discriminate against you based on the lawful source of your income, including rental subsidies.

Income and Assets

Note: Be sure to review the lottery advertisement or income chart to see if your income qualifies for this project.

1. Income from Employment

List all full-time and/or part-time employment income (for example: wages and self-employment) for **ALL** household members. All wages listed must be GROSS income except for self-employment income. Self-Employment must be listed as NET income, which is the amount made after deductions.

Household Member	Income Source or Employer Name & Address	Length of Time Receiving this Income		Income Amount (\$)	Frequency? (Ex: weekly, bi-weekly, semi-monthly, monthly, annually)	Annual Income
		Yrs.	Mos .			
Self				\$		\$
				\$		\$
				\$		\$
				\$		\$
				\$		\$
TOTAL ANNUAL HOUSEHOLD INCOME FROM EMPLOYMENT (Add all amounts from "Annual Income" column):						\$

2. Income from Other Sources

List all other income sources for **ALL** household members. For example, welfare (including housing allowance), Social Security, SSI, pension, workers' compensation, unemployment compensation, interest income, babysitting, caretaking, alimony, child support, annuities, dividends, income from rental property, Armed Forces Reserves, scholarships and/or grants, gift income, etc. This must be GROSS income.

Household Member	Income Source or Employer Name & Address	Length of Time Receiving this Income		Income Amount (\$)	Frequency? (Ex: weekly, bi-weekly, semi-monthly, monthly, annually)	Annual Income
		Yrs.	Mos			
Self				\$		\$
				\$		\$
				\$		\$
				\$		\$
TOTAL ANNUAL HOUSEHOLD INCOME FROM OTHER SOURCES Add all amounts from "Annual Income" column)					\$	

3. Total Annual Household Income from Employment and Other Sources

Add total amounts from Table 1 and 2, above

\$

4. Total Current Household Assets

Below please list **ALL** assets for all household members. Examples of assets include checking account, savings account, investment assets (stocks, bonds, vested retirement funds, etc.), real estate, cash savings, miscellaneous investment holdings, etc.

Household Member	Bank/Institution Name	Type of Asset or Account	Cash Value
Self			\$
			\$

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			\$
			\$
			\$

Race and Ethnicity (OPTIONAL)

This information is optional and will not affect the processing of the application. ***You can choose to SKIP all or any part of this section.***

1. [OPTIONAL] Ethnicity: Please check the group(s) that best identifies the household:

- ☐ Hispanic or Latino
- ☐ Not Hispanic or Latino
- ☐ Choose not to answer

2. [OPTIONAL] Race: Please check the group(s) that best identifies the household:

<input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> American Indian or Native Alaskan <input type="checkbox"/> Choose not to answer	<input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Other _____
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Signatures

(Required for All Household Members 18 and over)

I (WE) DECLARE THAT STATEMENTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY (OUR) KNOWLEDGE. I (we) understand that consequences for providing false or knowingly incomplete information in an attempt to qualify for this program may include the disqualification of my (our) application, the termination of my (our) lease (if discovery is made after the fact), and referral to the appropriate authorities for potential prosecution.

I (WE) DECLARE THAT NEITHER I (WE), NOR ANY MEMBER OF MY (OUR) IMMEDIATE FAMILY, ARE EMPLOYED BY THE BUILDING OWNER OR ITS PRINCIPALS.

Signature_____
Date_____
Signature_____
Date_____
Signature_____
Date_____
Signature_____
Date**REQUIRED ATTACHMENTS:**

HCR's "Notice of Occupancy Rights under the Violence Against Women Act" (or comparable form) in the language of the Application, and

The VAWA Certification Form