

PROGRAM INFORMATION SHEET
Hubbard Springs Apartments
North Chili, New York

WELCOME to Hubbard Springs Apartments, owned by Hubbard Springs Apartments LLC and professionally managed by Cornerstone Property Managers, LLC. Our community is operated under the Low-Income Housing Tax Credit Program (LIHTC), within Section 42 of the Internal Revenue Code. This program is designated to facilitate the housing needs of moderate to low-income individuals and families. This program is not connected with Section 8 although applicants with Section 8 travel vouchers or certificates may apply for residency.

Residency in all of the apartments at Hubbard Springs Apartments is limited to those households having moderate to low incomes. In addition to standard wages, income includes monies received from many sources such as pensions, social security, retirement accounts, alimony, etc. Listed below are the current (2021) maximum allowable incomes (by household size) for Monroe County:

30% Limits

Income Cannot Exceed:

| | |
|-----------------|-----------------|
| 1 Person | 2 Person |
| \$16,860 | \$19,260 |

| Unit Size | # of Units | Rent |
|------------------|-------------------|-------------|
| 1-bedroom | 8 | \$380 |

50% Limits

Income Cannot Exceed:

| | | | | | |
|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|
| 1 Person | 2 Person | 3 Person | 4 Person | 5 Person | 6 Person |
| \$28,100 | \$32,100 | \$36,100 | \$40,100 | \$43,350 | \$46,550 |

| Unit Size | # of Units | Rent |
|------------------|-------------------|-------------|
| 2-bedroom | 8 | \$741 |
| 3-bedroom | 8 | \$848 |

60% Limits

Income Cannot Exceed:

| | | | | | |
|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|
| 1 Person | 2 Person | 3 Person | 4 Person | 5 Person | 6 Person |
| \$33,720 | \$38,520 | \$43,320 | \$48,120 | \$52,020 | \$55,860 |

| Unit Size | # of Units | Rent |
|------------------|-------------------|-------------|
| 1-bedroom | 16 | \$800 |
| 2-bedroom | 11 | \$911 |
| 3-bedroom | 10 | \$1043 |

70% Limits

Income Cannot Exceed:

| | | | | | |
|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|
| 1 Person | 2 Person | 3 Person | 4 Person | 5 Person | 6 Person |
| \$39,340 | \$44,940 | \$50,540 | \$56,140 | \$60,690 | \$65,170 |

| Unit Size | # of Units | Rent |
|------------------|-------------------|-------------|
| 2-bedroom | 5 | \$960 |
| 3-bedroom | 6 | \$1197 |

- Water, Sewer and Trash are included in rent.
- All information on income provided by applicants must be verified before occupancy. This qualification and certification process must also be completed annually upon renewal.
- Standard security deposits have been established and are equal to one month's rent.
- Applications will be accepted for the waiting list in time and date stamped order.

Please return all completed applications personally to:
Hubbard Springs Apartment Temporary Office
1 GBC Parkway

Rochester, NY 14626

Please call (585) 225-0271 with any questions TTY 711

hubbardsprings@rcglttd.net

The project is posted online at www.NYHousingSearch.gov



**Homes and
Community Renewal**

RUTHANNE VISNAUSKAS
Commissioner/CEO



Date Received _____ Time Received _____
 Identification # _____



Hubbard Springs Apartments Rental Application

Unit Type desired 1 Bedroom 2 Bedroom 3 Bedroom

NAME _____ **PHONE** _____ **EMAIL** _____

ADDRESS _____
Street *City* *State* *Zip*

How long have you lived here? _____ Reason for Moving? _____

Name of Present Landlord: _____ Phone Number: _____

Address of Present Landlord: _____

List ALL Persons who will live in the apartment including "unborn child" if applicable. List Head of Household first:

| NAME | RELATIONSHIP TO HEAD OF HOUSEHOLD | SEX | DATE OF BIRTH MM/DD/YR | AGE | SOCIAL SECURITY # |
|------|-----------------------------------|-----|---------------------------|-----|-------------------|
| | Head of Household | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

INCOME & ASSET INFORMATION

TYPE OF INCOME

GROSS MONTHLY AMOUNTS
Fill in each section with an amount or N/A

TYPE OF ASSET

TOTAL VALUE
Fill in each section with an amount or N/A

| | HEAD | CO-HEAD |
|-------------------|------|---------|
| Wages | \$ | \$ |
| Pensions/Annuity | \$ | \$ |
| Unemployment | \$ | \$ |
| Social Security | \$ | \$ |
| Public Assistance | \$ | \$ |
| Disability/SSI | \$ | \$ |
| Child Support | \$ | \$ |
| Alimony | \$ | \$ |
| Other | \$ | \$ |

| | HEAD | CO-HEAD |
|------------------------|------|---------|
| Savings Account (s) | \$ | \$ |
| Checking Account (s) | \$ | \$ |
| Cert of Deposit (CD's) | \$ | \$ |
| Stocks & Bonds | \$ | \$ |
| Real Property | \$ | \$ |
| Cash (incl.safe dep.) | \$ | \$ |
| Any other | \$ | \$ |

Identification # _____

Rental Application, continued.

Are there any household members enrolled in an institute of higher education? Y or N If Yes, list members below:

Are you or any member of your household a U.S. Military Veteran? Y or N

Agency Referral? Y or N Name of Agency _____

Are you currently receiving Rental Assistance or Section 8? Y or N Name of Agency _____

Are you on a public/subsidized housing waitlist? Y or N Name of Agency _____

Is there a need for an accessible unit? Y or N

Does someone in your household require a reasonable accommodation? Y or N If yes, a separate form will be completed.

Is any member of the applicant household subject to a State lifetime sex offender registration in any state? Y or N

If yes, list member and state (s) _____

Has anyone listed on this application been convicted for or are in the process of being convicted for manufacturing and/or distribution of a controlled substance? Y or N

The following information is requested by the apartment owner in order to assure the Federal government that Federal laws prohibiting discrimination against tenant applicants on the basis of race, national origin, familial status, handicap/disability and sex are complied with. You are not required to furnish this information but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way.

KEY FOR CHART

Race 1-White 2-Black/African American 3-Native American/Alaskan 4-Native Hawaiian/Pacific Islander 5-Asian 6-Other 7-Decline to provide.

Ethnicity 1-Hispanic 2-Latino 3-Neither Hispanic or Latino 4-Decline to provide.

Citizenship 1-Citizen of US 2-Non-Citizen of US

List all Persons who will be living in the apartment. List Head of Household first.

| NAME | RACE, circle one | ETHNICITY, circle one | CITIZENSHIP, circle one |
|------|------------------|-----------------------|-------------------------|
| | 1 2 3 4 5 6 7 | 1 2 3 4 | 1 2 |
| | 1 2 3 4 5 6 7 | 1 2 3 4 | 1 2 |
| | 1 2 3 4 5 6 7 | 1 2 3 4 | 1 2 |
| | 1 2 3 4 5 6 7 | 1 2 3 4 | 1 2 |
| | 1 2 3 4 5 6 7 | 1 2 3 4 | 1 2 |
| | 1 2 3 4 5 6 7 | 1 2 3 4 | 1 2 |
| | 1 2 3 4 5 6 7 | 1 2 3 4 | 1 2 |
| | 1 2 3 4 5 6 7 | 1 2 3 4 | 1 2 |

Identification # _____
Rental Application, continued.

My/Our signature(s) below serves as written permission for **Hubbard Springs Apartments** to obtain a Consumer Report (credit history), previous landlord references and other references deemed necessary. We may obtain credit information from other sources and may exchange credit information with consumer reporting agencies. The applicant(s) also affirm that all information in this application is true and complete. The applicants also understand that a personal interview must be held, assets and income verified before approval. All information received is confidential. After the application process is approved, a security deposit must be made and a lease agreement signed by all applicants. If accepted, I/We certify this apartment will be my/our sole residence. The undersigned makes the foregoing representation knowing that if any of such proves false, **Hubbard Springs Apartments** may cancel and annul any lease given in reliance upon such information.

Your Signature: _____ Date: _____

Co-Applicant Signature: _____ Date: _____

PLEASE RETURN COMPLETED APPLICATION TO:

Hubbard Springs Apartments Temporary Rental Office:

1 GBC Parkway

Rochester, NY 14626

Phone: 585-225-0271

hubbardsprings@rcgltd.net

Tenant Selection Procedures

- a. Applications may be obtained by phone, mail or at the **temporary rental office at 1 GBC Parkway, Rochester, New York 14624.**
- b. The initial application period will be open for 60 days. At the end of 60 days, all applications recorded and a list of eligible applicants will be created. If an applicant submits an incomplete application they will be notified in writing within 10 business days. The letter will list items that are needed to cure the application and priority will not be established until additional items are received. The applicant will have 14 business days to cure the application. The initial application period will begin 120 days prior to the date assigned for substantial completion and Certificate of Occupancy. Applicants will be selected on a random basis through the use of the lottery. When the lottery is completed and the applications have been placed in order of the selection, all applications accepted thereafter will be time and date stamped when received and placed on a waiting list.
- c. All applications, whether complete, eligible or ineligible will be time and date stamped and placed on the waiting list. The waiting list will document the final disposition of all applications (rejected, withdrawn or placed in a unit).
- d. Once applicants have been placed in priority order, they will be contacted for personal interviews. After the personal interview, applicants will supply income and asset information which then will be third party verified. Management staff will review materials and determine eligibility for tenancy.
- e. At initial project rent-up, no unit may be leased to a household which would be paying housing costs (basic rent plus the allowance for tenant-paid utilities) which are less than 25 percent, or more than 48 percent of that household's income. After initial occupancy, and as turnover of the units occurs, vacated units may be leased in accordance with the requirements set forth above, except that the units may not be leased to a household which, after occupancy, would be paying housing costs which are less than 30 percent, or more than 48 percent of that household's income.
- f. The project agrees to give preference to households or persons who are on the Rochester Housing Authority (RHA) occupancy waiting list. Give preference to households whose current housing fails to meet basic standard of health and safety and who have little prospect of improving the condition of their housing except by residing in a project receiving tax credits.
- g. Center for Disability Rights, Inc. shall be the housing support services provider for persons with/who are with a physical disability and/or traumatic brain injury residing in the Supportive Units who are residents of the Project.
- h. Screening Criteria used to Determine Suitability:
 - Verification of age must be included to meet program criteria.



- Income verification to determine eligibility- the applicant(s) household income cannot exceed the 30%, 50%, 60% & 70% AMI. Third-party verification will be used to access all income, assets, dependents, etc.
 - Landlord References- References must be provided by the applicant and they are limited to major lease violations only.
 - Other Factors Determining Suitability
 1. The applicant must have the ability and willingness to comply with the terms of the Property's lease.
 2. The applicant must not misrepresent any information related to eligibility, award of preference for admission, allowances, family composition or rent.
 3. All adult members of the family must sign required paperwork prior to taking occupancy.
- i. Characteristics which would cause an applicant/potential tenant to be rejected include the following:
- Landlord reference- References must be provided by the applicant and they are limited to major lease violations only.
 - Non-compliance with eligibility determination process
 - The applicant was convicted for producing methamphetamine in the home
 - The applicant is a Lifetime Registrant on the Sex Offender Registry
- j. Any applicant whose application is rejected for admission to the property will receive written notice of the rejection, detailing specific reasons why the family's application was declined. A "Know your Rights" pamphlet will also be given to the applicant twice. The initial decision to reject an applicant is made by the Community Manager. Applicants have the right to appeal this action within fourteen (14) business days and, in writing, request a meeting for consideration and/or informal hearing with the District/Area Manager of CPM. If an applicant requests to be withdrawn from the waiting list, they will receive in writing a letter confirming their request.



k. Management will comply with regulation on overcrowding within the rental units. At the time of this plan, the guidelines in effect are follows:

| No. BR | Min. Occupants | Max. Occupants |
|--------|----------------|----------------|
| 1 br | 1 | 2 |
| 2 br | 2 | 4 |
| 3 br | 3 | 6 |

These numbers may be waived or changed at NYSHCR’s discretion.

- l. Eight (8) units will be fully handicap accessible.
- m. Three (3) units will be fully accessible, adapted and move in ready for persons who have a hearing or vision impairment and we will obtain referrals from Rochester Hearing & Speech Center and Association for Blind/Visually Impaired.
- n. When filling a vacancy in a specially designated “handicapped” unit, preference will be given to applicants with handicaps that require the use of the specially designed features of that unit.
- o. The Violence Against Women Act and Department of Justice Reauthorization Act of 2013 (VAWA) Final Rule:

 Protects qualified applicants, tenants and family members of tenants who are victims of domestic violence, dating violence, or stalking (collectively “domestic violence”) from being evicted or terminated from housing assistance based on acts of such violence against them. All applicants are provided the HUD-5380. Applicants and or tenants must complete the HUD-5382 certification or Emergency Transfer HUD-5381 form that is available at the rental office. All residents sign a HUD-91067 with their lease.

The above-mentioned procedures will comply with HCR’s credit and criminal re-entry policies.

