



Application Assistance and Information Statement

If you are handicapped or disabled, or have difficulty completing this application, please advise us of your needs when you receive this application, or call us to schedule an appointment for assistance. Our phone number is 607-776-7664. Appropriate assistance will be provided in a confidential manner and setting.

Answering questions on your application:

Please answer all questions truthfully. We will verify all of your answers. Any misrepresentation of information related to eligibility, preference for admissions, allowances, rent, family composition or prior resident history is grounds for rejection. Additionally, you should be aware that Section 1001 of Title 18 of the US Code makes it a criminal offense to make willful, false statements or misrepresentations of any material fact involving the use of or obtaining federal funds.

Answering questions relating to handicap or disability:

Answers to questions on your application concerning handicap or disability status are *optional*, but please note that individuals with handicaps or disabilities may be entitled to (1) certain deductions from income that affect rent or (2) units designed to be accessible for individuals with handicaps or disabilities. So, without this information, we may not be able to calculate your rent correctly or verify your eligibility to live in an accessible unit.

If you answer the questions relating to handicap or disability, we will need to verify that you are handicapped or disabled. We do not need to know the nature, extent, or current condition of the handicap or disability. But we will need to know that you meet the federal definitions that apply to these terms and that you can abide by the terms of our lease.

Housing Requirements Questionnaire:

Please complete the Housing Requirements Questionnaire that accompanies your application. This information is needed so that we may assign you a unit appropriate to any needs that exist for your household. Your answers will be verified. If, however, there are no household members with a handicap or disability, or if you do not wish to complete the document for any reason, simply indicate that choice in the space provided at the top of the document. The choice not to complete this document will not in any way affect the processing of your application for an apartment.



Notice to All Applicants Options for Applicants with Disabilities or Handicaps

This property is managed by Arbor Development, Inc., P.O. Box 31, Bath, NY 14810.

Arbor Development provides assisted housing to the general public under New York State. We are not permitted to discriminate against applicants on the basis of their race, color, religion, sex, sexual orientation, national origin, familial status, disability or handicap. In addition, we have an obligation to provide "reasonable accommodations" to applicants if they or any household members have a disability or handicap. Compliance actions may include reasonable accommodations as well as structural modifications to the unit or premises.

A reasonable accommodation is some modification or change that we can make to the policies or procedures is some modification or change that we can make to the policies or procedures that will assist an otherwise eligible applicant with a disability to take advantage of the programs under which we operate. Examples of reasonable accommodations and structural modifications include, but are not limited to:

- Making reasonable alterations to a unit so it could be used by a household member with a wheelchair;
- Installing strobe type flashing light smoke detectors in an apartment for a household with a hearing impaired member;
- Permitting a household to have a seeing-eye dog to assist a vision-impaired household member where existing pet rules would not allow the dog;
- Making large type documents or a reader available to a vision-impaired applicant during the application process;
- Making a sign language interpreter available to a hearing-impaired applicant during the application process;
- Permitting an outside agency to assist an applicant with a disability to meet the property's applicant screening criteria.

An applicant household that has a member with a disability must still be able to meet essential obligations of tenancy. They must be able to pay rent, to maintain their apartment in a safe and sanitary condition, to report required information to the building manager, to avoid

disturbing their neighbors, etc., but there is no requirement that they be able to do these things without assistance.

If you or a member of your household have a disability or handicap and think you might need or want a reasonable accommodation, you may request it at any time in the application process or after admission. This is up to you. If you would prefer not to discuss your situation with management, that is your right.

If you wish to complete the ***Housing Requirements Questionnaire*** and provide management with information regarding any household member with a handicap or disability, please do so. If no household member has a handicap or disability, or if you do not wish to complete the questionnaire for any reason, please indicate so, sign the form and return it with your application.



I choose to complete this form

I choose not to complete this form

Signature Head of Household: _____

Social Security #: _____

Housing Requirements Questionnaire

1. Do you or does any member of your household have a condition that requires:

A separate bedroom

A one-level apartment

Unit for hearing-impaired

A barrier free apartment

Unit for vision-impaired

Physical modifications of apartment

Special parking space

Unit on first floor

Other: _____

2. If you checked any of the above listed categories of units, please explain exactly what you need to accommodate your situation: _____

3. What is the name of the household member who needs the features identified above?

4. Do you or any of your household members need special features to go up and down stairs other than traditional railings? Yes No

If yes, please indicate how we may assist your household member:

5. Will you or any of your household members require a live-in aide to assist you?

Yes No

6. Who should we contact to verify your need for the features you have identified above (example: Doctor or social service agency):

Name: _____ Phone #: _____

Address: _____