

Thank you for your interest in Westview Apartments. We offer spacious and affordable one and two bedroom apartments in Saratoga Springs exclusively for Adults ages 55 and better. Each apartment home features oak cabinetry, individual heating and cooling, walk-in closets and a patio or balcony. Water, sewer and trash is included. Washer and dryer rentals and cable service are available. We're pet friendly! Our controlled access building with two elevators features a community room with monthly social activities, media lounge, business center, on-site laundry room and ample parking. We accept online payments and maintenance requests through our resident portal. Westview is conveniently located near medical facilities, banks, shopping, restaurants, entertainment and so much more.

Enclosed is our application packet with a list of fees and deposits you will need to bring with you for the application process. Please read this list and the application supplement carefully, so you can gather all the correct information. All documents must be originals; no photocopies are accepted. All applications must be filled with black ink. All occupants must be present at the time of application.

Thank you in advance for gathering all the necessary information for the application process. We look forward to having you as a resident of Westview Apartments!

Westview Apartments Management



Monthly Rental Rates

1 Bedroom: <u>\$871</u>* 2 Bedroom: <u>\$1,052</u>* Rental rate includes water, sewer and trash. Residents are responsible for gas and electric. Rates, Fees and Deposits subject to change. *Requires a one year lease.

Security Deposit: One month's rent Non-refundable Application Fee: **\$75 per person**⁺ ⁺Certified check or money order only. Fee includes background and credit check. Must be submitted with application.

Optional Amenities

Stackable Washer/Dryer: \$50 per month Full-size Washer/Dryer: \$50 per month *On-site community laundry room available.*

Spectrum Cable Service: \$45 per month

Westview Apartments is an affordable senior apartment community. Our community has maximum annual income restrictions:

	ne per monsenora size
1 Person	\$36,300
2 People	\$41,520
3 People	\$46,680
4 People	\$51,840

Maximum Gross Income per Household Size

WESTVIEW APARTMENTS

Rental Application

The information you provide below will be used to determine if your household is eligible under this community's leasing criteria. Please complete the ENTIRE form and do not leave any questions blank or unanswered. Write N/A if a particular question is not applicable. We thank you in advance for your cooperation.

Property Information (F	or Office U	se Only):					
Date Received:					Initial Certifica	ation	
Unit #:					Recertification	n	
# of Bedrooms:					Interim		
Desired Move-In Date					Other:		
HOUSEHOLD COMPOS	ITION AND	STUDENT S	TATUS				
List all persons who will be living in yo			•	2	time in the next 1	2 months an	d include
anyone who is not currently a househ		•	me one in the	next 12 months.		-	-
	Relationship						
	to Head						
	S=Spouse		Marital				
	O=Other Adult		Status				*
	C=Minor Child		M=Married				*If "yes"
	F=Foster		D=Divorced		Driver's		Part-time
	Adult/Child		SP=Separate				(PT) or
Household Members	L=Live In		d S=Single	Social Security	License	Student	
Full Name (first and last)	Attendant	Date of Birth	W=Widowed	Number	Number	Y or N	(FT)
	HEAD						

*For <u>each</u> household member listed above-List this member as a full-time student if he/she has attended school in the last 12 months, is currently attending, OR plans to attend school in the next 12 months. (The educational institution defines student status.) Please include all school-age children, even if home-schooled.

С	ontact Information		
	ome Phone Email address:		
	ell Phone -2		
Ce			
	Is every household member listed above a full-time (FT) student? Will your household be receiving rental assistance?	Yes	No
	,	\bigcirc	\bigcirc
3.	Do you expect any changes in the household in the next 12 months? If yes, please describe change and date expected	_ ()	\bigcirc
4.	If you are divorced or separated, please provide date effective:		
5.	Is each household member a U.S. Citizen? If no, does everyone have an eligible immigration status?	8	8
6.	Will you have at least 50% physical custody of all minor members in household?	\bigcirc	\bigcirc

EMPLOYMENT INFORMATION

Current Employment Information: H	EAD of HOUSEHOL	D			
Company Name:			Position:		
Address:			ate of Hire:		
City/State/Zip: Phone:Fax:			Monthly	Gross Wage	: \$
Phone:	Fax:		Supervisor:		
Do you currently or expect to earn Over If Yes, list all that apply and expected a	time, Commission, T		next 12 mon	ths?	Yes No O
Additional Employment Information:	Name:				
Company Name:			Position:		
Address:			ate of Hire:		
City/State/Zip:					:_\$
City/State/Zip: Phone:	Fax:				
Do you currently or expect to earn Over If Yes, list all that apply and expected a	time, Commission, T		next 12 mon	ths?	Yes No
Current Employment Information: N	ame:				
Company Name:			Position:		
Address:			ate of Hire:		
City/State/Zip:			Monthly	Gross Wage	: \$
City/State/Zip: Phone:	Fax:		Supervisor:		
Do you currently or expect to earn Over If Yes, list all that apply and expected a	time, Commission, T		next 12 mon	ths?	Yes No
OTHER INCOME INFORMATION					
Identify each source of income currently received or anticipated to be received in the next 12 Months. (Y=Yes, N=No)					Monthly Gross Income
1. Employed	YO NO	Y O NO	ΥO	N	\$
2. Self-Employed	YÕ NÕ	Y O NO	ΥŎ	N	\$
3. Unemployment Compensation	YÔNÔ	Y ONO	ΥŎ	NŎ	\$
4.Social Security/SSI/SS Disability	YÔNÔ	Y ONO	ΥŎ	Ň	\$

2. Self-Employed	YO	\mathbf{N}	Y N	YO	N	\$
3. Unemployment Compensation	YO	\mathbf{N}	Y N	YO	N	\$
4.Social Security/SSI/SS Disability	YO	\mathbf{N}	Y N	ΥO	N	\$
5. Disability/Worker's Compensation	YO	\mathbf{N}	Y N	ΥO	N	\$
6. Severance Pay	Y	\mathbf{N}	Y N	YO	N	\$
7. VA Benefits	Y	\mathbf{N}	Y N	ΥO	Ń	\$
8. Pension/Annuity	YO	\mathbf{N}	Y N	ΥO	N	\$
9. Military Pay	Y	\mathbf{N}	Y N	YO	N	\$
10. AFDC/TANF	YO	\mathbf{N}	Y N	YO	N	\$
11. Child Support/Alimony	YO	\mathbf{N}	Y N	ΥO	N	\$
12. Recurring Gift/Contribution	YO	\mathbf{N}	Y N	ΥO	N	\$
13. Rental Income	YO	\mathbf{N}	Y N	YO	N	\$
14. Adoption Assistance	YO	\mathbf{N}	Y N	ΥO	N	\$
15. Trust Income	Y	\mathbf{N}	Y N	ΥO	N	\$
16. Other Income:	YO	\mathbf{N}	Y N	ΥO	N	\$
17. Zero Income	YO	\mathbf{N}	Y N	ΥÒ	N	\$

	ASSET INFORMATION					
List all assets for each				Financial	Annual	Accet Volue
Household Member		Υ	N	Institution	Interest/Earnings	Asset Value \$
1. Checking	$\mathbf{Y} \bigcirc \mathbf{N}$	Y			ծ \$	\$
2. Savings	$\mathbf{Y} \bigcirc \mathbf{N} \bigcirc$	Y				
3. Pre-Paid Debit	- Ă Ă	Y			\$	\$
4.Cash On Hand	$Y \bigcirc N \bigcirc$	Y			\$	\$
5. Stocks/Mutual Funds	$Y \bigcirc N \bigcirc$	YO			\$	\$
6. CD/Money Markets	$\mathbf{Y} \bigcirc \mathbf{N}$	×	Ň		\$	\$
7. Treasury Bill	$\mathbf{Y} \bigcirc \mathbf{N}$	Y ()			\$	\$
8. Bonds	$\mathbf{Y} \bigcirc \mathbf{N}$	Y ()			\$	\$
9. IRA/KEOGH	$Y \bigcirc N \bigcirc$	Y ()			\$	\$
10. 401K/401(b)	$\mathbf{Y} \bigcirc \mathbf{N} \bigcirc$	Y ()			\$	\$
11. Pension/Annuity	$\mathbf{Y} \bigcirc \mathbf{N}$	Υ() Υ()			\$	\$
12. Whole Life Insurance	$\mathbf{Y} \bigcirc \mathbf{N}$	Υ ()	N)		\$	\$
13. Land Contract/Deed of Trust	Y ONO	Υ ()	N)		\$	\$
14. Real Estate	Y ONO	ΥO	N)		\$	\$
15. Safe Deposit Box	Y ONO	ΥO	N		\$	\$
16. Personal Property as Investment	Y ONO	ΥO	N)		\$	\$
17. Trust	Y ONO	Y ()	N		\$	\$
18. Lump Sum Receipts	Y ONO	Y ()	N		\$	\$
19. Other	Y ONO	Y ()	N		\$	\$
1. Do all combined assets of t	he entire hous	ehold to	tal less	than \$5,000?		Y O NO
2. In the past two (2) years, ha than fair market value?	ve you or anyo	one in yo	ur hou	sehold sold or gifted	assets for less than	Y ONO
If yes, complete the followin	g:				asset due to: (Select Or	P
Asset Disposed: Date Disposed:					Bankruptcy Y () N Foreclosure Y () N	X
Amount Disposed:				Marital Separati	\bigcirc	X
3. Have you given any gifts of	monov totaling	- more th	¢1 (- · · ·	\bigcirc	
						Y N
If yes, complete the followin	-	Gif Amount	fted to: Gifted:		Date:	
Residential History Ple	ease provide 2	years of	f rental/	housing history		
Current Address:						
City/State/Zip:						
Landlord Name/Mortgage :						
Phone:				Reason for Leaving:		
Date Moved In:						
				•	Rent ()	Own ()
Rent/Mortgage: <u>\$</u> Own ()						
Provious Address:						
City/State/Zin:						
Ully/State/Lip.						
Landlord Name/Mortgage :						
Rent/Mortgage:	\$		-		Rent 🔾	Own 🔾

 Have you ever been evicted from tenancy, broken a lease, or sued for rent? If yes, please list date: 	Yes	No
 2. Have you ever filed for bankruptcy? If yes, is bankrupcy discharged? Y O N Date Discharged: 	\bigcirc	\bigcirc
3. Has any household member plead guilty or received probation, deffered adjudication, court-ordered supervision, or pre-trial diversion for a felony, sex-related crime or misdemeanor assault?	\bigcirc	\bigcirc
4. Do you own any pets that would be moving with you into the community? If yes, please list types:	\bigcirc	\bigcirc
Other Information		
Type of Vehicle: License Plate #		
Make/Model:Year Color_		
Type of Vehicle:License Plate #		
Make/Model:Year Color		
Emergency Contact In case of emergency, notify		
Name: Phone #1		
Address: Phone #2		
Relationship:		

CERTIFICATION OF ACCURACY AND COMPLETENESS

I/We certify that all information provided in this rental application is true and accurate to the best of my knowledge and understand that this information will be used to verify income eligibility for community which I/We applied. I/We have been advised and understand residency at this community requires certain income restrictions and that residency is subject to qualification. I agree that in addition to execution of a Lease Agreement, I will execute a Tenant Income Certification certifying the information contained herein and that such certification will be made under penalty of perjury. I further understand and agree that the owner/management agent will use this information to investigate my/our credit worthiness through credit bureau, criminal checks, income and landlord verification. I/We further understand that any applicant who purposefully falsifies, misrepresents or withholds information related to program eligibility or submits inaccurate and/or incomplete information on this application will not be considered for housing.

Furthermore, if such misrepresentation or omission is discovered after tenancy has begun, I/we understand that we may be subject to eviction or punishable by law.

Head of Household	Date
Applicant	Date
Applicant	Date

APPLICATION SUPPLEMENT

In addition to the completed application, additional documentation is required to process your application. Please contact our leasing office if you have any questions or concerns.

Application Fee \$	Deposit \$
be accepted for each marr	reach person over the age of 18. One application may ried couple. (Black Ink Only) All contact telephone and rental history must be listed on the application.
	e & Social Security Card or acceptable equivalent for noted on the Leasing Criteria
 Current Award letter Security, SSI, SSD, Verification of earner stubs; 7 <u>consecutive</u> Child support and/coorders for payment a If self-employed; con attached Verification of any 	eived or anticipated to be received in next 12 months r of all unearned income sources for each person; Social Pension, Retirement ed income for all persons 18 years of age or older. Check if paid bi-monthly or bi-weekly, 13 if paid weekly or Alimony documentation; divorce papers and court and child support case number for each child opy of last year's full tax return with all schedules other income such as monetary gifts, trust, income, gular recurring withdrawal from retirement/annuity
Verification of Assets for of total is \$5,000 or more	each household member; if combined asset cash value
Verification of Assets for of household assets	each household member regardless of combined value
 Current savings state Copy of <u>pre-paid</u> del Most recent statement CDs, IRA, annuities 	ve checking account statements (most recent) ement bit card and current ATM receipt of balance nt for 401K, stocks, bonds, whole Life Insurance policy, and any other retirement or investment accounts. eal property; home, land, etc.

Previous Year Federal Tax Return for each adult household member (NY residents)

_____ Student household members age 18 or older; provide current class schedule from school

___ Other: _____

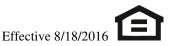
Additional information may be requested in order to complete the application process 7.2017

LEASING CRITERIA Westview Apartments

This community utilizes a third-party service that conducts credit, rental history and criminal background investigations. Community management team members conduct all employer/income verifications. The investigation is conducted on all adult (18 years of age or older) occupants. The investigations are based on information provided by the applicant and information that may be retrieved from credit agencies, employers, previous landlords and Federal, State and Local agencies and other associated parties. In the event the application is rejected, the applicant will be notified verbally and in writing as to the reasons and the sources(s) of the information that resulted in the rejection. However, if the rejection is a result of the information provided by the applicant, we will only provide the results verbally unless the applicant makes a formal written request for information pertaining to the denial. In the case of roommates, information that we have obtained resulting in a rejection can only be released to the party whose investigation causes the rejection. **A security deposit will be required from all applicants and multiple adult applicants will require additional application fees.**

Criteria:

- 1. A minimum of 6-month rental or ownership history. History must consist of no more than 1 late payment or 1 lease violation during a 6-month period. If a debt is owed to another rental community, the application will not be considered until adequate proof of satisfaction of that debt is provided. If renting from a Private Owner, applicant must provide a copy of a utility bill with the address and name of the applicant on the utility bill. Applicant(s) without rental or ownership history may be accepted with a security deposit equal to the monthly market rental rate for the apartment to be occupied. Evictions will constitute an automatic denial of the application.
- 2. No felony convictions, indictments, arraignments or deferred adjudications within the last 7 years. No misdemeanor criminal convictions, indictments, arraignments or deferred adjudications involving drugs, minors, arson, terrorism or theft (robbery & burglary) greater than \$500 within the last 7 years. Any conviction involved in the production of methamphetamine or requires a lifetime registrant on the sex offender registry will result in automatic denial of application. Each applicant with criminal convictions will be assessed on a case by case basis. Crimes for which the applicant has been convicted and recent pending arrest will be considered. Assessment will evaluate how much time has elapsed since criminal conviction, age at time of conviction, seriousness of conviction and any rehabilitative actions and good conduct since conviction. The standards to approving or denying eligibility will be: 1. is applicant a detriment to the health or safety of the residents and community; 2. a source of danger to the peaceful occupation of other residents, 3). a source of danger or cause of damage to residents, personnel, property or the premises. The fact that we perform criminal background checks does not mean that our residents and occupants have no prior or current criminal histories. We cannot and do not guarantee that this community and its residents are free from crime. Verification of the accuracy of information supplied to or made available to us by applicants and credit reporting services is limited.
- 3. † All members of the household must be 55 years of age or older. All applicants must provide one US government issued photo identification, birth certificate <u>and</u> one of the following: valid Social Security Number; Form I-94 Arrival-Departure Record with proper annotations; Temporary resident alien card verifying approved entry by US government (I-94W); I-551 Permanent Resident Card; Form I-668 Temporary Resident Card; or Form I-688A Employment Authorization Card.
- 4. 6 months verifiable employment history or verifiable income/assets. Applicants receiving SS, SSI, pension or disability are excluded from the employment requirement, but must provide documentation to verify these benefits. (Verifiable income source includes check stubs, W2s, verification from employer or government entity. If self-employed, applicant must produce Tax Return with Schedule C, financial statements from business, or profit/loss statement with back up.)
- 5. At least 75% of trades rated positively by the credit bureau (rating of 1, 2 or 3) for the past 3 years. Medical, student loans and 0 rated trades are excluded. Bankruptcy must be discharged and all trades (minimum of 3) since bankruptcy must be rated positively by the credit bureau (rating of 1, 2 or 3). The presence of utility collection accounts will require verification of balance paid in full before approval can be considered.



- 6. Minimum monthly verifiable gross income must be at least 2 times the monthly rental rate. Applicants receiving approved and verifiable rental assistance will require a minimum monthly gross income of 2 time's resident portion of rent. Maximum gross income, which includes all income sources, cannot exceed LIHTC schedule, which is based on household size.
- 7. NYSHFA requires that all original applicants for residency must provide a copy of their latest 1040 Federal Income Tax Return when certifying their income. This requirement will be waived if the applicant is not required to file a tax return but must sign an affidavit stating that a tax return is not required to be filed and has not been filed for the most recent year.

Each applicant must satisfy all of the above criteria. No co-signers accepted. If applicant has no credit and/or rental history a deposit equal to one months' rent may be required.

*Maximum General Occupancy Standards

1 bedroom - 2 persons 2 bedroom - 4 persons

† Westview Apartments operates under the Housing for Older Persons Act of 1995 (Pub. L. 104-76, 109 Stat. 787 Approved December 28, 1995) (HOPA); and is intended for, and solely occupied by, persons 55 years of age or older. This community complies with the requirements to qualify for such exemption of the familial status protection under the Fair Housing Act.

Equal Housing: This community is an Equal Housing Opportunity Provider. We do business in accordance to the Federal Fair Housing Act and do not discriminate against any person because of race, color, religion, sex, handicap, familial status or national origin. Please contact our Corporate Office Manager at 713-932-0005 if you feel our representative has not acted in accordance with this policy.

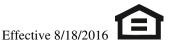
If you believe you are subject to protections under the Violence Against Women's Act (VAWA) or need to request a reasonable accommodation, please contact the manager for more information.

ACKNOWLEDGEMENT

I understand the policies contained herein and have received a copy of this document.

Applicant Signature:		Date:
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Applicant Signature: _____ Date: _____



TENANT RELEASE AND CONSENT

I/We ______, the undersigned hereby authorize all persons or companies in the categories listed below to release information regarding credit, criminal, employment, income and/or assets for purposes of verifying information on my/our apartment rental application. I/We authorize release of information without liability to the owner/manager of the apartment community listed below and/or the State and Local Agencies/Department's service provider.

INFORMATION COVERED

I/We understand that previous or current information regarding me/us may be needed. Verifications and inquires that may be requested include, but are not limited to: personal identity, student status, employment, income assets, medical or child care allowances. I/We understand that this authorization cannot be used to obtain information about me/us that is not pertinent to my eligibility for and continued participation as a Qualified Tenant.

GROUPS OR INDIVIDUALS THAT MAY BE ASKED

The groups or individuals that may be asked to release the above information include, but are not limited to:

Past and Present Employers Support and Alimony Providers State Unemployment Agencies Banks and other Financial Institutions Welfare Agencies Educational Institutions Social Security Administration Previous Landlords (including Public Housing Agencies) Veterans Administrations Retirement Systems Medical and Child Care Providers Credit & Criminal Agencies

CONDITIONS

I/We agree that a photocopy of this authorization may be used for the purposes stated above. The original of this authorization is on file and **will stay in effect for a year and one month** from the date signed. I/We understand I/We have a right to review this file and correct any information that is incorrect. Everyone 18 years or age and older must sign this form.

SIGNATURES

Signature of Applicant/Resident	Printed Applicant/Resident Name	Date
Signature of CO/Applicant Resident	Printed Co/Applicant/Resident Name	Date
Signature of Adult Member	Printed Adult Member Name	Date
Signature of Adult Member	Printed Adult Member Name	Date
Westview Apartments Apartment Community Name	Contact	(518) 583-8800 Phone

NOTE: THIS GENERAL CONSENT MAY NOT BE USED TO REQUEST A COPY OF A TAX RETURN. IF A COPY OF A TAX RETURN IS NEEDED, IRS FORM 4506, "REQUEST FOR COPY OF A TAX FORM" MUST BE PREPARED AND SIGNED SEPARATELY.