



CROSSWINDS AT HUDSON
15 ROGERS LANE
HUDSON, NEW YORK 12534
Tel: (518) 828-1163 Fax: (518) 828-1193 TDD #711 Relay



APPLICATION ASSISTANCE AND INFORMATION STATEMENT

If you are disabled, or have difficulty completing this application, please advise us of your needs when you receive this application, or call us to schedule assistance.

The Crosswinds at Hudson phone number is 518-838-1163. Call during these hours: Monday thru Thursday 8:30am to 4:30pm. If you have a hearing impairment, the TDD relay service number is # 711 during the same hours.

Appropriate assistance will be provided in a confidential manner and setting.

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Answering questions on your application:

Please answer all questions truthfully. We will verify your answers. Any misrepresentation of information related to eligibility, preference for admission, allowances, rent, family composition or prior resident history *is grounds for rejection*. Additionally, you should be aware that Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful, false statements or misrepresentations of any material fact involving the use of or obtaining federal funds.

Answering questions relating to a disability:

Answers to questions on your application concerning disability status are *optional*, but please note that families with disabled members may be entitled to (1) certain deductions from income that affect rent or (2) units designed to be accessible for individuals with disabilities. So, without this information we may not be able to calculate your rent correctly or verify your eligibility to live in an accessible unit.

If you answer the questions relating to disability, we will need to verify that you or a household member is disabled. We do not need to know the nature, extent, or current condition of the disability, but we will need to know that you meet the federal definitions that apply to these terms and that you can abide by the terms of our lease.

Information you provide on a disability status will be treated as confidential by management. In accordance with program regulations, information may be released to appropriate federal, state or local agencies.

Housing Requirements Questionnaire:

Please complete the Housing Requirements Questionnaire that accompanies your application. This information is needed so that we may assign you a unit appropriate to any needs that exist for your household. Your answers will be verified. If, however, there are no household members with a disability, or if you do not wish to complete the document for any reason, simply indicate that choice in the space provided at the top of the document. The choice not to complete this document will not in any way affect the processing of your application for an apartment.

Notice to All Applicants: Options for Applicants with Disabilities:

This property is managed by Crosswinds Hudson, LLC c/o Kinderhook Development, 120 E. Center St., Canastota, NY 13032. We provide assisted housing to the general public under New York State. We are not permitted to discriminate against applicants on the basis of their race, color, religion, sex, national origin, familial status or disability. In addition, we have an obligation to provide "reasonable accommodations" to applicants if they or any household members have a disability. Compliance actions may include reasonable accommodations as well as structural modifications to the unit or premises.

A reasonable accommodation is some modification or change that we can make to the policies or procedures that will assist an otherwise eligible applicant with a disability to take advantage of the programs under which we operate. Examples of reasonable accommodations and structural modifications include, but are not limited to:

- Making reasonable alterations to a unit so it could be used by a household member with a wheelchair;
- Installing strobe type flashing-light smoke detectors in an apartment for a household with a hearing-impaired member;
- Permitting a household to have a seeing-eye dog to assist a vision-impaired household member where existing pet rules would not allow the dog;
- Making large type documents or a reader available to a vision-impaired applicant during the application process;
- Making a sign language interpreter available to a hearing-impaired applicant during the application process;
- Permitting an outside agency to assist an applicant with a disability to meet the property's applicant screening criteria.

An applicant household that has a member with a disability must still be able to meet essential obligations of tenancy--they must be able to pay rent, to maintain their apartment in a safe and sanitary condition, to report required information to the building manager, to avoid disturbing their neighbors, etc., but there is no requirement that they be able to do these things without assistance.

If you or a member of your household have a disability and think you might need or want a reasonable accommodation, you may request it at any time in the application process or after admission. This is up to you. If you would prefer not to discuss your situation with management, that is your right.

The next page of this application is a *Housing Requirements Questionnaire*. If you wish to complete the document and provide management with information regarding any household member with a disability, please do so. If no household member has a disability, or if you do not wish to complete the questionnaire for any reason, please indicate so, sign the form, and return to the manager.

Housing Requirements Questionnaire

Please read the following regarding this questionnaire:

This questionnaire is administered to every applicant at Crosswinds at Hudson. It is used to determine whether your household needs special features in their housing unit. The need for special adaptations must be verified in order to assure that the limited number of units with special features go to families that actually need the features.

Completing this questionnaire is optional on your part. **If you choose not to complete**

this form, please check the box that indicates that choice, sign and date the form, and return it to the manager. The choice not to complete this questionnaire will not in any way affect the processing of your application for an apartment.

If you choose to complete this form, please check the box that indicates your choice to furnish this information, complete the information requested, sign and date the form and return it to the manager.

Applicant election to provide special needs information:

Name of Head of Household _____ SS#: _____

I choose to complete this form.

I choose NOT to complete this form.

Applicant's signature _____ Date _____

Manager's signature _____ Date _____

Information relative to the housing requirements of applicant's household:

1. Do you, or does any member of you household, have a condition that requires:

A separate bedroom

One-level apartment

Unit for hearing-impaired

A barrier-free apartment

Other

Unit for vision-impaired

Physical modifications to a typical apt.

Special parking space

Bedroom/Bath on first floor

2. If you checked any of the above-listed categories of units, please explain exactly what you need to accommodate your situation: _____

3. What is the name of the household member who needs the features identified above?

4. Do you or any of your household members need special features to go up and down stairs other than traditional railings? Yes No

If "Yes", please indicate how we may accommodate your household. _____

5. Will you or any of your household members require a live-in aide to assist you? Yes No

6. Who should be contacted to verify your need for the features you have identified above (e.g. a doctor or social service agency)?

Name _____ Tel #: _____

Address _____

City, State, Zip _____

Disabled Veterans Preference:

Are you claiming Disabled Veteran Status? _____ YES _____ NO