

RENTAL APPLICATION

FRAMARK PLACE
4 Framark Drive
Victor, New York 14564

MANAGED BY:

Sermar Management, LLC
349 W. Commercial St. #3100
E. Rochester, NY 14445
585-248-5490

Desired Move In Date _____

NO SMOKING

Please be sure to answer ALL questions.

APARTMENT SIZE: _____ ONE BEDROOM _____ TWO BEDROOM APARTMENT?

Preference: 1st Floor _____ 2nd Floor _____ No Preference _____

APPLICANT: HEAD OF HOUSEHOLD (Head of Household must be age 55 or older at the time of occupancy)

FULL NAME: _____
First M/I Last SS # Birth date

CO-APPLICANT:

FULL NAME _____
First M/I Last SS# Birth date

STUDENT STATUS

Will head of household be a full time student? () Yes () No
Will co-applicant be a full time student? () Yes () No

RENT OWN

Current Address _____ Monthly Rent \$ _____ How long? _____
Street Apt. #

City State Zip Code (required) Telephone Number

Landlord's Name: _____

Landlord Phone Home Phone Reason for moving

Previous Address _____ Monthly Rent \$ _____ How long? _____
(if less than 2 yrs) Street Apt. #

City State Zip Code (required)

Landlord's Name: _____

Landlord Phone Home Phone Reason for moving

REFERENCES:

NAME: _____ ADDRESS _____ PHONE # _____

NAME: _____ ADDRESS _____ PHONE# _____

NAME: _____ ADDRESS _____ PHONE# _____

BANK NAME: _____ SAVINGS# _____ CHECKING# _____

DRIVERS LICENSE: _____ STATE _____ EXPIRES _____

VEHICLE MODEL: _____ YEAR _____ COLOR _____

VEHICLE MODEL: _____ YEAR _____ COLOR _____

OTHER INFORMATION: <u>Have you ever:</u>	<u>Applicant</u>	<u>Co-Applicant</u>	<u>Do you have a pet</u>
Filed for Bankruptcy	() yes () no	() yes () no	Yes () No ()
Been evicted from Tenancy	() yes () no	() yes () no	
Been convicted of a felony	() yes () no	() yes () no	Type _____

HANDICAPPED STATUS:

	<u>Applicant</u>	<u>Co-Applicant</u>
Do you require a handicap adapted apartment?	() Yes () No	() Yes () No

Are you wheelchair bound?	() Yes () No	() Yes () No
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IN CASE OF EMERGENCY, NOTIFY:

NAME _____	PHONE _____	RELATIONSHIP _____
ADDRESS _____		

EMPLOYMENT: **Applicant**

Circle all applicable	Employed full time Non-employed/Retired	Employed part time Unemployed	Self-employed
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Current Employer: _____ Position: _____ How Long? _____

Address: _____ Supervisor: _____ Phone# _____

City, State, Zip: _____ FAX# _____

Current wages: _____ per hour week bi-weekly month year (circle one)

Average hours worked per week: _____ Average tips per week \$ _____

Do you have more than one job? () Yes () No

TOTAL ANNUAL EMPLOYMENT INCOME: _____ (A) Please estimate your income for the next 12 months.
(This amount will be entered into the last page)

EMPLOYMENT: Co-Applicant

Circle all applicable

Employed full time
Non-employed/Retired

Employed part time
Unemployed

Self-employed

Current Employer: _____ Position: _____ How Long? _____

Address: _____ Supervisor: _____ Phone# _____

City, State, Zip: _____ FAX# _____

Current wages: _____ per hour week bi-weekly month year (circle one)

Average hours worked per week: _____ Average tips per week \$ _____

Do you have more than one job? () Yes () No

TOTAL ANNUAL EMPLOYMENT INCOME: _____ (A) Please estimate your income for the next 12 months.
(This amount will be entered into the last page)

RENTAL ASSISTANCE:

() No Rental Assistance () Rental Assistance From: _____

() Voucher () Certificate Tenant Portion \$ _____

OTHER INCOME:

APPLICANT

Note: Applicants must complete this section in order to determine qualification for residency within the Federal Low Income Housing Tax Credit Program. Although this information is voluntary under the Federal Fair Housing Act, failure to provide such income may result in non-qualification for residency for any rental unit in Affordable Housing Program.

Other Income Includes: Alimony, child support, welfare, unemployment, aid to dependent children, social security, annuities, insurance policies, retirement benefits, pensions, disability, gifts from family, and other regular periodic payments. Please consult the leasing personnel for complete list of other income.

If none, () No other sources of income check here:

- | | | |
|---------------------------------------|---------------------|--------------------------|
| 1. <u> SOCIAL SECURITY </u> | _____ | _____ |
| Type of income | Gross Annual Amount | Contact Address or Phone |
| 2. <u> PENSION </u> | _____ | _____ |
| Type of income | Gross Annual Amount | Contact Address or Phone |
| 3. _____ | _____ | _____ |
| Type of income | Gross Annual Amount | Contact Address or Phone |

TOTAL ANNUAL OTHER INCOME: _____ (B) (Fill this amount in on last page)

OTHER INCOME:

CO-APPLICANT

If none, check here () No other sources of income

- | | | |
|---|---------------------|--------------------------|
| 1. <u>SOCIAL SECURITY</u>
Type of income | Gross Annual Amount | Contact Address or Phone |
| 2. <u>PENSION</u>
Type of income | Gross Annual Amount | Contact Address or Phone |
| 3. _____
Type of income | Gross Annual Amount | Contact Address or Phone |

TOTAL ANNUAL OTHER INCOME: _____ (B) (Fill this amount in on last page)

ASSETS: *The 6-month average balance must be used for the checking account. **The current balance must be used for the savings account.

Assets Include: Cash (wherever held), trust corpus, equity in real estate or capital investments, notes receivable, stocks, bonds, money market accounts, certificates of deposit, IRA's, retirement and pension funds, and luxury personal property (gems, jewelry, art, coin collections, etc.)

You must also include the value of any assets disposed of in the past 24 months at less than fair market value.

Assets Do Not Include: Necessary personal property such as clothing, furniture, daily-use autos, tools, dishes, etc.

Also excluded is any special equipment for use by the handicapped and assets of a business.

Are the assets (as defined above) of the whole household more than \$5,000? () Yes () No

Have you disposed of any assets at less than fair market value within 24 months? () Yes () No

ASSETS - Please be sure to answer Yes or No to ALL items listed below. If you need more space - use back of sheet.

YES	NO	DO YOU HAVE:	BANK	BALANCE	RATE
		*Checking Account(s)?		\$	
		**Savings Account(s)?		\$	
		Certificate(s) of Deposit?		\$	
		Cash held at home, etc?		\$	
		Money in Trust?		\$	
		Stocks or Bonds?		\$	
		IRA or Keogh Account(s)		\$	
		Money Market Account(s)?		\$	
		Treasury Bills?		\$	
		A Retirement Fund?		\$	
		Mutual Funds?		\$	
		A Whole Life Insurance Policy?		\$	
		Personal Property held as Investment? (Jewelry, coin collection, antiques)? Cash Value: \$ _____			
		Equity in Real Estate or Capital Investments? Market Value less unpaid balance and selling costs = Cash Value \$ _____			
		Have you received any Lump Sum Receipts? (Inheritances, capital gains, lottery winnings, insurance settlements or other claims) When _____ Amount \$ _____			
		Have you sold/given away any assets within the last 2 years? If yes, complete the "disposal of assets" form.			

Total Cash Value of ALL Assets: _____ x $.06\%$ = (C) _____
HUD Passbook Rate .06% Imputed Asset Income

Total ACTUAL Asset Income (D): _____

INCOME CALCULATION Total Asset Income - Enter the greater of C or D \$ _____

	Applicant		Co-Applicant	
(A) Total Annual Employment Income	\$ _____	+	\$ _____	= \$ _____
(B) Total Other Annual Income	\$ _____	+	\$ _____	= \$ _____

TOTAL ANNUAL INCOME \$ _____ **

The undersigned makes the foregoing representation knowing that if any of such proven false, owner at his option may cancel and annul any lease given in reliance upon such information. The undersigned hereby grant Landlord permission to obtain any additional information deemed appropriate pertaining to my personal and financial records. A credit report and criminal background check will be obtained from a credit reporting agency. If the undersigned is rejected due to credit information or criminal history the undersigned has the right to review, contest, and explain the information contained in the background check and the right to present evidence of rehabilitation.

Applicant Signature

Date

Co-Applicant Signature

Date

****NOTE:** Effective 4/1/18 the maximum income for 2018 is \$31,380 for a 1-person household and \$35,880 for a 2-person household. This is the maximum income allowable - if your household income is over these limits, you do not qualify. The minimum income guidelines for 2018 are \$12,800 for a 1-person household and \$16,600 for a 2-person household. If you are under the minimum income, a waiver may be obtained.

Income is calculated by determining what the household's income will be over the next 12 months. Income from employment, social security, and other sources as listed above is added to any income you may receive from your assets. If there is no interest earned from your asset, the value of your asset (such as a home and other examples listed above) is multiplied by .06% to determine the amount used for Asset Income.

Please call Sermar Management at 585-248-5490 with any further questions.

Framark Place is a non-smoking building. Smoking is not allowed on the property.



**WE DO BUSINESS IN ACCORDANCE WITH THE FEDERAL FAIR HOUSING LAW
 (THE FAIR HOUSING AMENDMENTS ACT OF 1988)**

FRAMARK PLACE APARTMENTS

A SENIOR LIVING COMMUNITY LOCATED AT 4 FRAMARK DRIVE, VICTOR, NEW YORK

**34 One bedroom apartments (660 sq. ft.)
15 Two bedroom apartments (900 sq. ft.)
4 handicap accessible units
Community room with kitchen and library
Walking distance to Pharmacy, Banks, Restaurants and
Grocery Stores
Electricity estimated to be \$25/month and \$35/month for
one and two bedrooms respectively
One bedroom rents are \$650
Two bedroom rents are \$795
Rent includes heat, hot water and refuse
One dog or cat under 20 lbs. allowed (additional deposit)
Private storage
Head of household must be age 55 or older
Maximum and minimum income limits apply
Central coin laundry facilities
Security system, emergency call switches
Elevator
CABLE- Channels 1-99 at \$32 per month
NO SMOKING**

**CALL NOW FOR AN APPLICATION
(585) 248-5490**

**Sermar Management, LLC
349 W. Commercial Street, Suite 3100
East Rochester, New York 14445**



AFFORDABLE HOUSING PROGRAM INFORMATION SHEET



Framark Place Apartments
4 Framark Place
Victor, New York 14564

Managed by: Sermar Management, LLC
349 W. Commercial St. #3100
E. Rochester, NY 14445
585-248-5490

NO SMOKING

Welcome to Framark Place Apartments. Our community is operated under the Affordable Housing Program, within Section 42 of the Internal Revenue Code. This program is designed to facilitate the housing needs of moderate and middle income families. Residence at Framark Place Apartments requires that applicants meet certain qualifying standards established by the government and the Managing Agent. This program is not connected with Section 8, although applicants with Section 8 vouchers or certificates may apply for residency. Residency at Framark Place Apartments is limited to those households having moderate incomes. In Victor, NY the maximum allowable incomes (by household size) are as follows:

<u>Household Size</u>	<u>Maximum Allowable Income</u>	<u>Minimum Income Guidelines</u>
1 person (1 or 2 bedroom)	\$31,380	\$12,800 – 1 person
2 people (1 or 2 bedroom)	\$35,880	\$16,600 – 2 people

Minimum income requirements are based upon the size of the household and the size of the apartment. Minimum income requirements may be waived under certain circumstances such as the ability to provide a higher security deposit or to obtain a cosigner for the lease. Maximum occupancy limits at Framark Place Apartments are set at two people per one-bedroom and two people per two-bedroom apartment. The Head of Household must be age 55 or older.

All information on income provided by applicants must be verified before occupancy. This qualification and certification process must also be completed annually upon renewal. In addition to standard wages, income includes monies received from many sources such as alimony, child support, pensions, and social security. Income from assets (bank accts., CD's, money market funds, IRA's, home or other real estate) is added to these amounts. Income from assets is either the actual amount of dividends and interest earned or the total of all assets multiplied by .06%, whichever is greater. A complete definition of income is available for inspection upon request.

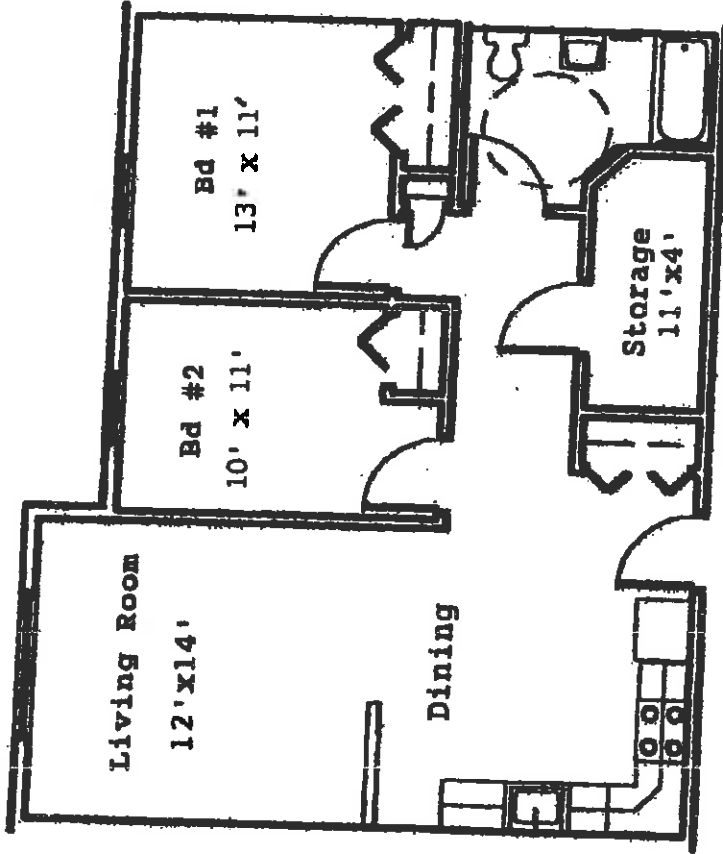
The rents at Framark Place Apartments are controlled by regulation. Currently, the rents by bedroom are projected to be:

<u>Monthly Housing Cost</u>	<u>Projected Monthly Rent</u>
1 Bedroom	\$650
2 Bedroom	\$795

Rent includes heat, hot and cold water, and refuse.

The allowable rent is subject to change annually and is limited by the area median incomes as determined by the Department of Housing and Urban Development and estimated utility expenses which you will be required to pay directly to the utility company. The estimated additional utility costs are \$25/month for electricity for one bedroom apartments and \$35 for two bedroom apartments.

There are 34 one-bedroom apartments, 2 of which are handicapped adapted. There are 15 two bedroom apartments, 2 of which are handicapped adapted. The security deposit is one month's rent and is payable when application is approved. One dog or cat under 20 lbs is permitted with the payment of an additional \$100.00 security deposit. For dogs, a \$100,000 liability insurance policy is required.



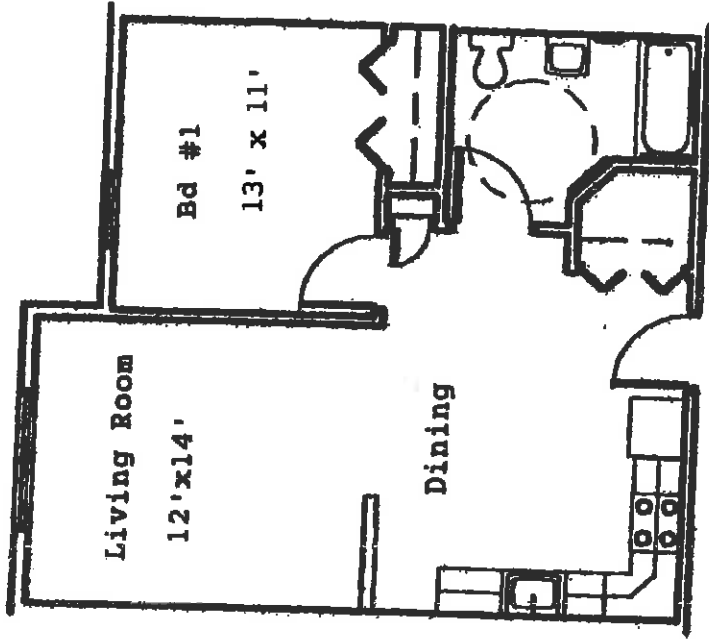
2 BEDROOM UNIT

+/- 900 sq. ft.

*approximate dimensions

*electric stove, refrigerator

*resident may install window air conditioner



1 BEDROOM UNIT

+/- 660 sq. ft.



SERMAR
MANAGEMENT LLC

Frameark Place Apartments
Victor, New York

UNIT FLOOR PLANS



JEM Architects