



## PRE-APPLICATION INFORMATION AND GUIDELINES

### Age and Income Eligibility

Linden Knoll provides senior living apartments and related services to persons aged 62 and older. In the case of a couple, one resident may be younger than age 62 provided that the other resident meets the minimum age requirement.

Linden Knoll provides market rate, non-subsidized housing to seniors of moderate income. **The minimum income requirement is \$25,000 per year.** This requirement may, at Linden Knoll's sole discretion, be waived if an applicant does not meet the minimum income requirement but provides documentation of assets sufficient to meet rental payments and living expenses without hardship. The minimum income requirement may also be waived by Linden Knoll if applicant exercises the guarantor provision of the lease agreement by designating a third party who agrees to guarantee rental payments. In this case, Linden Knoll may require disclosure of financial information necessary to verify the guarantor's ability to meet the financial obligations as guarantor.

### Monthly Rent

Currently, the month rent at Linden Knoll is \$1,116. This rental amount includes all utilities, internet and cable television but excludes telephone. Linden Knoll offers a wide variety of optional services including dining services, housekeeping and laundry, and an on-site convenience store. There is an emergency response system in every apartment; when used, a staff member from the Friendly Home will respond and there is a \$25 fee for this service. Numerous recreational programs are available, most of which are at no cost. There are also ongoing opportunities to take part in social events, functions, and volunteer programs.

### Documentation of Annual Income

Each applicant is required to provide a copy of the most recent year's federal income tax return. In the event that an applicant is not required to file a federal tax return, copies of statements documenting annual income will be required instead, such as pension statements, social security statement, and statements detailing other sources of non-taxable income. Applications will not be processed without accompanying documentation of annual income. All income information provided to Linden Knoll is treated in a strictly confidential manner.

### Maximum Income Limit/Rental Surcharges

Applicants whose federal adjusted gross income exceeds Linden Knoll's maximum income limit of \$78,120 will be required to pay a monthly rental surcharge. Attached is a copy of the surcharge schedule currently in effect. Under no circumstance will a resident be required to pay more than a 50% rental surcharge.

### Security Deposit

Upon accepting an apartment, a refundable Security/Damage Deposit of \$1,116 (one month's rent) is required to secure your apartment, not subject to normal wear and tear.

Equal Housing Opportunity

Linden Knoll provides housing and services to older adults, and in its leasing, services provision and operating practices does not discriminate on the basis of race, color, religion, handicap, familial status, or national origin.

If you have any questions, please call Samantha Tercero at (585) 789-4604 or email [stercero@lindenknoll.org](mailto:stercero@lindenknoll.org).

**Application for Residency**

All information furnished herein is regarded as confidential

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

Street

City

State

Zip Code

TELEPHONE \_\_\_\_\_ Social Security Number \_\_\_\_\_

Length of time at present address \_\_\_\_\_ Date of Birth \_\_\_\_\_

E-mail \_\_\_\_\_

Other Person to occupy apartment

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Date of Birth \_\_\_\_\_ Social Security Number \_\_\_\_\_

Alternative Person to contact in case we cannot reach you

Name \_\_\_\_\_ Telephone \_\_\_\_\_

Email \_\_\_\_\_

**HEALTH INFORMATION**

1. Are you capable of residing in an apartment at Linden Knoll and carrying on your normal routines without assistance from anyone else?

**First Person**    Yes    No        **Second Person**    Yes    No

If NO, Please briefly describe the assistance you would require.

**First Person** \_\_\_\_\_

**Second Person** \_\_\_\_\_

2. Please describe any major change in your health status in the past three years.

**First Person** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Second Person** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Please describe any chronic illnesses or disabilities you have (cancer, diabetes, heart disease, stroke, neurological disease, serious infectious disease, etc.).

**First Person** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Second Person** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Please list and describe the reasons for any periods of hospitalization, including psychiatric illness, you have had in the past three years. Specify any surgeries.

**First Person** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Second Person** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Please provide the name, address and telephone number of your primary care physician.

**First Person**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Second Person**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. Please list the names of any other physicians or health professionals you have seen in the last 12 months, and indicate their areas of specialty.

**First Person** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Second Person** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. How would you describe your overall state of health?

<b>First Person</b>	Excellent	Good	Fair	Poor
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<b>Second Person</b>	Excellent	Good	Fair	Poor
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**INSURANCE INFORMATION**

Social Security Number	Medicare Number	Medicaid Number
- -		
Medicare Part A	Yes [ ] No [ ]	Medicare Part B
		Yes [ ] No [ ]
Other Supplemental Insurance	Yes [ ] No [ ]	Policy Number
		Group Number
Long Term Care Policy	Yes [ ] No [ ]	Policy Number
		Contact Phone Number
		- -
If yes, please provide a copy of the long-term care policy for review of assisted living provisions and benefits.		

**FINANCIAL INFORMATION**

<p><u>Monthly Income</u></p> <p>1. Social Security \$ _____</p> <p>2. Pension/Retirement \$ _____</p> <p>3. Other Income \$ _____ (income from employment will not be considered)</p> <p>Source/description _____</p>	<p><u>Assets and Liabilities</u></p> <p>1. Savings &amp; CDs \$ _____</p> <p>2. Stocks &amp; Bonds \$ _____</p> <p>3. Trust &amp; Estate Equities \$ _____</p> <p>4. Value of Real Estate \$ _____</p> <p>5. Address(es) of Real Estate \$ _____</p> <p>Other Assets: \$ _____</p> <p>Total Assets: \$ _____</p> <p>Total Liabilities \$ _____</p>
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**PERSONAL PROPERTY AND FINANCIAL ASSETS**

Bank Account Type	Balance	Bank	City	Account Number
Bank Account Type	Balance	Bank	City	Account Number
Bank Account Type	Balance	Bank	City	Account Number

Is there a Guarantor (co-signer) intended to accompany the application, to fund residency at Linden Knoll?

YES \_\_\_\_\_ NO \_\_\_\_\_

**If YES, Please complete Guarantor Application**

I have read and understand the pre-application information and guidelines provided with this application. This application for residency and the accompanying information furnished to Linden Knoll is, to the best of my knowledge, complete, true and accurate. If I become aware of any material omission or misstatement regarding application information I have provided, I agree to disclose this information promptly to Linden Knoll. In making application for residency, I acknowledge that Linden Knoll provides Independent living and related services to adults aged 62 and over. There are no physical, mental or emotional conditions that may limit my/our ability to live independently in an apartment at Linden Knoll with reasonable accommodation.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**FINANCIAL INFORMATION FOR GUARANTOR**

Guarantor Name \_\_\_\_\_

Relationship to Applicant \_\_\_\_\_

Guarantor Address and Contact Information (guarantor will receive a copy of the monthly charges incurred)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Guarantor email address \_\_\_\_\_

**FINANCIAL INFORMATION FOR GUARANTOR**

Monthly Income

- 4. Social Security \$ \_\_\_\_\_
- 5. Pension/Retirement \$ \_\_\_\_\_
- 6. Other Income \$ \_\_\_\_\_

Please describe:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Assets and Liabilities

- 6. Savings & CDs \$ \_\_\_\_\_
- 7. Stocks & Bonds \$ \_\_\_\_\_
- 8. Trust & Estate Equities \$ \_\_\_\_\_
- 9. Value of Real Estate \$ \_\_\_\_\_
- 10. Address(es) of Real Estate \$ \_\_\_\_\_

Other Assets: \$ \_\_\_\_\_  
Total Assets: \$ \_\_\_\_\_  
Total Liabilities \$ \_\_\_\_\_

I have read and understand the pre-application information and guidelines provided with this application. This application for residency and the accompanying information furnished to Linden Knoll is, to the best of my knowledge, complete, true and accurate. If I become aware of any material omission or misstatement regarding application information I have provided, I agree to disclose this information promptly to Linden Knoll. In making application for residency, I acknowledge that Linden Knoll provides Independent living and related services to adults aged 62 and over. There are no physical, mental or emotional conditions that may limit my/our ability to live independently in an apartment at Linden Knoll with reasonable accommodation.

Guarantor Signature \_\_\_\_\_ Date \_\_\_\_\_

