

Hemlock Ridge Apartments



20 Valley View Lane, P.O. Box 337, Livingston Manor, NY 12758
Phone (845) 439-5420 • Fax (845) 439-4268 • TTY 800-662-1220

Smoke Free Property

PLEASE READ INCOME REQUIREMENT INSTRUCTIONS BEFORE FILLING OUT

Dear Applicant,

We thank you for your interest in our community. Below is a summary of our property's amenities and eligibility requirements. We are happy to announce that **Hemlock Ridge is a SMOKE FREE property**. Please call us if you qualify to begin the processing of your application.

Hemlock Ridge is a LIHTC subsidized housing complex that consists of 60 residential apartments with 30 designated as Project Based Section 8, administered by PathStone of Monticello, NY. All applicants must be income eligible and at least 18 years of age.

We offer 1-, 2- and 3-bedroom apartments with 24-hour on-site maintenance. All apartments are equipped with central air, modern appliances (stove and dishwasher) and carpeting in the bedroom(s). Additionally, there is a clubhouse for the residents equipped with TV, computers, and a laundry room with a child play area. Heat and hot water are included with the rent and the tenant is responsible for electric lights and cooking.

Please note that our 2- and 3-bedroom units are townhouse style and have the bedrooms upstairs. We have a total of 3 Mobility Impaired Accessible Units; 1 for each apartment size (1 BR, 2 BR, 3 BR) that are ground floor units for those who require.

All applicants must meet our income guidelines unless they hold a voucher and receive a subsidy from PathStone. The income limits are as follows:

	<u>Maximum</u>	<u>Minimum</u>	<u>Rents</u>	<u>Vouchers</u>
1 person	\$34,140	\$28,450	1BR range: \$676 - \$719	\$ 912
2 person	\$39,000	\$32,500	2BR range: \$802 - \$854	\$1,130
3 person	\$43,860	\$36,550	3BR range: \$917 - \$977	\$1,426
4 person	\$48,720	\$40,600		
5 person	\$52,620	\$43,850		
6 person	\$56,520	\$47,100		

Effective 5/15/23

If you do not meet the minimum income guideline you must apply to PathStone

instead. PathStone applications are only available at PathStone in Monticello. PathStone can be reached at (845)794-4880.

The current waitlist for apartments is approximately 3 months to 1 year, depending on apartment size, but your wait may be longer or shorter depending on unit turnover. Occupancy is based on 2 persons per bedroom. Dogs/cats permitted. Dogs must be less than 30 pounds, licensed and vaccinated.

Attached are the application along with the HUD-92006 (alternative contact form), criminal, drug and sex offender disclosure and notice of occupancy rights under VAWA. Kindly complete the application in its entirety; do not leave any line item blank. **To be considered, all forms must be completed, all adults 18 years of age and older must sign, date and initial where indicated, and returned by mail, email, and fax or in person at the address on the application.** Please do not include any personal documentation regarding identity or income. This will be collected when you reach the top of the wait list and are contacted by us. We look forward to hearing from you.

If you feel you qualify or you have any questions, please give us a call at (845) 439-5420 or email us at btirpak@wbpdev.com.

Regards,

Bernadette

Bernadette Tirpak
Property Manager



Equal Housing Opportunity



ANDREW M. CUOMO
Governor

Homes and Community Renewal

RUTHANNE VISNAUSKAS
Commissioner/CEO

Know Your Rights: New York State's Credit Policy for Applicants to State-Funded Housing

A housing provider/landlord cannot automatically deny your application to state-funded rental housing based solely on your credit score or history. **If you have a low credit score or negative credit history, you must be provided with the opportunity to present additional information to explain or refute the findings.**

What is the policy?

- You **CAN** avoid a credit check by evidencing that you paid your rent in full and on time during the last 12 months.
- You **CANNOT** be rejected because of your credit score or credit history if:
 - Your FICO credit score is 580 or above (or 500 if you are homeless),
 - You have limited or nonexistent credit history,
 - Rent subsidies pay your entire rent,
 - Your credit score or credit history is a direct result of a Violence Against Women Act (VAWA)-covered crime (like domestic violence, stalking or harassment), or
 - You have a history of bankruptcy or outstanding debt but present evidence of on-time rental payments over the past 12 months.
- You **CANNOT** be rejected based on:
 - Medical debt or student loan debt.
 - Bankruptcies that occurred over 1 year ago.
 - Unpaid debt that is less than \$5,000.
 - A past eviction or housing court history.
 - Limited or no rent or credit history.

What are my rights?

- Housing providers must accept evidence that you paid your last 12 months rent in full and on time instead of requiring a credit check.
- Housing providers may only reach out to your current or previous landlord without your permission to obtain information on major lease violations.
- Housing providers are limited in the fees that they can charge you:
 - A housing provider cannot charge you a credit or background check fee if you provide one to them that was run within the last 30 days.
 - A housing provider may not charge you more than \$20 or the actual cost (whichever is less), to run both a credit check and a background check.
- *Before* rejecting your application based on your credit report, you must be given 14 days to present evidence of circumstances that explain negative credit findings such as errors in the credit report and short-term periods of unemployment/illness.
- If you are denied, you must be told why and you must be provided with a copy of your credit report and background check.

Find more information about your rights when applying to state-funded housing, including if you have a criminal convictions, here: <https://hcr.ny.gov/marketing-plans-policies#credit-and-criminal-convictions-assessment-policies>

June 2016

Know Your Rights

NEW Anti-Discrimination Guidance Affecting People with Criminal Histories



If you are applying for state-funded housing and have a criminal record, you now have rights and protections. Read below to make sure you are not denied housing unjustly.

There are only **two** mandatory reasons that you can be denied access to state-funded housing:

1. Conviction for methamphetamine production
2. Being a lifetime registrant on a state or federal Sex Offender database

If you have any other type of conviction, **you are eligible to be considered for housing.**

Housing operators will first look at whether your criminal conviction involved physical violence to persons or property, or affected the health, safety and welfare of others. If it did not, they should not consider your conviction in assessing your housing application. If it did, you must be provided with an opportunity to answer the following questions:

1. How much time has passed since the conviction(s)?
2. How old were you at the time of the conviction(s)?
3. How serious was the conviction(s)?
4. What evidence do you have about your rehabilitation, including treatment programs, volunteer work, paid employment, etc. since your conviction(s)?

The housing operator must evaluate your answers in determining your eligibility for housing. If you were not given an opportunity to answer these questions, or if you feel the housing provider did not properly evaluate your application and wrongfully denied you access to housing, you may contact the Fair and Equitable Housing Office at feho@nyshcr.org to obtain assistance.



Know Your Rights
NEW Anti-Discrimination Guidance Affecting People with Criminal Histories

HEMLOCK RIDGE APPLICATION
20 Valley View Lane - Livingston Manor, NY 12758
845-439-5420 • Fax: 845-439-4268 • TTY 800-662-1220

Application Rec'd: _____

Application # _____

1. Mail only one (1) application per household. If your name appears on more than one application you will be disqualified and the application will not be considered. **Hemlock Ridge is a smoke free property.**
2. Are you a Section 8 Voucher holder? Yes No
3. Do you require a downstairs apartment? Yes No
4. Applications **must** be completed in full and signed and initialed in all requested places.

Check whether you are interested in One Bdrm Two Bdrm Three Bdrm

This information is to be filled out by the APPLICANT

1. APPLICANT INFORMATION:

Name: _____

Address: _____ Apt#: _____

City: _____ State: _____ Zip: _____

Mailing Address: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

SSN: _____ DOB: _____ Gross Income: _____

Email: _____

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2. CO-APPLICANT INFORMATION:

Name: _____

Address: _____ Apt#: _____

City: _____ State: _____ Zip: _____

Mailing Address: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

SSN: _____ DOB: _____ Gross Income: _____

Email: _____



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3. LIST ALL PERSONS WHO WILL LIVE WITH YOU, PLEASE START WITH YOURSELF:

FULL NAME	RELATIONSHIP	DATE OF BIRTH	SEX	ATTENDING SCHOOL
a. _____	_____ H.O.H _____	_____	_____	_____
Social Security #: _____		Occupation: _____		
b. _____	_____	_____	_____	_____
Social Security #: _____		Occupation: _____		
c. _____	_____	_____	_____	_____
Social Security #: _____		Occupation: _____		
d. _____	_____	_____	_____	_____
Social Security #: _____		Occupation: _____		
e. _____	_____	_____	_____	_____
Social Security #: _____		Occupation: _____		
f. _____	_____	_____	_____	_____
Social Security #: _____		Occupation: _____		

Do you expect any change (s) in your family size? _____ NO _____ YES

If **YES**, EXPLAIN: _____

4. RENT:

What is your Current Monthly Rent \$ _____

Check Utilities paid by you now:

- Heat \$ _____ per month
- Electricity \$ _____ per month
- Gas \$ _____ per month
- Water \$ _____ per month
- Other \$ _____ per month

List all Landlord information for the past 3 years

Current Landlord name and phone number: _____

Previous Landlord name and phone number: _____

Previous Landlord name and phone number: _____



5. **INCOME:**

List **ALL** full-time, part-time, seasonal and/or temporary employment for **ALL** household members. Include overtime pay, commissions, fees, tips, bonuses and/or self-employed earnings.

HOUSEHOLD MEMBER	EMPLOYER'S NAME/ADDRESS	GROSS EARNINGS (Pre-Tax)	
		CURRENT	ANTICIPATED (raises)
_____	_____	\$ _____	\$ _____
		Weekly/ biweekly/ monthly (circle one)	
_____	_____	\$ _____	\$ _____
		Weekly/ biweekly/ monthly (circle one)	
_____	_____	\$ _____	\$ _____
		Weekly/ biweekly/ monthly (circle one)	

6. **OTHER SOURCE OF INCOME:**

(EXAMPLES: welfare, social security, SSI, pensions, disability compensation, unemployment compensation, interest, baby-sitting, care-giving, alimony, child support, annuities, dividends, income from rental property and/or Armed Forces Reserves.)

HOUSEHOLD MEMBER	SOURCE	AMOUNT
_____	_____	\$ _____
		Weekly/ biweekly/ monthly (circle one)
_____	_____	\$ _____
		Weekly/ biweekly/ monthly (circle one)
_____	_____	\$ _____
		Weekly/ biweekly/ monthly (circle one)



7. **HOUSEHOLD ASSETS:**

Checking Accounts:

Bank: _____ Acct. No.: _____ Amt.: _____

Bank: _____ Acct. No.: _____ Amt.: _____

Bank: _____ Acct. No.: _____ Amt.: _____

Savings Accounts: *(includes Government Issued Debit Cards, Passbook & Christmas/Vacation Clubs)*

Bank: _____ Acct. No.: _____ Amt.: _____

Bank: _____ Acct. No.: _____ Amt.: _____

Bank: _____ Acct. No.: _____ Amt.: _____

Certificates of Deposit (CD's):

Bank: _____ Acct. No.: _____ Amt.: _____

Bank: _____ Acct. No.: _____ Amt.: _____

Bank: _____ Acct. No.: _____ Amt.: _____

Credit Union Shares:

Credit Union Name: _____ Amt.: _____

Address _____

Stocks/Bonds (value): \$ _____ Savings Bonds (value): _____

Other Amt.: *(includes IRA's, mutual funds, etc.)* \$ _____

Does the applicant or co-applicant **NOW** own a home or real estate: _____ NO _____ YES

If "yes", what is the value: _____

Has the applicant or co-applicant **EVER** owned a home or real estate? _____ NO _____ YES

If "yes", when? _____

8. Have you served in the armed forces of the United States for a period of at least 6 months (or any shorter period due to injury incurred in such service) and have been thereafter discharged or released therefrom under conditions other than dishonorable? _____ Yes _____ No



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9. HOW DID YOU HEAR ABOUT THIS DEVELOPMENT?

- Friend
- Hemlock Ridge Resident – Name: _____
- Employer
- Sign Posted on Building
- Website/ Internet _____ (list site)
- Newspaper (Identify): _____ On-line Version? _____
- Church/ Synagogue (Identify): _____
- Community Organization (Identify): _____
- Other (Identify): _____

CONSUMER CREDIT INFORMATION

I/We hereby authorize Hemlock Ridge Apartments to use any consumer reporting agency, credit bureau or other investigative agencies employed by such, to investigate references, or statements or other data obtained from me or from any person pertaining to my employment history, credit, prior tenancies, character, general reputation, personal characteristics and mode of living, to obtain a consumer report and such other credit information which may result thereby, and to disclose and furnish such information to the counseling agencies listed above, to the owner, and to agencies that made or will make funding available in connection with this property listed above in support of this application. I have been advised that I have the right, under 606B of the Fair Credit Reporting Act, to make a written request, within reasonable time, for a complete and accurate disclosure of the nature and scope of any investigation.

I/We further acknowledge that Hemlock Ridge is a smoke free property and I/We agree to these terms.

I DECLARE THAT THE STATEMENTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

Applicant Signature

Date

Co-Applicant Signature

Date



Criminal, Drug and Sex Offender Information

Federal law requires us to get drug and criminal background and sex offender registration information about all adult household members applying for assisted housing. To enable us to do this, all household members age 18 or older must answer the question below, and then sign below to consent to a background check. The questions ask about drug-related and other criminal activity that could adversely affect the health, safety, or welfare of other residents. Hemlock ridge Apartments will deny the application of any applicant who does not provide complete and accurate information on this form or does not consent to a background check.

1. Have you been evicted from a federally assisted site for drug-related criminal activity within the past three years? Yes No
2. Do you currently use illegal drugs or abuse alcohol? Yes No
3. Are you currently subject to a lifetime registration requirement under a state sex offender registration program? Yes No
4. Have you been convicted of any drug-related crime within the past five years? Yes No
5. Have you been convicted of a felony within the past five years? Yes No
6. Have you been convicted of any crime involving fraud or dishonesty within the past five years? Yes No
7. Have you been convicted of any crime involving violence within the past five years? Yes No
8. Are you currently charged with any of the above criminal activities? Yes No
9. Please list all states in which you have lived or have held a license to drive (include driver's license number): _____
10. Have you ever been known by any other name? Yes No

I understand that the above information is required to determine my eligibility for residency. I certify that my answers to the above questions are true and complete to the best of my knowledge. I understand that making false statements on this form is grounds for rejection or termination of my lease. I authorize Hemlock Ridge Apartments to verify the above information, and I consent to the release of the necessary information to determine my eligibility.

I hereby authorize law enforcement agencies to release criminal records and/or sex offender registration information to Hemlock Ridge Apartments, to a public housing Authority, or to an agency contracted by Hemlock Ridge Apartments to conduct criminal background checks.

Applicants Signature

Date

Please Print Name

Applicant Initials _____



Equal Housing Opportunity

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/Resident Name:	
Physical Address:	
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.

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Signature of Applicant/Resident

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.

Applicant Notification Letter

Dear Applicant:

On February 3, 2017, U.S. Housing and Urban Development (HUD) announced that all public housing developments in the U.S. will be required to provide a smoke-free environment for their residents. Each Public Housing Authority (PHA) must implement a “smoke-free” policy banning the use of prohibited tobacco products in all public housing living units, indoor common areas in public housing, and in PHA administrative office buildings. The smoke-free policy must also extend to all outdoor areas up to 25 feet from the public housing and administrative office buildings. This rule improves indoor air quality in the housing; benefits the health of public housing residents, visitors, and PHA staff; reduces the risk of catastrophic fires; and lowers overall maintenance costs.

As of December 1, 2017, Hemlock Ridge became smoke-free. This means smoking will not be permitted anywhere on property grounds, including but not limited to, individual units, patios/balconies, walkways, lawn areas, common areas, parking lots, etc.

- “Smoking” means inhaling, exhaling, burning or carrying any lighted cigar, cigarette, electronic nicotine delivery system” or “vaporized nicotine product” (electronic cigarette), pipe, hookah, or any form of lighted object or device that contains tobacco and/or marijuana, including but not limited to medical marijuana.
- This policy includes tenants as well as guests, maintenance personnel, staff, and vendors. Existing smokers who reside in this building will not be “grandfathered,” and are not allowed to continue smoking in their units following the effective date of this policy.
- This policy was passed to protect the health of our residents, staff, and guests. Secondhand smoke is a Class A carcinogen, which means it is a cancer causing agent with no risk-free level of exposure. 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. In addition, fires caused by smoking-related materials are the number one cause of home fire deaths.
- If you or your family members are interested in more information on smoke-free living, please visit the following web-site: www.smokefreehousingny.org. The web-site will also link you to a number of resources that can help if you are thinking about quitting smoking.

Please feel free to contact me if you have any questions. We will be happy to assist you in any way possible to work toward a smooth transition.

Regards,

B. Tirpak

Bernadette Tirpak
Property Manager

I understand and agree to abide by the policies contained in this letter.

Print Name: _____

Signature: _____

Print Name: _____

Signature: _____

Date: _____