McGraw House
Preliminary Application for Residency

EQUAL HOUSING OPPORTUNITY

McGRAW HOUSE CONTACT INFORMATION	**OFFICE USE ONLY:**
Mailing Address: 700 McGraw House Physical Address: 221 South Geneva Street Ithaca, NY 14850-5468 Phone: 607-272-7054 Fax: 607-272-3614 Email: seniors@mcgrawhouse.org www.mcgrawhouse.org	Date & Time Received: Application #:

PLEASE READ THIS INFORMATION CAREFULLY BEFORE COMPLETING THIS FORM.

If you, or anyone in your household, is a person with disabilities and you require a specific accommodation in order to fully utilize our program and services, please contact the Executive Director.

If you, or anyone in your household, is a person with Limited English Proficiency and you require special accommodations to utilize our program and services, please contact the Executive Director.

The Executive Director, Viki McDonald, may be reached by calling 607-272-7054 or via email at viki@mcgrawhouse.org.

- Please answer all questions on this application. Do not leave any questions blank.
- Please print all answers.
- The information that you provide on this application must be true and complete.
- All adult household members applying for residency must sign this application.
- Once your completed application is returned to McGraw House, it will be time and date stamped, numbered, and placed on our waiting list. We will also send you a letter confirming your placement on the waiting list and provide you with an application number. If you would like to see where you are on the waiting list, you may do so by going online to https://housingsearch.hcr.ny.gov/housing/s/ to review your waiting list status.

HOUSEHOLD COMPOSITION (of people applying to reside at McGraw House)**:**

CONTACT INFORMATION:

Name of Head of Household: _____
Last **First** **MI**

Current Address: _____ / _____
Street **Apt**

_____
City **State** **Zip**

Mailing Address: _____ / _____
Street **Apt**

_____
City **State** **Zip**

Phone Number: _____**(home)** _____**(cell)**

E-mail Address: _____

Household Members Full Name (first and last)	**Relationship to Head of Household**	**Date of Birth**	**Social Security Number**
	Head of Household		

Please Note:
Preference may be given to all veterans, or their surviving spouse, who served on active duty for other than training purposes, were honorably discharged, and currently reside in New York State. Priority may also be provided to ensure that at least eight (8) housing units shall be occupied by Special Needs/Frail Elderly Residents at all times.

1. Are you a US Veteran who served in active duty, or their surviving spouse who did not remarry after the Veteran's death? ☐ Yes ☐ No

   If yes, a copy of the DD214 (or NAVPERS-553 or NAVMC78-PD if applicable) and documentation of residency in New York state is required with this application. If you are a surviving spouse, you must also supply a death certificate showing proof of marriage to the Veteran at their time of death.

2. Do you, or anyone applying for residency at McGraw House, require assistance with any of the following Activities of Daily Living (ADLs) or Instrumental Activities of Daily Living (IADLs)?
   ☐ Yes ☐ No

   Please check yes above if any of the following apply:

   Activities of Daily Living (ADLs) fall into six categories of basic skills:

   ____ Feeding/Eating: being able to get food from a plate into one's mouth.
   ____ Dressing/Grooming: selecting clothes, putting them on, and adequately managing one's personal appearance.
   ____ Toileting: getting to and from the toilet, using it appropriately, and cleaning oneself.
   ____ Bathing: washing one's face and body in the bath or shower.
   ____ Transferring: ability to move from one body position to another. This includes being able to move from a bed to a chair, or into a wheelchair. This can also include the ability to stand up from a bed or chair in order to grasp a walker or other assistive device.
   ____ Ambulating: or otherwise getting around the home or outside.

   Instrumental Activities of Daily Living (IADLs) have eight areas of assessment:

   ____ Managing Finances: such as paying bills and managing financial assets.
   ____ Managing Transportation: either via driving or by organizing other means of transport.
   ____ Shopping: the ability to independently shop for food, clothing and personal care items
   ____ Cooking: the ability to plan, prepare and serve adequate meals.
   ____ Housecleaning/Home Maintenance: cleaning kitchen after eating, keeping one's living space reasonably clean and tidy, and keeping up with home maintenance.
   ____ Laundering: ability to wash and dry own personal laundry.
   ____ Communication: the ability to operate the telephone and mail.
   ____ Managing Medications: obtaining medications and taking them as directed.

HOUSEHOLD INCOME (of people applying to reside at McGraw House)**:**

Identify each source of income currently received for all household members applying for residency:

Social Security, SSD or SSI..... ☐ Yes ☐ No
Pension..... ☐ Yes ☐ No
Veteran's Benefits..... ☐ Yes ☐ No
Wages, Salaries, Tips, Fees or Commissions from an Employer (full or part time)..... ☐ Yes ☐ No
Alimony / Spousal Maintenance..... ☐ Yes ☐ No
Interest / Dividends..... ☐ Yes ☐ No
Disability Compensation..... ☐ Yes ☐ No
Unemployment Benefits..... ☐ Yes ☐ No
Worker's Compensation..... ☐ Yes ☐ No
Regular or Special Military Pay..... ☐ Yes ☐ No
Child Support Payments..... ☐ Yes ☐ No
TANF / Public Assistance Benefits..... ☐ Yes ☐ No
Trust Income..... ☐ Yes ☐ No
Foster Care or Adoption Subsidy..... ☐ Yes ☐ No
Regular Contributions or Gifts..... ☐ Yes ☐ No
Any Other Income..... ☐ Yes ☐ No

List specific information for all sources of income checked "yes":

Name	Income Source	Gross Amount	Frequency (circle one)
			Week / Bi-Weekly / Month Bi-Monthly / Annual
			Week / Bi-Weekly / Month Bi-Monthly / Annual
			Week / Bi-Weekly / Month Bi-Monthly / Annual
			Week / Bi-Weekly / Month Bi-Monthly / Annual
			Week / Bi-Weekly / Month Bi-Monthly / Annual
			Week / Bi-Weekly / Month Bi-Monthly / Annual
			Week / Bi-Weekly / Month Bi-Monthly / Annual
			Week / Bi-Weekly / Month Bi-Monthly / Annual

OTHER INFORMATION

3. Do you currently receive Section 8 Housing Choice Voucher rental assistance? ☐ Yes ☐ No

   If yes, what agency administers your Section 8 voucher? _____

4. What size apartment are you applying for? ☐ studio ☐ one bedroom ☐ either size
   (please note that studio apartments are available quicker and more often)

5. Do you require any special requirements with the unit you rent? ☐ Yes ☐ No

   If yes, please explain: _____

   (please note that special requirements can extend your wait for an apartment)

6. Will you require parking? ☐ Yes ☐ No
   (please note that parking spaces are limited and rented on a "first come, first served" basis)

7. Will you have a pet? ☐ Yes ☐ No

   If yes, please explain (type of animal, size, breed, etc.): _____

   _____

8. McGraw House has a policy of performing criminal background inquiries for all adult household members. Have you or anyone in your household applying for housing ever been arrested for a felony or any drug related or violent criminal activity? ☐ Yes ☐ No

   If yes, please explain: _____

9. Is there anyone applying for housing that is subject to a lifetime sex offender registration program?

   ☐ Yes ☐ No *If yes*, who?: _____ What state? _____

10. How did you hear about McGraw House? (check all that apply)

    ☐ McGraw Resident ☐ Family/Friends ☐ Website ☐ Office of Aging ☐ Leading Age

    ☐ CNY Latino ☐ Other (please describe): _____

ADDITIONAL CONTACT INFORMATION

If I, the applicant, cannot be reached, please contact:

Name: _____ Relationship: _____

Address: _____

_____

Phone: _____ E-mail: _____

I give permission to provide information regarding the status of my application to the following people:

_____

☐ Check this box if you do NOT wish to provide additional contact information.

INFORMATION FOR McGRAW HOUSE APPLICANTS

- McGraw House is a smoke-free facility.
- Applicants must supply verification that at least one household member listed on the application is age 62 or older.
- Applicants applying for the veteran's preference must provide verification of that preference by submitting Form DD214 (or NAVPERS-553 or NAVMC78-PD if applicable) verifying that preference; In addition, surviving spouses of veterans must also supply a death certificate of the deceased spouse.
- Heat, electricity, hot water, air conditioning, water, sewer, and trash are included in the rent. The heat is radiated hot water and each apartment is equipped with its own thermostat.
- There is a coin-operated laundry facility on site.
- Parking fees: "Open" spaces = $20 per month and "Covered" spaces = $40 per month (spaces are limited and prices subject to change)
- McGraw House is not licensed to provide any health care or medical services to its residents and does not provide any assistance with activities of daily living. I understand McGraw House staff or other residents cannot provide this assistance. Instead, I understand I may obtain assistance through community professionals, family members, my own housekeeper, a home health aide, or other outside resources.
- McGraw House offers a dining program five days per week (no dinner on Saturdays, Sundays or Holidays) at 5:00pm each day. Meals are not included in the rental charge.
- The waiting list will be updated/purged no less than bi-annually to ensure that all applicants and applicant information is current and timely. To update the waiting list, McGraw House will send an update request via first class mail to each applicant on the waiting list to determine whether the applicant continues to be interested in remaining on the waiting list. The update request will provide a deadline by which the family must respond. Failure to comply will result in the applicant's removal from the waiting list.
- Please notify McGraw House of any changes with your mailing address within 30 days of the change. All changes must be submitted in writing (email is acceptable). Failure to do so may result in the removal of your application from the waiting list.

I understand that in order for McGraw House to determine my eligibility for residency, I will consent for the agency to perform a criminal background and sex offender registration checks, residency reference checks, and credit checks of all adult applicants. I understand my application will be rejected if I do not consent to these checks.

I will include a copy of the following to verify that at least one household member listed on this application is age 62 or older:

☐ Driver's License ☐ Birth Certificate ☐ Passport ☐ Permanent Resident Card
☐ Social Security Administration Statement with DOB stated

I agree to the terms of the above statements. I affirm that all answers provided in this application are true and correct and are made for the purpose of renting an apartment. I understand that all reported information requires verification and documentation, and that making any false claims or statements, or committing any forms of fraud related to my application for residency at McGraw House, are grounds for rejection of my application and/or lease termination.

Signature of Applicant: _____ Date: _____

Signature of Co-Applicant: _____ Date: _____