



The King's Apartments

Dear Applicant(s):

Thank you for your interest in The King's Apartments in Pawling, NY. Enclosed is a preliminary application, which must be completed, signed and returned to us at the address indicated on the application.

Only applicants who are Elderly or Mobility Impaired Elderly will qualify. Rents for apartments at The King's Apartments will be no more than 30% of the tenant's monthly household income. Applicants will be selected in accordance with Federal Equal Opportunity and Fair Housing regulations.

COMPLETED APPLICATIONS MUST BE SENT BY REGULAR MAIL, NOT REGISTERED OR CERTIFIED MAIL, TO THE ADDRESS INDICATED ON THE APPLICATION.

MAIL ONLY ONE (1) APPLICATION PER FAMILY. IF MORE THAN ONE APPLICATION PER FAMILY IS RECEIVED, ALL APPLICATIONS WILL BE DROPPED TO THE BOTTOM OF THE WAITING LIST.

NO PAYMENT OR FEE SHOULD BE GIVEN TO ANYONE IN CONNECTION WITH THE PREPARATION, FILING OR PROCESSING OF THIS APPLICATION FOR SUBSIDIZED HOUSING.

ALL APPLICANTS IN A HOUSEHOLD WILL BE PROCESSED AS ONE APPROVAL OR DENIAL FOR AN APARTMENT. IF ANY ONE OF THE APPLICANTS HAS A NEGATIVE RENTAL HISTORY, NEGATIVE CREDIT HISTORY OR NEGATIVE CRIMINAL HISTORY ALL APPLIANTS WILL BE DENIED.

If you require additional information or assistance in completing the application, please contact us at **914-365-6365 ext 7318** between 10:00 a.m. and 3:00 p.m., Monday through Friday. Again, thank you for your interest in The King's Apartments.

Enclosure: Fact Sheet
Notice of Smoke Free Policy
Application
Race and Ethnic Reporting Data Form
Supplement to Application For Federally Assisted Housing

*The King's Apartments
Pawling, New York*



FACT SHEET

The King's Apartments is a Section 202 Supportive Housing for the Elderly Program. It is owned by Lutheran Housing Development Fund Corporation of Pawling and is managed by Wartburg Lutheran Home for the Aging. The King's Apartments provides low-income housing and related programs and services that cater to the total physical, spiritual, and emotional needs of the elderly. Our goal is to enrich the quality of life for senior citizens from all religious, ethnic, racial, and economic backgrounds. We provide to all residents, a variety of special programs and services tailored to the unique needs of the elderly, including a wellness program, intergenerational programs with local schools and lectures and workshops regarding topics of special interest to the elderly.

ELIGIBILITY FOR OCCUPANCY

- I. *Occupancy at The King's Apartments' mobility impaired units (4) is limited to elderly families that include a handicapped member with a mobility impairment requiring the special design features of these accessible units.*
- II. *All units are limited to households consisting of elderly persons over 62 years of age and to families, where the head of household or spouse is 62 years of age or older. All applicants must meet HUD income guidelines and the additional screening criteria established by The King's Apartments in order to be eligible for occupancy.*
- III. *The King's Apartments is comprised solely of one-bedroom units. In accordance with HUD guidelines, occupancy is limited to families with a minimum of one and a maximum of two persons, exclusive of a live-in attendant.*

IV. *The King's Apartments Income Limit for Applicants:*

FY 2019 Very Low-Income Limits

*One person – \$33,850
Two persons – \$38,650*

- V. *Qualified applicants shall be selected for housing according to the following:*
 - a) *Mobility impaired elderly persons will receive preference for specialized units designed for the mobility impaired. (A mobility impaired elderly person is defined as an otherwise eligible elderly adult having a mobility impairment which is expected to be of long-continued and indefinite duration, is a substantial impediment to his or her ability to live independently, and is of a nature that such ability could be improved by more suitable housing conditions, or by use of the special amenities available in the specialized units for the mobility-impaired within the project.)*
 - b) *Applicants will be selected on a first-come, first-served basis, chronologically, as they appear in the log of eligible applicants, taking into account all HUD eligibility criteria and federal preferences in effect at the time of tenant selection.*
 - c) *The King's Apartments does not provide emergency or temporary housing and cannot modify the order of selection otherwise prescribed because of emergency considerations.*

- VI. *The King's Apartments tenant selection policy prohibits admission:*
- a) *For three years from the date of eviction if any household member has been evicted from federally assisted housing for drug related criminal activity (24CFR 5.854)*
 - b) *If it is determined that any household member is currently engaging in illegal use of a drug, or that a pattern of illegal use of a drug may interfere with the health, safety, or right to peaceful enjoyment of the premises by other residents. (24CFR 5.854)*
 - c) *If any member of the household is subject to a lifetime registration requirement under the New York State Sex Offender Registry of any other state where household members are known to have resided. (24CFR 8.856)*
 - d) *If there is reasonable cause to believe that a household member's abuse or pattern of abuse of alcohol may interfere with the health, safety, or right to peaceful enjoyment of the premises of others. (24CFR 5.857)*
- VII. *All applicants in a household will be processed as one approval or denial for an apartment. If any one of the applicants has a negative rental history, negative credit history or negative criminal history all applicants will be denied.*
- VIII. *It is the policy of The King's Apartments to comply with HUD regulations, Title VI of the Civil Rights Act of 1964, Title VIII and Section 3 of the Civil Rights Act of 1968 (as amended by the Community Development Act of 1974 and the Fair Housing Amendments Act of 1988), Executive Order 11063, Section 504 of the Rehabilitation Act of 1973, the Age Discrimination Act of 1975, and any legislation protecting the individual rights of tenants, applicants, or staff which may subsequently be enacted.*

The King's Apartments shall not on account of race, color, sex, religion, disability, handicap, familial status or national origin:

- a) *Deny to any family the opportunity to apply for housing, nor deny to any eligible applicant the opportunity to lease housing suitable to its needs;*
- b) *Provide housing that is different than that provided others;*
- c) *Subject a person to segregation or disparate treatment;*
- d) *Restrict a person's access to any benefit enjoyed by others in connection with the housing program; or*
- e) *Deny a person access to the same level of services.*



The King's Apartments
700 White Plains Road – Suite 377
Scarsdale, NY 10583
Phone: 914-365-6365 Fax: 914-365-6372

NOTICE OF SMOKE FREE HOUSING POLICY

To: Applicants
From: Susan Cadoff, VP HUD Housing

This is to inform you that The King's Apartments has adopted a "smoke free housing" policy in accordance with notice H2010-21 issued by the U.S. Department of Housing and Urban Development (HUD) on September 15, 2010.

This policy applies to all new tenants moving in after January 1, 2012. Smoking is prohibited in individual apartment units, and in indoor and outdoor common areas. Smoking is only permitted in specifically designated outdoor smoking areas. "Smoking" means inhaling, exhaling, burning, or carrying of lit tobacco products including but not limited to cigarettes, cigars, and pipes. Smoking materials must be properly disposed of in designated receptacles. This smoke-free policy applies to tenants, live-in aides, guests, staff, contractors, and other visitors.

This policy has been adopted to protect the health of our tenants, staff, and guests. It has been well established that exposure to smoke is a serious health risk. Secondhand smoke is a Class A carcinogen, which means it is a cancer causing agent, and there is no safe exposure level. Secondhand smoke can travel through doorways, windows, wall joints, plumbing spaces, and even light fixtures, so secondhand smoke from one unit can adversely affect the health of residents in other units. Additionally, this policy will decrease the danger of fires and reduce maintenance and cleaning costs.

This policy will have no impact on your eligibility for housing assistance from HUD. However, we reserve the right to enforce this rule throughout a household's tenancy. Violation of the smoke-free policy will be considered material noncompliance with lease requirements, and may result in eviction.





PRELIMINARY APPLICATION

MAIL ONLY ONE (1) APPLICATION PER HOUSEHOLD BY REGULAR MAIL. DO NOT SEND BY REGISTERED OR CERTIFIED MAIL OR ATTEMPT TO DELIVER BY HAND. IF MORE THAN ONE APPLICATION PER HOUSEHOLD IS RECEIVED, ALL APPLICATIONS WILL BE DROPPED TO THE BOTTOM OF THE WAITING LIST.

MAIL TO: The King's Apartments
700 White Plains Road – Suite 377
Scarsdale, NY 10583

NOTE: THIS FACILITY IS COMMITTED TO SERVING ALL ELIGIBLE AND QUALIFIED INDIVIDUALS REGARDLESS OF DISABILITY. IF YOU NEED A REASONABLE ACCOMMODATION, YOU SHOULD BRING THIS FACT TO OUR ATTENTION. WE WILL WORK WITH YOU TO REACH AN ACCOMMODATION IN KEEPING WITH THE FUNDAMENTAL NATURE OF THE PROJECT AND WITHIN BUDGETARY AND ADMINISTRATIVE LIMITS OF THE FACILITY.

NO PAYMENT OR FEE SHOULD BE GIVEN TO ANYONE IN CONNECTION WITH THE PREPARATION, FILING OR PROCESSING OF THIS APPLICATION FOR SUBSIDIZED HOUSING.

NOTE: ALL APPLICANTS IN A HOUSEHOLD WILL BE PROCESSED AS ONE APPROVAL OR DENIAL FOR AN APARTMENT. IF ANY ONE OF THE APPLICANTS HAS A NEGATIVE RENTAL HISTORY, NEGATIVE CREDIT HISTORY OR NEGATIVE CRIMINAL HISTORY ALL APPLICANTS WILL BE DENIED.

The King's Apartments shall not discriminate on account of race, color, sex, religion, disability, familial status or national origin.

(Please Print and Answer All Questions)

1. A. Household Composition and Characteristics:

List each person who will be living at The King's Apartments, **located in Pawling, New York**

Member # 1 - Head of Household:

First Name _____ Middle Name _____ Last Name _____

Address _____

City _____ State _____ Zip Code _____

Date of Move-in at Current Address: _____

Home Phone() _____ Cell Phone() _____ Work Phone() _____

Social Security Number _____ Date of Birth _____ Sex: _____ Male _____ Female _____ Decline to Respond

Member # 2:

First Name _____ Last Name _____ Relationship _____

Social Security Number _____ Date of Birth _____ Sex: _____ Male _____ Female _____ Decline to Respond

B. Does anyone live with you now who are not listed above? _____ **Yes** _____ **No**

C. Does anyone plan to live with you in the future who are not listed above? _____ **Yes** _____ **No**

2. Housing History:

Please list the names and addresses of homes and/or apartments where you have resided over the past five (5) years.

A. _____
Name of Landlord

Address

B. _____
Name of Landlord

Address

C. _____
Name of Landlord

Address

3. Have you, or anyone who plans to reside at The King's Apartments ever been evicted from or asked to leave any type of housing over the past five (5) years? _____ **Yes** _____ **No**

If yes, please describe the circumstances: _____

4. Have you, or anyone who plans to reside at The King's Apartments ever been evicted in the last three (3) years from federally assisted housing for any drug related or other criminal activity? _____ **Yes** _____ **No**

If yes, please describe the circumstances: _____

5. Have you, or anyone who plans to reside at The King's Apartments been convicted in last (3) years for any drug related or other criminal activity? _____ **Yes** _____ **No**

If yes, please describe the circumstances: _____

6. Are you, or anyone who plans to reside at The King's Apartments subject to a lifetime registration requirement under any U.S. State Sex Offender Registration Program? _____ **Yes** _____ **No**

If yes, please describe the circumstances: _____

7. Please List all U.S. States where you or anyone who plans to reside at The King's Apartments have resided:

_____, _____, _____, _____

8. Do you, or anyone who plans to reside at The King's Apartments have a Repayment Agreement at any federally assisted housing? _____ **Yes** _____ **No**

If yes, please describe the circumstances: _____

9. Are you, or anyone who plans to reside at The King's Apartments a U.S. Military Veteran? _____ **Yes** _____ **No**

10. Do you, or anyone who plans to reside at The King's Apartments have a Live-In Aide? _____ **Yes** _____ **No**

11. Current Employment:

Are you, or anyone who plans to reside at The King's Apartments currently employed? _____ **Yes** _____ **No**

If yes, please fill in the following:

Name of Employer Telephone #: _____

Address Gross Annual Earnings: _____

Start Date of Employment: _____

12. Income:

Please enter your current income amount (*Fill-in all that applies*). You must enter the **GROSS Amount**, this is the amount before any deductions such as taxes, Medicare premium or any other health insurances etc.

Please check one, Monthly _____ or Annual _____ income.

	Member #1	Member #2
Social Security	\$ _____	_____
S.S.I.	_____	_____
S.S.P.	_____	_____
Public Assistance	_____	_____
Pension	_____	_____
Employment Wages	_____	_____
Unemployment	_____	_____
Workers' Compensation	_____	_____
Self Employment	_____	_____
Alimony	_____	_____
Annuities	_____	_____
Disability Insurance	_____	_____
Interest on Bank Accounts	_____	_____
Dividends	_____	_____
Trust Income	_____	_____
Other (<i>Please specify</i>)	_____	_____

13. Assets:

Please enter your current balance (*Fill-in all that applies*)

	Member #1	Member #2
Checking Account	\$ _____	_____
Savings Account	_____	_____
Money Market	_____	_____
CD	_____	_____
Stocks	_____	_____
Savings Bonds	_____	_____
Funds or Property in Trust	_____	_____
Value of home you own	_____	_____
Value of other real estate	_____	_____
Other (<i>Please specify</i>)	_____	_____

14. Have you or any member of your household disposed of assets for less than fair market value during the past two years?
_____ **Yes** _____ **No**

If yes, describe the assets you disposed of: _____

15. Monthly Expenses:

Please indicate your current monthly housing expenses (*Fill-in all that applies*)

Rent or mortgage	\$	_____
Property Taxes		_____
Electric		_____
Gas		_____
Oil		_____
Water		_____
Sewer		_____
Trash removal		_____
Other (<i>Please specify</i>)		_____

16. Pets:

A. Do you have a pet that you plan to bring to this facility? **Yes** **No**

If yes, please specify what type of animal _____ Weight _____

B. Do you plan to use a service animal, (e.g. guide dog) in this facility? **Yes** **No**

17. Name and address of nearest relative NOT living with you:

Name _____ Relationship _____

Address _____ Telephone # _____

18. Citizenship:

	Member #1		Member #2
A. Are you a Citizen or Naturalized Citizen of the United States?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

#1. If yes, indicate U.S. Birth State or Foreign Country for Naturalization: _____

#2. If yes, indicate U.S. Birth State or Foreign Country for Naturalization: _____

	Member #1		Member #2
B. Are you a Lawful Permanent Resident of the United States?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

#1. If yes, indicate Alien Card Number _____ Expiration Date _____ Country of Birth _____

#2. If yes, indicate Alien Card Number _____ Expiration Date _____ Country of Birth _____

19. Mobility Impairment: (*To determine need for accessible unit only*)

This facility has a limited number of units that have been made accessible for the mobility impaired (e.g., roll-in shower stalls, lowered kitchen cabinets, and work areas, wheelchair accessible doorways, etc.) Do you have a mobility impairment and believe you could benefit from the special features of those units?

Yes _____ **No** _____

20. Program Information:

How did you hear about The King's Apartments?

- | | |
|---|------------------------------------|
| _____ Sign posted on building | _____ Newspaper |
| _____ Friend/Family | _____ HUD |
| _____ Brochure | _____ Local organization or church |
| _____ Other (<i>Please specify</i>) _____ | |

21. Applicant Certification:

I/we certify that if selected to receive assistance, the unit I/we occupy will be my/our only residence. I/we understand that the above information is being collected to determine my/our eligibility. I/we authorize the Owner to verify all information provided on this application and to contact previous and current landlords or other sources for credit and verification information which may be released to appropriate Federal, State, or local agencies. I/we certify that the statements made in this application are true and complete to the best of my/our knowledge and belief. I/we understand that false statements or information are punishable under Federal law and my/our application will be rejected.

Signature of Head of Household (Member #1)

Date

Signature of Spouse/Co-Head (Member #2)

Date

Race and Ethnic Data Reporting Form

U.S. Department of Housing and Urban Development
Office of Housing

OMB Approval No. 2502-0204
(Exp. 06/30/2017)

The King's Apartment **012EE100** **20 Pine Drive**
Name of Property Project No. Pawling, NY 11207
Address of Property

Lutheran Housing Development
Fund Corporation of Pawling **202 PRAC**
Name of Owner/Managing Agent Type of Assistance or Program Title:

Name of Head of Household Name of Household Member

Date (mm/dd/yyyy): _____

Ethnic Categories*	Select One
Hispanic or Latino	
Not-Hispanic or Latino	
Racial Categories*	One or More
American Indian or Alaska Native	
Asian	
Black or African American	
Native Hawaiian or Other Pacific Islander	
White	
Other	

***Definitions of these categories may be found on the reverse side.**

There is no penalty for persons who do not complete the form.

Signature

Date

Public reporting burden for this collection is estimated to average 10 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. This information is required to obtain benefits and voluntary. HUD may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number.

This information is authorized by the U.S. Housing Act of 1937 as amended, the Housing and Urban Rural Recovery Act of 1983 and Housing and Community Development Technical Amendments of 1984. This information is needed to be in compliance with OMB-mandated changes to Ethnicity and Race categories for recording the 50059 Data Requirements to HUD. Owners/agents must offer the opportunity to the head and co-head of each household to "self certify" during the application interview or lease signing. In-place tenants must complete the format as part of their next interim or annual re-certification. This process will allow the owner/agent to collect the needed information on all members of the household. Completed documents should be stapled together for each household and placed in the household's file. Parents or guardians are to complete the self-certification for children under the age of 18. Once system development funds are provide and the appropriate system upgrades have been implemented, owners/agents will be required to report the race and ethnicity data electronically to the TRACS (Tenant Rental Assistance Certification System). This information is considered non-sensitive and does no require any special protection.

Instructions for the Race and Ethnic Data Reporting (Form HUD-27061-H)

A. General Instructions:

This form is to be completed by individuals wishing to be served (applicants) and those that are currently served (tenants) in housing assisted by the Department of Housing and Urban Development.

Owner and agents are required to offer the applicant/tenant the option to complete the form. The form is to be completed at initial application or at lease signing. In-place tenants must also be offered the opportunity to complete the form as part of the next interim or annual recertification. Once the form is completed it need not be completed again unless the head of household or household composition changes. There is no penalty for persons who do not complete the form. However, the owner or agent may place a note in the tenant file stating the applicant/tenant refused to complete the form. **Parents or guardians are to complete the form for children under the age of 18.**

The Office of Housing has been given permission to use this form for gathering race and ethnic data in assisted housing programs. Completed documents for the entire household should be stapled together and placed in the household's file.

1. The two ethnic categories you should choose from are defined below. You should check one of the two categories.

1. **Hispanic or Latino.** A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. The term "Spanish origin" can be used in addition to "Hispanic" or "Latino."
2. **Not Hispanic or Latino.** A person not of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

2. The five racial categories to choose from are defined below: You may mark one or more.

1. **American Indian or Alaska Native.** A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
2. **Asian.** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
3. **Black or African American.** A person having origins in any of the black racial groups of Africa. Terms such as "Haitian" or "Negro" can be used in addition to "Black" or "African American."
4. **Native Hawaiian or Other Pacific Islander.** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
5. **White.** A person having origins in any of the original peoples of Europe, the Middle East or North Africa.

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.

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

--	--

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.