



CAZENOVIA RECOVERY SYSTEMS, INC.

Corporate Office

2495 Main St, Suite 417
Buffalo, NY 14214
716-852-4331

Casa Di Vita

200 Albany St
Buffalo, NY 14213
716-882-2108

Cazenovia Manor

486 N. Legion Dr
Buffalo, NY 14210
716-822-8932

Housing Programs

2211 Main St
Buffalo, NY 14214
716-894-7298

Madonna House

5586 Niagara St Ext
Lockport, NY 14094
716-438-9131

Niagara County Office & Supportive Living

1522 Main St
Niagara Falls, NY 14305
716-299-0917

Somerset House

7397 Lake Rd
Appleton, NY 14008
716-795-3719

Sundram Manor

431 Memorial Pkwy
Niagara Falls, NY 14303
716-284-6228

Supportive Living - Erie County

2671 Main St
Buffalo, NY 14214
716-894-7274

Turning Point House

9136 Sandrock Rd
Eden, NY 14057
716-992-4972

Unity House

923 Sycamore St
Buffalo, NY 14212
716-884-4952

Sharon M. Hayes,
President

Suzanne Bissonette,
CEO

Dear Applicant,

Thank you for showing an interest in renting an apartment at the Garden Lofts at Marine Hospital! Attached you will find an application and assessment form. Please fill out both completely and send them to the address listed, or email the completed documents to GardenLofts@cazenoviarecovery.org.

If both your application and assessment are complete when they are returned, your assessment will be scored, with the highest scores placed on the top of the list. If you are chosen for an apartment, you must provide documentation of a diagnosed substance use disorder and provide proof that you are either homeless or at-risk of being homeless and need permanent housing.

If you have any questions please contact the email above, or call 716-852-4331 x. 322.

GARDEN LOFTS AT MARINE HOSPITAL

2211 Main Street
Buffalo, New York 14214
Telephone: (716) 894-7298
Fax: (716) 894-7308
GardenLofts@Cazenoviarecovery.org

Return Completed Application to:
Housing Office
2211 Main Street
Buffalo, New York 14209
Attn: Housing Program Manager
Or email to :
GardenLofts@cazenoviarecovery.org

<p>Please <u>Print</u> Complete all Information. Do Not Leave Any Items Blank</p>

1. HOUSEHOLD INFORMATION

Name	M/F	Full-time Student (Yes or No)	Birth Date	Social Security Number

2. CURRENT ADDRESS

Street Name and Address	City	State	Zip Code
Telephone Number	Length of Time There		
Current Landlord	Landlord Address	Landlord Telephone Number	

I do not have a current permanent address

3. PREVIOUS LIVING HISTORY

Address	Landlord or Mortgagee	Own/Rent	Dates
Name:		<input type="checkbox"/> Own	From:
Address:		<input type="checkbox"/> Rent	
Phone:			
			To:

Address	Landlord or Mortgagee	Own/Rent	Dates
Name:		<input type="checkbox"/> Own	From:
Address:		<input type="checkbox"/> Rent	
Phone:			
			To:

Address	Landlord or Mortgagee	Own/Rent	Dates
Name:		<input type="checkbox"/> Own	From:
Address:		<input type="checkbox"/> Rent	
Phone:			
			To:

4. PERSONAL REFERENCES: If you have no landlord history, please provide the names of at least two individuals who can verify your ability to live by the conditions of a lease. (example: clergy, employer)

Reference	Relationship to You	How Long Known
Name:		
Address:		
Phone:		

Reference	Relationship to You	How Long Known
Name:		
Address:		
Phone:		

5. APPLICANT STATUS

YES **NO**

1. Have you used a name or social security number other than the one listed on this application?

2. Do you have any pets other than those used as service animals?

3. Have you or anyone on the application filed for bankruptcy in the last 2 years?

4. Have you ever been convicted of a felony (murder, manslaughter, arson, burglary, sexual assault)?

5. Explain: _____

6. Have you ever been arrested for any type of violent crime (assult, battery, robbery, harassment)?

Explain: _____

7. Have you ever been convicted of dealing or manufacturing illegal drugs?
Explain: _____

8. Have you ever been evicted from a rental unit?
Explain: _____

9. Are you currently receiving a Section 8 subsidy?

10. Are you subject to lifetime registration as a sex offender?

6. INCOME INFORMATION

Income is counted for all household members over the age of 18 as well as emancipated minors. Unearned income of household members under the age of 18 is also counted.

Do you receive income from any source currently?

YES NO

1. Employment

Household Member	Company Name	Amt per:	Hour	Week	Year

2. Unemployment or Worker's Compensation
Household Member: _____ Amount/week: \$ _____
\$ _____

3. Regular Severance Pay Payments
Household Member: _____ \$ _____
\$ _____

4. Self Employment
Household Member: _____ Amount/week: \$ _____
\$ _____

5. Regular Pay as a Member of the Armed Forces
Household Member: _____ Amount/ _____ \$ _____
Amount/ _____ \$ _____

6. Public Assistance (TANF)
Household Member _____ Amount: \$ _____

7. Alimony Amount: \$ _____

8. Child Support Amount: \$ _____

How is the support received?

- Child Support Enforcement Agency
- Directly from Individual
- Other

Name of Agency:	_____
Name:	_____
Name/Agency	_____

9. Social Security, SSI, Social Security Disability, VA Pension Amount: \$ _____

10. Regular Pension/Retirement Benefit/ Annuity Payments Amount \$ _____

11. Regular Payments from a Settlement Amount \$ _____
(*ex: insurance settlement*)

12. Regular Gifts /Payments from anyone outside the household Amount \$ _____
(*includes payments of bills made on applicant's behalf*)

13. Regular Payments from Lottery or Inheritances Amount \$ _____

14. Regular Payments from Rental Property/Other Real Estate Amount \$ _____

15. Any Other Income Sources or Types Not Listed \$ _____

16. Do you expect any changes in your income in the next 12 months?
Explain: _____

7. ASSET INFORMATION: Include all assets held by applicant

Do you have any of the following assets:

YES NO

Checking/Savings Account		Checking			Savings	
Name of Bank	Account #	Current Balance	% Interest	6 Mos. Avg. Balance	Current Balance	% Interest

CD's, Money Market Accts, or Treasury Bills				
Financial Institution	Type of Account	Account #	Balance	% Interest

Stocks, Bonds or Securities				
Financial Institution	Type of Account	Account #	Current Value	Dividend/% Interest

Trust Funds or Life Insurance Policy				
Financial Institution	Type of Account	Account #	Current Value	% Interest

Pensions, IRA's, Keogh or other Retirement Accounts				
Financial Institution	Type of Account	Account #	Current Value	% Interest

Real Estate (including home, land, rental property, commercial property, other real estate)		
Type of Real Estate	Value of Real Estate	% of Ownership

Personal Property Held as an Investment	
Type of Property	Value of Property:

Safe Deposit Box	
Contents	Value of Contents

Cash on Hand (over \$500 in value)	
Amount:	

OTHER

Do you have any needs that might require a unit, which is accessible to persons with mobility, hearing or visual impairments?

8. CERTIFICATION:

I CERTIFY THAT THIS WILL BE MY PERMANENT RESIDENCE.. I UNDERSTAND THAT MY ELIGIBILITY FOR HOUSING WILL BE BASED ON MANAGEMENT'S SELECTION CRITERIA. I CERTIFY THAT ALL INFORMATION IN THIS APPLICATION IS TRUE TO THE BEST OF MY KNOWLEDGE AND I UNDERSTAND THAT PROVIDING FALSE STATEMENTS OR INFORMATION ARE PUNISHABLE BY LAW AND WILL LEAD TO CANCELLATION OF THIS APPLICATION OR TERMINATION OF TENANCY AFTER OCCUPANCY. **ALL ADULT APPLICANTS, 18 OR OLDER, MUST SIGN THIS APPLICATION. I HEREBY GIVE PERMISSION FOR AMHERST STATION, LP. TO VERIFY ALL OF THE ABOVE INFORMATION AND REFERENCES, AND TO OBTAIN MY CONSUMER CREDIT REPORT AND CRIMINAL BACKGROUND REPORTS.**

Signature

Date

ACCEPTANCE OF THIS APPLICATION DOES NOT GUARANTEE RENTAL OF AN APARTMENT. ALL APPLICANTS MUST MEET SCREENING CRITERIA, INCLUDING LANDLORD, CREDIT AND CRIMINAL CHECKS WHICH IS AUTHORIZED BY THE ABOVE SIGNED PARTIES. CHANGES IN FAMILY INCOME, SIZE, AND ADDRESS MUST BE REPORTED PROMPTLY TO MANAGEMENT. A ONE YEAR LEASE IS REQUIRED.

Title 18, Section 1001 of the US Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government, HUD and any owner (or employee of HUD or owner) may be subject to penalties for unauthorized disclosures or improper use of information collected based on the consent form. Use of information collected based on this verification is restricted to the purpose cited above. Any person who knowingly or willingly requests, obtains, or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at 208(a),(6),(7)and (8). Violation of these provisions are cited as violations of 42 U.S.C. 408(a),(6),(7) and (8).



Garden Lofts at Marine Hospital Applicant Assessment

Name: _____

Please make sure to circle all of your answers, and answer all questions on the survey. Thank you!

1. Where did you sleep last night?

- a. Shelter
- b. Residential Facility or Temporary Housing
- c. At a friend's house
- d. At a family member's house
- e. Outdoors
- f. In my own apartment

2. Where have you slept most frequently in the last six months?

- a. Shelter
- b. Residential Facility or Temporary Housing
- c. At a friend's house
- d. At a family member's house
- e. Outdoors
- f. In my own apartment

3. In the last three years, how many times have you been homeless?

- a. Never
- b. 1-2 times
- c. 3 or more times

4. If you left the place where you slept last night, would you have a permanent, stable place to live?

- a. Yes
 - b. No
5. Are you currently employed?
- a. Yes
 - b. No
6. Have you been employed at any time in the last three years?
- a. Yes
 - b. No
7. Do you think you have lost a job because of drug use?
- a. Yes
 - b. No
 - c. Maybe
 - d. Don't know
8. Would you like to work on finding a job or improving your skills?
- a. Yes
 - b. No
 - c. Maybe
9. Do you have any kind of income right now (including Public Assistance, Food Stamps, Veterans Benefits, Disability or Unemployment)?
- a. Yes
 - b. No
10. Do you have a diagnosed Substance Use Disorder
- a. Yes

- b. No
- c. Unsure

11. When was the last time you had a drink or used drugs?

- a. Less than 3 months ago
- b. Between 3 and 9 months ago
- c. More than 9 months ago

12. Are you currently in a program to help you with your recovery?

- a. Yes What are the details of the program? -

- b. No

13. If you answered yes to #12, how long have you been in the program?

- a. Less than three months
- b. 3 months to 9 months
- c. More than 9 months

14. Are you interested in participating in a program that will assist you in your recovery?

- a. Yes
- b. No
- c. Maybe

15. Are you currently being treated for a mental health disorder?

- a. Yes
- b. No

16. Have you ever lived in your own apartment?

- a. Yes

b. No

17. Have you ever been evicted from your own apartment?

a. Yes

b. No

18. Do you have any outstanding utility bills?

a. No, I have no outstanding utility bills

b. I owe back utilities and am on a payment plan

c. I owe back utilities and I am not on a payment plan

19. Do you have any physical disabilities that would limit the type of housing you could access, or would make it hard to live independently because you would need help?

a. Yes

b. No

c. Maybe

20. Are you currently able to take care of basic needs like bathing, changing clothes, using a restroom, getting food, clean water and other things like that?

a. Yes

b. No

c. Maybe

21. Do you have any current legal issues?

a. No

b. Yes, but I have been compliant with criminal justice supervision for the last 12 months

c. Yes, I have current charges and/or a trial pending

22. What best describes what happens when you are sick?

a. I don't have a doctor (Primary Care Physician), so I go to the emergency room

- b. b. I have a doctor (Primary Care Physician), but I go to the emergency room instead of to them
- c. c. I go to my doctor (Primary Care Physician)