



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.

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?

First Person	Excellent	Good	Fair	Poor
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Second Person	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 & CDs \$ _____</p> <p>2. Stocks & Bonds \$ _____</p> <p>3. Trust & 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
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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_____

Linden Knoll
Rental Surcharge Schedule
Effective February 1, 2023

Base Monthly Rent \$1,116.00
Income Limit for Surcharge Calculations \$78,120.00

Income Range	Base Rent	Percent Surcharge	Surcharge Amount	Total Rent
\$78,120 – or less	\$1,116.00	0%	\$0.00	\$1,116.00
\$78,121 - \$82,027	\$1,116.00	5%	\$55.80	\$1,171.80
\$82,028 - \$86,129	\$1,116.00	10%	\$111.60	\$1,227.60
\$86,130 - \$90,437	\$1,116.00	15%	\$167.40	\$1,283.40
\$90,438 - \$94,960	\$1,116.00	20%	\$223.20	\$1,339.20
\$94,961 - \$99,709	\$1,116.00	25%	\$279.00	\$1,395.00
\$99,710 - \$104,696	\$1,116.00	30%	\$334.80	\$1,450.80
\$104,697 - \$109,932	\$1,116.00	35%	\$390.60	\$1,506.60
\$109,933 - \$115,430	\$1,116.00	40%	\$446.40	\$1,562.40
\$115,431- \$121,203	\$1,116.00	45%	\$502.20	\$1,618.20
More than \$121,204	\$1,116.00	50%	\$558.00	\$1,674.00