



LYCEUM HEIGHTS COTTAGES

This is an application for Lyceum Heights Cottages, located at 150 Lyceum St. in Geneva, NY. Lyceum Heights is owned by Lyceum Housing Development Fund Corporation and has Geneva Housing Authority as its managing agent.

The Head of Household must be 55 years of age or older to apply and your income must be within certain limits. Rents will vary depending on your household income.

All units will have individually controlled heating and air conditioning. Gas and electric will be the responsibility of the resident. Water, sewer and trash removal will be included in the rent. Washer and dryer hookups are in each apartment and each unit has its own front and back porch.

Available units and income limits for the Cottages are as follows:

Number of Units	Unit Size	Household Size	Income Limit	Monthly Rent
4	1 bedroom	1 person	\$ 23,700	\$ 542
	1 bedroom	2 persons	\$ 27,100	
7	1 bedroom	1 person	\$ 28,440	\$ 588
	1 bedroom	2 persons	\$ 32,520	
2	1 bedroom	1 person	\$ 33,180	\$ 621
	1 bedroom	2 persons	\$ 37,940	
2	2 bedrooms	2 persons	\$ 37,940	\$ 775

Complete the attached application and return to Geneva Housing Authority, 41 Lewis St., PO Box 153, Geneva, NY 14456, or Lyceum Heights Apartments 150 Lyceum St., Geneva, NY 14456. **Incomplete applications will not be considered.**

If you have questions or would like assistance completing the application please contact me at 315-789-0316.

Karen Robideau, Site Manager





Lyceum Heights III Rental Application



150 Lyceum St. Geneva, NY 14456

FOR OFFICE USE ONLY

Credit Check _____

Date/Time Received:

Background Check _____

Income Tier: 50% 60% 70%

Reference Check _____

Accessible unit: Yes No

Approval: Yes No Initials _____ Date _____

APPLICANT INFORMATION

First Name: _____

Last Name: _____

Date of Birth: _____

Social Security no.: _____

Phone: _____

Cell Phone: _____

Full-Time Student? Yes No

Driver's License Number: _____

CO-APPLICANT INFORMATION

First Name: _____

Last Name: _____

Date of Birth: _____

Social Security no.: _____

Phone: _____

Cell Phone: _____

Full-Time Student? Yes No

Driver's License Number: _____

Do you or anyone who will be living in your household require any Reasonable Accommodation/Modification due to the presence of a disability? Yes No

If yes, state Accommodation/Modification needed: _____

CURRENT ADDRESS

Street Address: _____

Mailing Address (if different): _____

City: _____ State: _____ Zip: _____

Own or Rent Monthly payment or Rent: _____

Landlord Name and Address: _____

Landlord Phone #: _____

How long have you lived at this address? _____

Reason for Leaving: _____

EMPLOYMENT INFORMATION FOR ALL MEMBERS OF THE HOUSEHOLD

Current Employer: _____

Address: _____

Phone #: _____

Position: _____ Name of Manager: _____

Start Date: _____ End Date: _____

Monthly salary/wages (Gross amount): _____

ASSET INFORMATION FOR ALL HOUSEHOLD MEMBERS (list current value and interest rate for each)

___ Checking Acct. Name of Bank: _____ Balance: _____ Interest Rate: _____

___ Savings Acct. Name of Bank: _____ Balance: _____ Interest Rate: _____

___ CDs: Name of Bank: _____ Balance: _____ Interest Rate: _____

Name of Bank: _____ Balance: _____ Interest Rate: _____

Name of Bank: _____ Balance: _____ Interest Rate: _____

___ Stocks/Bonds/Money Market Funds:

Name of Bank: _____ Balance: _____ Interest Rate: _____

Name of Bank: _____ Balance: _____ Interest Rate: _____

___ Other (list): _____

INCOME FOR ALL HOUSEHOLD MEMBERS (List all sources of income)

Income Source: _____ Income Source: _____

Verify with: _____ Verify with: _____

Monthly Gross Income Amount: _____

Monthly Gross Income Amount: _____

Income Source: _____

Income Source: _____

Verify with: _____

Verify with: _____

Monthly Gross Income Amount: _____

Monthly Gross Income Amount: _____

ADDITIONAL INFORMATION

Have you or any household member ever been convicted of a crime? Yes or No

If yes, list details, including date(s) of all occurrence(s) and disposition of each:

Have you or any household member ever been evicted, declared bankruptcy or had a judgment? Yes No

If yes, describe, including date(s):

APPLICANT AND ALL CO-APPLICANT(S) MUST INITIAL EACH STATEMENT BELOW

_____ I/WE AGREE TO THE FOLLOWING STATEMENT:

I/We represent that the information provided in this application is true, complete and accurate to the best of my/our knowledge. I/We understand that any misrepresentation or omission of information is grounds for denial of tenancy and/or eviction.

_____ I/WE AGREE TO THE FOLLOWING STATEMENT:

I/We understand that the information provided might be used by Lyceum Heights Apartments, Finger Lakes Development Corporation or Geneva Housing Authority (Landlord) to determine whether to accept this application. I/We authorize Lyceum Heights Apartments to verify all the information given in this application, including past rental information, personal references and employment information provided. I/We authorize Lyceum Heights Apartments to obtain a current credit and criminal background check.

_____ I /WE AGREE TO THE FOLLOWING STATEMENT:

I/We understand that this application is not a rental agreement and that this application does not create any obligation on Lyceum Heights Apartments.

The undersigned represent that the information provided in this application is true, complete and accurate to the best of my/our knowledge. I/We understand that any misrepresentation or omission of information is grounds for denial of tenancy and/or eviction.

Applicant:

Print Name: _____

Signature: _____ Date: _____

Co-Applicant:

Print Name: _____

Signature: _____ Date: _____

NOTICE TO SENIOR CITIZENS:

RESIDENTIAL LEASE TERMINATION

SECTION 227-a OF THE REAL PROPERTY LAW OF THE STATE OF NEW YORK ALLOWS FOR THE TERMINATION OF A RESIDENTIAL LEASE BY SENIOR CITIZENS MOVING TO A RESIDENCE OF A FAMILY MEMBER OR ENTERING CERTAIN HEALTH CARE FACILITIES, ADULT CARE FACILITIES OR HOUSING PROJECTS.

Who is eligible?

Any lessee or tenant who is age sixty-two years or older, or who will attain such age during the term of the lease or rental agreement, or a spouse of such person residing with him or her.

What kind of facilities does this law apply to?

This law will apply if the senior citizen is relocating to:

- A. An adult care facility;
- B. A residential health care facility;
- C. Subsidized low income housing;
- D. Senior citizen housing; or
- E. A residence of a family member.

What are the responsibilities of the rental property owner?

When the tenant gives notice of his or her opportunity to move into one of the above facilities the landlord must allow:

- A. for the termination of the lease or rental agreement,
and

- B. the release of the tenant from any liability to pay rent or other payments in lieu of rent from the termination of the lease in accordance with section 227-a of the real property law, to the time of the original termination date, and
- C. to adjust any payments made in advance or payments which have accrued by the terms of such lease or rental agreement.

How do you terminate the lease?

If the tenant can move into one of the specified facilities, he or she must terminate the lease or agreement in writing no earlier than thirty days after the date on which the next rental payment (after the notice is delivered) is due and payable. The notice is deemed delivered five days after being mailed. The written notice must include documentation of admission or pending admission to one of the above mentioned facilities.

For example: Mail the notice: May 5th

Notice received: May 10th

Next rental payment due: June 1st

Termination effective: July 1st

Will the landlord face penalties if he or she does not comply?

Yes, according to section 227-a of the real property law, if anyone interferes with the removal of your property from the premises they will be guilty of a misdemeanor and will be either imprisoned for up to one year or fined up to \$1000.00 or both.