



Date Rec. _____ Time _____

Office use only above

Middlecrest Crossing I
APPLICATION
Return Completed Application To:

Middlecrest Crossing I
74 Uhlig Rd
Middletown, NY 10940
(845) 344-2465

THIS INFORMATION IS TO BE FILLED OUT BY APPLICANT:

Name _____
 Street Address _____ Apt. No. _____
 City _____ State _____ Zip _____
 Home Phone No. _____ Work Phone No. _____

2. HOUSEHOLD INFORMATION

List ALL persons who will live in the apartment. List the head of household first.

	Name	Relation to head	Marital Status D-Divorce S-Single L-Legal Separation E- Estranged W-Widowed	Birth Date	Age	Social Security Number	Full Time Student? Y/N
H/H							
Co-H							
Other Member							
Other Member							

Number of Persons in Household _____ No. of Bedrooms Desired? _____

Do you expect any change in your household size? If "yes", explain: _____

Present Monthly Rent _____ Do you receive Section 8 or other assistance? _____

If yes, what type _____

How did you hear about our senior housing? _____

Are you a smoker? Y or N Do you own a pet? Y or N if yes what species _____ Weight? _____

Do you have a car? _____ if "yes", how many _____

Name Address of Current Landlord :

Name Address of Previous Landlord :

How long have you lived at this address?

_____ yrs _____ months

How long have you lived at this address?

_____ yrs _____ months

GROSS INCOME: List all full and/or part time earnings for all household members.

Include gross social security which includes Medicare, gross pension or annuity income, disability or public assistance benefits, Employment, self-employed earnings, seasonal income, unemployment, alimony or child support payments, cash contributions from individuals, etc.

<u>Family Member</u>	<u>Source/Type of Income</u>	<u>Monthly/weekly Income</u>
_____	_____	\$ _____ PER _____
_____	_____	\$ _____ PER _____
_____	_____	\$ _____ PER _____
_____	_____	\$ _____ PER _____
_____	_____	\$ _____ PER _____

ASSETS: List all Checking and Savings accounts, including IRA's, Keogh accounts, Certificates of Deposit, Credit Union Shares, Stocks and Bonds, Trust funds, etc.

<u>Financial Institution</u>	<u>Account No.</u>	<u>Balance</u>	<u>Rate of Interest</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Do you own a home or other real estate? _____ If "yes", what is the value of the property? _____. How much is owed on your mortgage, if any? _____ Is the property income-producing or rental property? _____. If "yes", describe and list the monthly gross income and any expenses paid by you for the property _____

Did you have any assets in the last two years not listed above? _____ If "yes", did you dispose of any assets for less than fair market value? _____ (This means that the assets were either given away or sold for less than the allotted market value). What were the assets, the market value at the time of disposition, the amount received and the date you disposed of the assets? _____

***Note: Any assets disposed of for less than fair market value in the two years before the date of this application will be counted as assets if the difference between the market value and the amount received exceeds \$1,000.00.**

RESIDENT'S STATEMENT: I/we understand that the above information is being collected to determine my/our eligibility for residency. I/we authorize the managing agent to verify all information provided on this Preliminary Tenant Application and our signature below is our consent to such verification. I/we certify that I/we have revealed all assets currently held or previously disposed of and that I/we have no other assets than those listed on this form (other than personal belongings). I/we hereby authorize the Landlord to obtain information it deems desirable in the processing of the application including but not limited to credit reports, civil or criminal actions, rental history, employment,/salary details, police and vehicle record and any other relevant information; and release Landlord, its employees and agents from all liability for any damage whatsoever incurred in furnishing or obtaining such information. I/we further certify that the statements made in this Preliminary Tenant Application are true and complete to the best of my/our knowledge and belief and are aware that false statements or misrepresentations are a criminal offense under Section 1001 of Title 18 of the U.S. Code.

I understand that management is relying on this information to prove my household's eligibility for the Housing Credit Program. I certify that all information and answers to the above questions are true and complete to the best of my knowledge. I consent to release the necessary information to determine my eligibility. I understand that providing false information or making false statements may be grounds for denial of my application. I also understand that such action may result in criminal penalties.

I authorize my consent to have management verify the information contained in this application for purposes of proving my eligibility for occupancy. I will provide all necessary information including source names, addresses, phone numbers, account numbers where applicable and any other information required for expediting this process. I understand that my occupancy is contingent on meeting management's resident selection criteria and the Housing Credit Program requirements.

All ADULT household members must sign below:

Signature of Head of Household

Date

Signature of Spouse or Co-Applicant

Date

FACT SHEET
FRAIL/ ELDERLY

The Landlord has set aside 15 of the apartments at Middlecrest Crossing to residents who are considered frail elderly.

DHCR has identified the “frail elderly” as one of the special needs populations under their targeting initiative. Frail elderly persons are defined as “persons aged 60 and over who require assistance with one or more Activities of Daily Living (ADLs) or two or more Instrumental Activities of Daily Living (IADLs). Also, persons aged 60 and over who have limitations in mental capacity or emotional strength and motivation that affect their capacity to viably live independently; that is, without assistance or intervention.”

ADLs include bathing, dressing, eating, transferring (moving between the bed and a chair or wheelchair),grooming, personal hygiene, toileting (getting to/from and transferring on/off the toilet), and mobility (moves about by oneself or with adaptive equipment).

IADLs include shopping, getting to places out of walking ability, laundry, housekeeping, chores, prepare/cook meals, handle personal business and finances, use the telephone, and self-administration of medications.

I,_____ certify that I do or do not meet the requirements of frail and or elderly

Signature

MIDDLECREST CROSSING SENIOR APARTMENTS

74 Uhlig Rd

Middletown, NY 10940

845-344-2465

845-344-2466

TTY 711 or 1-800-421-1220

2020 Rent and Income Limits

Apartment type Type	Number of Occupants	Maximum Income Per Household
1 & 2 Bedroom 30% of the area Median Income	One Person	\$21,510
	Two Persons	\$24,570
1 & 2 Bedroom 50% Unit the area Median Income	One Person	\$35,850
	Two Persons	\$40,950
1 & 2 Bedroom 60% Unit the area Median Income	One Person	\$43,020
	Two Persons	\$49,140
Rents Based on Area Median Income Limits		
30% 1BR 467.00	50% 1BR 807.00	60% 1BR 978.00
30% 2BR 558.00	50% 2BR 963.00	60% 2BR 1166.00

Thank you for your interest in Middlecrest Crossings, Senior Housing. We provide one and two bedroom apartments for adults 55 or older. Enclosed please find a preliminary application which you can mail to the address above.

Once we receive your application we will send you a letter of receipt. Please note: A single person household may only be considered for a 2 bedroom apartment, if the additional bedroom is needed for medical reasons, such as; home health care aide, or other full/part-time live in assistance, or other medical need as noted by your physician.

Above you will find our basic rent start levels which you may qualify for. There are formulas to determine the final rent once your application has been completely processed.

Amenities include Heat and Hot water, stove, refrigerator, wall to wall carpeting, laundry rooms on premises, library, exercise room, patio or balcony, community room.

If you have any questions, please feel free to call.

Minimum Income should equal 2.75 times the rent. Ex: a rent of \$375 x 2.75 = 12,375 annual income minimum requirement

If you have a section 8 voucher or certificate, please disregard minimum income requirement