

McGraw House
Preliminary Application for Residency



McGRAW HOUSE CONTACT INFORMATION

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

OFFICE USE ONLY:

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://hcr.ny.gov>, scroll (very bottom of page) and click on "Forms & Applications", click on "Applications/Online Services", and then click on "Mitchell-Lama Automated Waiting List (AWL) Public Access Functions" in order to review your waiting list status.

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

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 in the time of war, as defined in Section 85 of the Civil Service Law, and 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.

- 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 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.

- 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

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

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

4. Do you file federal and state income taxes? Yes No

*If yes, you must submit a copy of **page one and two** of your most recent Federal tax return with this application.*

RESIDENTIAL HISTORY

Please provide last **FIVE (5) YEARS** of rental/housing history:

Current Address: _____ _____ Street, Apt # _____ City, _____ State, _____ Zip
Landlord Name or Mortgage Lender: _____ Phone Number: _____
Date Moved In: _____ Rent/Mortgage: \$ _____
Reason for Leaving: _____
Rent <input type="checkbox"/> or Own <input type="checkbox"/>

Previous Address: _____ _____ Street, Apt # _____ City, _____ State, _____ Zip
Landlord Name or Mortgage Lender: _____ Phone Number: _____
Date Moved In: _____ Rent/Mortgage: \$ _____
Reason for Leaving: _____
Rent <input type="checkbox"/> or Own <input type="checkbox"/>

5. Are you currently homeless? Yes No

6. Have you ever been evicted from tenancy, broken a lease, or sued for rent or damages?

Yes No

If yes, please list date and explain: _____

7. Have you ever filed for bankruptcy? Yes No

If yes, please list date and explain: _____

8. Please list ALL states in which you have lived or have held a license to drive: _____

9. Have you ever rented from McGraw House before? Yes No

If yes, when: _____

OTHER INFORMATION

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

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

12. Will you have a pet? Yes No
If yes, please explain (type of animal, size, breed, etc.): _____

13. Will you or any household member require a Live-in-Aide attendant in order to live independently?
 Yes No

14. 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: _____

15. Is there anyone applying for housing that is subject to a lifetime sex offender registration program?
 Yes No *If yes, who?:* _____ *What state?* _____

16. 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 (and for service in Lebanon, Grenada, or Panama, the award of an appropriate expeditionary medal) indicating 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 six days per week (no dinner on Saturdays) at 5:00pm each day. Meal prices: Residents = \$8 per meal, Guests = \$12 per meal, and Children (age 12 and under) = \$5 per meal (prices subject to change)
- The waiting list will be updated/purged 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 Applicant: _____ Date: _____

McGraw House
Notice of Occupancy Rights under the Violence Against Women Act

To all Tenants and Applicants

The Violence Against Women Act (VAWA) provides protections for victims of domestic violence, dating violence, sexual assault, or stalking. VAWA protections are not only available to women, but are available equally to all individuals regardless of sex, gender identity, or sexual orientation.¹ This notice explains your rights under VAWA. A HUD-approved certification form is attached to this notice. You can fill out this form to show that you are or have been a victim of domestic violence, dating violence, sexual assault, or stalking, and that you wish to use your rights under VAWA.”

Protections for Applicants

If you otherwise qualify for assistance, you cannot be denied admission or denied assistance because you are or have been a victim of domestic violence, dating violence, sexual assault, or stalking.

Protections for Tenants

You may not be denied assistance, terminated from participation, or be evicted from your rental housing because you are or have been a victim of domestic violence, dating violence, sexual assault, or stalking.

Also, if you or an affiliated individual of yours is or has been the victim of domestic violence, dating violence, sexual assault, or stalking by a member of your household or any guest, you may not be denied rental assistance or occupancy rights solely on the basis of criminal activity directly relating to that domestic violence, dating violence, sexual assault, or stalking.

Affiliated individual means your spouse, parent, brother, sister, or child, or a person to whom you stand in the place of a parent or guardian (for example, the affiliated individual is in your care, custody, or control); or any individual, tenant, or lawful occupant living in your household.

Removing the Abuser or Perpetrator from the Household

McGraw House (otherwise known as “O/A” for Owner/Agent for purposes of this document) may divide (bifurcate) your lease in order to evict the individual or terminate the assistance of the individual who has engaged in criminal activity (the abuser or perpetrator) directly relating to domestic violence, dating violence, sexual assault, or stalking.

If the O/A chooses to remove the abuser or perpetrator, the O/A may not take away the rights of eligible tenants to the unit or otherwise punish the remaining tenants. If the evicted abuser or perpetrator was the sole tenant to have established eligibility for assistance under the program, the O/A must allow the tenant who is or has been a victim and other household members to remain in the unit for a period of time, in order to establish eligibility under the program or under another HUD housing program covered by VAWA, or, find alternative housing.

In removing the abuser or perpetrator from the household, the O/A must follow Federal, State, and local eviction procedures. In order to divide a lease, the O/A may, but is not required to, ask you for documentation or certification of the incidences of domestic violence, dating violence, sexual assault, or stalking.

Moving to Another Unit

¹ Housing providers cannot discriminate on the basis of any protected characteristic, including race, color, national origin, religion, sex, familial status, disability, or age. HUD-assisted and HUD-insured housing must be made available to all otherwise eligible individuals regardless of actual or perceived sexual orientation, gender identity, or marital status.

Upon your request, the O/A may permit you to move to another unit, subject to the availability of other units, and still keep your assistance. In order to approve a request, the O/A may ask you to provide documentation that you are requesting to move because of an incidence of domestic violence, dating violence, sexual assault, or stalking. If the request is a request for emergency transfer, the housing provider may ask you to submit a written request or fill out a form where you certify that you meet the criteria for an emergency transfer under VAWA. The criteria are:

1. **You are a victim of domestic violence, dating violence, sexual assault, or stalking.** If your housing provider does not already have documentation that you are a victim of domestic violence, dating violence, sexual assault, or stalking, your housing provider may ask you for such documentation, as described in the documentation section below.
2. **You expressly request the emergency transfer.** Your housing provider may choose to require that you submit a form, or may accept another written or oral request.
3. **You reasonably believe you are threatened with imminent harm from further violence if you remain in your current unit.** This means you have a reason to fear that if you do not receive a transfer you would suffer violence in the very near future.

OR

You are a victim of sexual assault and the assault occurred on the premises during the 90-calendar-day period before you request a transfer. If you are a victim of sexual assault, then in addition to qualifying for an emergency transfer because you reasonably believe you are threatened with imminent harm from further violence if you remain in your unit, you may qualify for an emergency transfer if the sexual assault occurred on the premises of the property from which you are seeking your transfer, and that assault happened within the 90-calendar-day period before you expressly request the transfer.

The O/A will keep confidential requests for emergency transfers by victims of domestic violence, dating violence, sexual assault, or stalking, and the location of any move by such victims and their families.

The O/A's emergency transfer plan provides further information on emergency transfers, and the O/A must make a copy of its emergency transfer plan available to you if you ask to see it.

Documenting You Are or Have Been a Victim of Domestic Violence, Dating Violence, Sexual Assault or Stalking

The O/A can, but is not required to, ask you to provide documentation to "certify" that you are or have been a victim of domestic violence, dating violence, sexual assault, or stalking. Such request from the O/A must be in writing, and the O/A must give you at least 14 business days (Saturdays, Sundays, and Federal holidays do not count) from the day you receive the request to provide the documentation. The O/A may, but does not have to, extend the deadline for the submission of documentation upon your request.

You can provide one of the following to the O/A as documentation. It is your choice which of the following to submit if the O/A asks you to provide documentation that you are or have been a victim of domestic violence, dating violence, sexual assault, or stalking.

- A complete HUD-approved certification form given to you by the O/A with this notice, that documents an incident of domestic violence, dating violence, sexual assault, or stalking. The form will ask for your name, the date, time, and location of the incident of domestic violence, dating violence, sexual assault, or stalking, and a description of the incident. The certification form provides for including the name of the abuser or perpetrator if the name of the abuser or perpetrator is known and is safe to provide.
- A record of a Federal, State, tribal, territorial, or local law enforcement agency, court, or administrative agency that documents the incident of domestic violence, dating violence,

sexual assault, or stalking. Examples of such records include police reports, protective orders, and restraining orders, among others.

- A statement, which you must sign, along with the signature of an employee, agent, or volunteer of a victim service provider, an attorney, a medical professional or a mental health professional (collectively, “professional”) from whom you sought assistance in addressing domestic violence, dating violence, sexual assault, or stalking, or the effects of abuse, and with the professional selected by you attesting under penalty of perjury that he or she believes that the incident or incidents of domestic violence, dating violence, sexual assault, or stalking are grounds for protection.
- Any other statement or evidence that the O/A has agreed to accept.

If you fail or refuse to provide one of these documents within the 14 business days, the O/A does not have to provide you with the protections contained in this notice.

If the O/A receives conflicting evidence that an incident of domestic violence, dating violence, sexual assault, or stalking has been committed (such as certification forms from two or more members of a household each claiming to be a victim and naming one or more of the other petitioning household members as the abuser or perpetrator), the O/A has the right to request that you provide third-party documentation within thirty 30 calendar days in order to resolve the conflict. If you fail or refuse to provide third-party documentation where there is conflicting evidence, the O/A does not have to provide you with the protections contained in this notice.

Confidentiality

The O/A must keep confidential any information you provide related to the exercise of your rights under VAWA, including the fact that you are exercising your rights under VAWA.

The O/A must not allow any individual administering assistance or other services on behalf of the O/A (for example, employees and contractors) to have access to confidential information unless for reasons that specifically call for these individuals to have access to this information under applicable Federal, State, or local law.

The O/A must not enter your information into any shared database or disclose your information to any other entity or individual. The O/A, however, may disclose the information provided if:

- You give written permission to the O/A to release the information on a time limited basis.
- The O/A needs to use the information in an eviction or termination proceeding, such as to evict your abuser or perpetrator or terminate your abuser or perpetrator from assistance under this program.
- A law requires the O/A or your landlord to release the information.

VAWA does not limit the O/A’s duty to honor court orders about access to or control of the property. This includes orders issued to protect a victim and orders dividing property among household members in cases where a family breaks up.

Reasons a Tenant Eligible for Occupancy Rights under VAWA May Be Evicted or Assistance May Be Terminated

You can be evicted and your assistance can be terminated for serious or repeated lease violations that are not related to domestic violence, dating violence, sexual assault, or stalking committed against you. However, the O/A cannot hold tenants who have been victims of domestic violence, dating violence, sexual assault, or stalking to a more demanding set of rules than it applies to tenants who have not been victims of domestic violence, dating violence, sexual assault, or stalking.

The protections described in this notice might not apply, and you could be evicted and your assistance terminated, if the O/A can demonstrate that not evicting you or terminating your assistance would present a real physical danger that:

1. Would occur within an immediate time frame, and

2. Could result in death or serious bodily harm to other tenants or those who work on the property.

If the O/A can demonstrate the above, the O/A should only terminate your assistance or evict you if there are no other actions that could be taken to reduce or eliminate the threat.

Other Laws

VAWA does not replace any Federal, State, or local law that provides greater protection for victims of domestic violence, dating violence, sexual assault, or stalking. You may be entitled to additional housing protections for victims of domestic violence, dating violence, sexual assault, or stalking under other Federal laws, as well as under State and local laws.

Non-Compliance with The Requirements of This Notice

You may report a covered housing provider's violations of these rights and seek additional assistance, if needed, by contacting or filing a complaint with NYS Homes and Community Renewal (HCR) at 518-474-9583.

For Additional Information

You may view a copy of HUD's final VAWA rule at

<https://portal.hud.gov/hudportal/documents/huddoc?id=5720-F-03VAWAFinRule.pdf>.

Additionally, the O/A must make a copy of HUD's VAWA regulations available to you if you ask to see them.

For help regarding an abusive relationship, you may call the National Domestic Violence Hotline at 1-800-799-7233 or, for persons with hearing impairments, 1-800-787-3224 (TTY).

For tenants who are or have been victims of stalking seeking help may visit the National Center for Victims of Crime's Stalking Resource Center at <https://www.victimsofcrime.org/our-programs/stalking-resource-center>.

For local help regarding an abusive relationship, sexual assault or stalking, you may contact the Advocacy Center at 607-277-5000.