

MAIL YOUR APPLICATION TO:

Devon Management
2 Liberty Court, Suite 2 ♦ Warwick, NY 10990

Do not mail your application to the property

Please ☒ ALL the Properties you will like to apply for residency.

☐	AMBER GROVE • 1000 Heidi Court • New Windsor, NY 12553	(845) 561-5600	Ambergrove@devonmgt.com
☐	DEVON WOODS • One Crescent Ave • Warwick, NY 10990	(845) 987-2299	Devon@devonmgt.com
☐	ELLENVILLE SENIOR HOUSING • 15 Healthy Way • Ellenville, NY 12428	(845) 647-4772	Ellenville@devonmgt.com
☐	LIBERTY GREEN I & II & III • 2 Liberty Court • Warwick, NY 10990	(845) 986-7701	Liberty@devonmgt.com
☐	MONROE COMMONS • 5 North Main Street • Monroe, NY 10950	(845) 781-0151	Monroe@devonmgt.com
☐	MONTGOMERY MANOR • 4 Brescia Way • Montgomery, NY 12549	(845) 335-7223	Montgomery@devonmgt.com
☐	NEW WINDSOR SENIOR HOUSING • 2115 Senior Ct • New Windsor, NY 12553	(845) 561-2688	Newwindsor@devonmgt.com
☐	NORTHGATE MANOR • 103 Railroad Ave • Goshen, NY 10924	(845) 291-7278	Northgate@devonmgt.com
☐	PINECREST SENIOR HOUSING • 67 Boniface Drive • Pine Bush, NY 12566	(845) 363-4179	Pincrest@devonmgt.com
☐	REGENCY MANOR • 74 Sturgis Road • Monticello, NY 12701	(845) 791-7666	Regency@devonmgt.com
☐	TEMPLE HILL 6 • 1000 Nicholas Brooks Court • New Windsor, NY 12553	(845) 563-0753	Templehill@devonmgt.com
☐	ULSTER GARDENS SENIOR APTS • 2000 Ulster Garden Ct. • Kingston, NY 12401	(845) 514-2889	Ulstergardens@devonmgt.com
☐	WATER'S EDGE SENIOR APTS • 208 East Main Street • Port Jervis, NY 12771	(845) 856-0200	Waters2@devonmgt.com
☐	WESTFALL SENIOR APTS • 135 Hurst Drive. • Matamoras, PA 18336	(570) 335-3683	Westfall@devonmgt.com

NO PAYMENT OR FEE should be given to anyone in connection with the preparation, filing or processing of this application.
Please answer ALL questions. Do not leave any space blank, write "No or N/A" where appropriate. White-out is not acceptable.
PLEASE PRINT CLEARLY an Incomplete Application cannot be processed. Duplicate applications will not be accepted.

APPLICANT CONTACT INFORMATION

👤 HEAD OF HOUSEHOLD

First Name	Last Name	M.I.	Telephone & Email information		
			Home Phone #: ()		
			Cell Phone #: ()		
			Email:		
Current Address			City	State	Zip Code

👤 CO-HEAD (Adult 18 years and older) Please check here ☐ if there is no co-applicant

First Name	Last Name	M.I.	Telephone & Email information		
			Home Phone #: ()		
			Cell Phone #: ()		
			Email:		
Current Address			City	State	Zip Code



Income Restrictions Apply

Website: www.devonmgt.com

HOUSEHOLD COMPOSITION *List all persons, including yourself, and who are expected to reside in the unit.*

Household Members #	Names	Relationship To Head	Birth Date	Social Security Number (must be provided)	Student Yes or No	Employed Yes or No
1. Head		Self	/ /	Social Security number and copy of card will be required at the eligibility interview.	☐ Y ☐ N	☐ Y ☐ N
2.			/ /		☐ Y ☐ N	☐ Y ☐ N

◆	Is any member of your household a United States Veteran, member of the Armed Forces, Active Duty or Reserves? ☐ Y ☐ N
◆	Do you anticipate changes in the household size within the next 12 months? ☐ Yes ☐ No
◆	Are all household members' full time students? ☐ Yes ☐ No <i>(A full time student is anyone who is enrolled for at least five (5) calendar months during this taxable year for the number of hours or courses which are considered full-time attendance by that institution. The five months need not be consecutive.)</i>
◆	Do all of the above household members reside in the household 100% of the time? ☐ Yes ☐ No
◆	Is any member of your household disabled or have special needs? ☐ Yes ☐ No
◆	I agree to receive SMS text messages from Devon Management* ☐ Yes ☐ No I understand that message and data rates may apply. ☐ Yes ☐ No
◆	Does any member of your household receive support services from any of the following: ☐ Yes ☐ No If yes, please select the agency that is providing assistance ☒ ☐ ACCESS ☐ RSS ☐ Gateway Industries ☐ Independent Livings Services ☐ Other: _____

UNIT SIZE REQUESTED

◆	Unit Size Requested: ☐ 1 bedroom ☐ 2 bedroom (please note not all properties have 2 bedrooms)
◆	Are there any special accommodations that the household will require (e.g., unit for mobility impaired, unit for visually impaired, unit for hearing impaired, live-in aide, etc.)? _____ ☐ Yes ☐ No

SPECIAL NEEDS

NYS Homes & Community Renewal has identified the "frail elderly" as one of the special needs populations under their targeting initiative. Frail elderly persons are defined as persons aged 55 and over requiring assistance with 1 or more *Activities of Daily Living* or 2 or more *Instrumental Activities of Daily Living*. Also, persons aged 55 and over who have limitations in mental capacity or emotional strength and motivation that affect their capacity to viably live independently; that is, without assistance or intervention.

◆	Does anyone in your household have special needs? ☐ Yes ☐ No ☐ N/A If YES, please select below all that applies										
◆	Do you require aide in one or more of the following activities? ☒ below all that applies:										
☞	<table border="0"><tr><td>Bathing</td><td>Transferring: moving between bed and chair/wheelchair</td></tr><tr><td>Dressing</td><td>Toileting: getting to/from toilet; transferring on/off toilet</td></tr><tr><td>Eating</td><td>Mobility: move about by self or with adaptive equipment</td></tr><tr><td>Grooming/Personal Hygiene</td><td></td></tr></table> Total boxes ☒ _____	Bathing	Transferring: moving between bed and chair/wheelchair	Dressing	Toileting: getting to/from toilet; transferring on/off toilet	Eating	Mobility: move about by self or with adaptive equipment	Grooming/Personal Hygiene			
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Dressing	Toileting: getting to/from toilet; transferring on/off toilet										
Eating	Mobility: move about by self or with adaptive equipment										
Grooming/Personal Hygiene											
◆	How many of the following activities of daily living do you need help with? ☒ below all that applies:										
☞	<table border="0"><tr><td>Shopping</td><td>Housework/cleaning</td></tr><tr><td>Laundry</td><td>Getting to places out of walking ability</td></tr><tr><td>Chores</td><td>Handle personal business/finances</td></tr><tr><td>Use telephone</td><td>Capacity to direct home care personnel</td></tr><tr><td>Self-administer medications</td><td>Prepare/cook meals</td></tr></table> Total boxes ☒ _____	Shopping	Housework/cleaning	Laundry	Getting to places out of walking ability	Chores	Handle personal business/finances	Use telephone	Capacity to direct home care personnel	Self-administer medications	Prepare/cook meals
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Self-administer medications	Prepare/cook meals										

REAL ESTATE PROPERTY

◆	Do you now own REAL ESTATE? ☐ Yes ☐ No If Yes, answer the questions below and prepare to provide documentation.				
◆	Do you currently own 100% of the property? ☐ Yes ☐ No		If No, what is the percentage do you own? _____%		
◆	If Real Estate is owned, is it...	For Sale? ☐ Yes ☐ No	Rented? ☐ Yes ☐ No	Vacant? ☐ Yes ☐ No	In Foreclosure? ☐ Yes ☐ No
◆	Please provide the address of the real estate owned.				
☞					

HOUSEHOLD RENTAL HISTORY

◆	Does your household currently have a Section 8 voucher or receive rental subsidy assistance? Name of Agency: _____ What is your current rent portion? \$ _____	☐ Yes ☐ No
◆	Are you currently on a public housing wait list? If yes, Provide the name of housing agency _____	☐ Yes ☐ No

NOTE: THREE (3) YEARS of Rental History Must be provided. If the Co-Applicant has a different rental history, it MUST be provided. If needed, you can use the back of this page to provide the rental history.

◆	Where you currently reside do you... ☐ Rent ☐ Own ☐ Live with Family ☐ Other _____
◆	Monthly Rent/Mortgage \$ _____
◆	How long have you resided at this current residency? _____ Dates of Residency? From: _____ To: _____
	CURRENT Landlord/Family Member/Shelter Name: _____
◆	Address of Landlord/Family Member/Shelter: _____
	Telephone Number: _____ Fax Number: _____
◆	PREVIOUS Landlord: ☐ Rent ☐ Own ☐ Live with Family ☐ Other _____ Dates of Residency? From: _____ To: _____
	Previous Landlord/Family Member/Shelter Name: _____
	Address of Landlord/Family Member/Shelter: _____
	Telephone Number: _____ Fax Number: _____

CURRENT EMPLOYMENT INFORMATION

☐ I Am Not Employed

List all current full and/or part-time employment and/or seasonal employment for ALL household members including self-employed earnings:

Household Member #: _____ Name of Employer/Company: _____	Address _____	Telephone & Fax # _____	Hire Date: ____/____/____ GROSS Annual Income \$ _____
Household Member #: _____ Name of Employer/Company: _____	Address _____	Telephone & Fax # _____	Hire Date: ____/____/____ GROSS Annual Income \$ _____

OTHER

◆	How did you hear about us? _____
◆	Tenant Referral: Tenant Name _____ Location _____ Unit# _____

SOURCES OF INCOME

Anticipated **MONTHLY GROSS** household Income for assistance. *You will be required to provide current documentation for verification purposes.*

Type of Income	Head of Household		Check One	Co-Head	
	Check One	Monthly Gross Income		Check One	Monthly Gross Income
Wages, Salary, etc. through Employment	☐ Yes ☐ No	\$	☐ Yes ☐ No	\$	
Self-Employment Net Income	☐ Yes ☐ No	\$	☐ Yes ☐ No	\$	
Military Pay, including all allowances	☐ Yes ☐ No	\$	☐ Yes ☐ No	\$	
Social Security Benefits	☐ Yes ☐ No	\$	☐ Yes ☐ No	\$	
SSI Benefits	☐ Yes ☐ No	\$	☐ Yes ☐ No	\$	
SSP – OTDA Benefits	☐ Yes ☐ No	\$	☐ Yes ☐ No	\$	
TANF or other Public Assistance	☐ Yes ☐ No	\$	☐ Yes ☐ No	\$	
Food Stamps	☐ Yes ☐ No	\$	☐ Yes ☐ No	\$	
Alimony Support	☐ Yes ☐ No	\$	☐ Yes ☐ No	\$	
Child Support	☐ Yes ☐ No	\$	☐ Yes ☐ No	\$	
Unemployment Compensation	☐ Yes ☐ No	\$	☐ Yes ☐ No	\$	
Workers' Compensation	☐ Yes ☐ No	\$	☐ Yes ☐ No	\$	
Severance Pay	☐ Yes ☐ No	\$	☐ Yes ☐ No	\$	
Retirement Income	☐ Yes ☐ No	\$	☐ Yes ☐ No	\$	
Pensions	☐ Yes ☐ No	\$	☐ Yes ☐ No	\$	
Veterans Benefit	☐ Yes ☐ No	\$	☐ Yes ☐ No	\$	
Annuities Income	☐ Yes ☐ No	\$	☐ Yes ☐ No	\$	
Insurance Policies Income	☐ Yes ☐ No	\$	☐ Yes ☐ No	\$	
Disability or Death Benefits	☐ Yes ☐ No	\$	☐ Yes ☐ No	\$	
Income from Rental Property	☐ Yes ☐ No	\$	☐ Yes ☐ No	\$	
Regularly Recurring gifts	☐ Yes ☐ No	\$	☐ Yes ☐ No	\$	
Grants &/or Scholarships	☐ Yes ☐ No	\$	☐ Yes ☐ No	\$	
Educational Entitlements	☐ Yes ☐ No	\$	☐ Yes ☐ No	\$	
Work Study Programs	☐ Yes ☐ No	\$	☐ Yes ☐ No	\$	
Contributions (monetary or Not) From friends/relatives/etc.?	☐ Yes ☐ No	\$	☐ Yes ☐ No	\$	
Long Term Care Payments	☐ Yes ☐ No	\$	☐ Yes ☐ No	\$	
Income from Training Programs	☐ Yes ☐ No	\$	☐ Yes ☐ No	\$	
♦ LIST OTHER INCOME:					
	☐ Yes ☐ No	\$	☐ Yes ☐ No	\$	
	☐ Yes ☐ No	\$	☐ Yes ☐ No	\$	
♦TOTAL Gross household income last year \$ _____					

HOUSEHOLD ASSETS

LIST ALL ASSETS currently held by all household members and the CURRENT cash value of each. *You will be required to provide current documentation for verification purposes.*

Head of Household			Co-Head		
Type of Asset	Check One	Value of Asset	Check One	Value of Asset	
Checking Accounts	☐ Yes ☐ No	\$	☐ Yes ☐ No	\$	
Savings Accounts	☐ Yes ☐ No	\$	☐ Yes ☐ No	\$	
Direct/Payroll Express Cards	☐ Yes ☐ No	\$	☐ Yes ☐ No	\$	
Cash App/PayPal/Venmo/Square	☐ Yes ☐ No	\$	☐ Yes ☐ No	\$	
Bitcoin/Coinbase	☐ Yes ☐ No	\$	☐ Yes ☐ No	\$	
Certificate of Deposits	☐ Yes ☐ No	\$	☐ Yes ☐ No	\$	
Money Market Funds	☐ Yes ☐ No	\$	☐ Yes ☐ No	\$	
Mutual Funds/Stock	☐ Yes ☐ No	\$	☐ Yes ☐ No	\$	
Treasury Bills	☐ Yes ☐ No	\$	☐ Yes ☐ No	\$	
IRA or 401K	☐ Yes ☐ No	\$	☐ Yes ☐ No	\$	
Company Retirement Accounts	☐ Yes ☐ No	\$	☐ Yes ☐ No	\$	
Annuities Income	☐ Yes ☐ No	\$	☐ Yes ☐ No	\$	
Life Insurance Policies (Whole Life)	☐ Yes ☐ No	\$	☐ Yes ☐ No	\$	
Pension Funds	☐ Yes ☐ No	\$	☐ Yes ☐ No	\$	
Trust Accounts	☐ Yes ☐ No	\$	☐ Yes ☐ No	\$	
Personal Property Held for Investment	☐ Yes ☐ No	\$	☐ Yes ☐ No	\$	
Mortgage or Deed of Trust	☐ Yes ☐ No	\$	☐ Yes ☐ No	\$	
Cash Held in Safety Deposit Boxes, etc.	☐ Yes ☐ No	\$	☐ Yes ☐ No	\$	
House/Real Estate Value	☐ Yes ☐ No	\$	☐ Yes ☐ No	\$	
Rental Property	☐ Yes ☐ No	\$	☐ Yes ☐ No	\$	
Other Investments	☐ Yes ☐ No	\$	☐ Yes ☐ No	\$	
♦ Have you received any lump sum payments such as the following:					
Inheritances	☐ Yes ☐ No	\$	☐ Yes ☐ No	\$	
Lottery or other Winnings	☐ Yes ☐ No	\$	☐ Yes ☐ No	\$	
Insurance Settlements	☐ Yes ☐ No	\$	☐ Yes ☐ No	\$	
Workers' Compensation Settlements	☐ Yes ☐ No	\$	☐ Yes ☐ No	\$	
Social Security Disability Settlements	☐ Yes ☐ No	\$	☐ Yes ☐ No	\$	
Unemployment Settlements	☐ Yes ☐ No	\$	☐ Yes ☐ No	\$	
VA Disability Settlements	☐ Yes ☐ No	\$	☐ Yes ☐ No	\$	
Severance Pay	☐ Yes ☐ No	\$	☐ Yes ☐ No	\$	
Capital Gains	☐ Yes ☐ No	\$	☐ Yes ☐ No	\$	
♦ Have you disposed of any assets for less than Fair Market Value within the last 2 years? ☐ Yes ☐ No (State if the sale was due to foreclosure, bankruptcy or divorce.) _____					

◆ The NYS Homes & Community Renewal requires that, for statistical purposes only, we report the race and ethnicity of the Head of Household for applicants & residents. You are not required to answer the questions below, nor does your answer affect your eligibility for housing. At this time we are requesting this information for the Head of Household only. However, at the time of the eligibility interview (if app.) this information will be requested for each household member.

☐ I decline to provide this information

1. ETHNIC CATEGORIES For HEAD OF HOUSEHOLD ONLY			
Select One			
☐ Hispanic or Latino		☐ Not Hispanic or Latino	
2. RACIAL CATEGORIES			
Select all that Apply			
☐	American Indian or Alaska Native	☐	Asian
☐	Black or African American	☐	Native Hawaiian or Other Pacific
☐	White	☐	Other

VEHICLES ☐ I do not own a vehicle (Legal Photo ID will be requested)

	Driver's License ID Number & State	Model/Make	Year	Color	License Plate Number & State
☞					
☞					

PETS

◆	Do you now own any Pets? ☐ Yes ☐ No		If yes, how many do you own? _____	
	Breed	Age	Weight	Color
☞				
☞				

IN CASE OF EMERGENCY, NOTIFY (This must be completed)

First Name	Last Name	Home Phone	Cell Phone
		Email:	
Current Address City & State		Zip Code	What is their relationship to you?

BACKGROUND SCREENING

A criminal background check will be completed on all adults of the applicant family: **Failure to answer any of the questions will disqualify your application for eligibility.**

1.	Have you or any member of your household ever been convicted or pleaded guilty to a felony?	☐ Yes ☐ No
1a.	If yes, explain:	
2.	Have you or any member of your household been convicted of a sexual offense or are you or any member of your household subject to lifetime registration requirements under local, state or federal law?	☐ Yes ☐ No
3.	Have you or any member of your household been convicted of violating any drug related laws?	☐ Yes ☐ No
3a.	If yes, explain:	
4.	Have you or any member of your household ever been convicted of a violent crime?	☐ Yes ☐ No
4a.	If yes, explain:	
5.	Have you or any member of your household ever been convicted of possession of an unregistered firearm or possession of an illegal weapon?	☐ Yes ☐ No

STATEMENTS BY ALL ADULT HOUSEHOLD MEMBERS

We certify that all information given in this application and any addenda thereto is true, complete and accurate. We certify that we have revealed all assets currently held or previously disposed of and that we have no other assets than those listed on this application (other than personal belongings). We understand that if any of this information is false, misleading or incomplete, management may decline our application or, if move-in has occurred, terminate our Rental Agreement. We are aware that false statements or misrepresentations are a criminal offense under Section 1001 of Title 18 of the U.S code.

We authorize the managing agents of Devon Management Corp. to use this copy of our signature as approval to verify all information provided on this application, to run our credit and background screening, in conjunction with our application or future tenancy in an apartment. All verifications will be sent directly back to those authorized and will be used only for purposes connected with the apartment.

Note: We conduct criminal background checks. If you have a criminal record, you have rights and protections. You have the right to review any conviction record the housing provider is using to make a decision. There are only two reasons for automatic denial to state-funded housing on the basis of your criminal convictions: conviction for methamphetamine production in the home or being required to register for life on a state or federal Sex Offender database. In all other instances, you have the right to provide additional information about the circumstances of the conviction and the right to present evidence of your rehabilitation. For more information about your rights as an individual with a criminal conviction, please visit <http://www.nyshcr.org/AboutUs/Offices/FairHousing/GPCC.htm>

Note: We conduct credit screenings. You can avoid a credit check by evidencing that you paid your rent in full and on time during the last 12 months and/or if you are receiving rent subsidies and the entire rent is directly paid to the landlord from the agency. If you have a low credit score or negative credit history, you will be provided with the opportunity to present additional information to explain or refute the findings. In the event you are denied, you will be provided a copy of your credit report and the reason. For more information about your rights NYS Credit Policy, please visit <http://hcr.ny.gov/KYR-Credit>

Note: The Violence Against Women Act (VAWA) provides protection for victims of domestic violence, dating violence, sexual assault, or stalking. VAWA protection are not only available to women, but are available equally to all individuals regardless of sex, gender identity, or sexual orientation. You cannot be denied admission because you are or have been a victim of domestic violence, sexual assault, or stalking. The VAWA notice explains your rights. <https://www.hud.gov/sites/documents/5380.docx>
https://www.hud.gov/program_offices/administration/hudclips/forms/hud5a.

Note: If you require assistance or an accommodation for a disability, please contact the management office of the property site you are applying for housing. <https://dhr.ny.gov/law-2021#housing-providers-of-tenants--rights-notice>

Fair Credit Reporting Act

This is to inform you that as part of our procedure for processing your application, an investigative report may be made whereby information is obtained through personal interviews with third parties-such as family members, business associates, financial sources, friends, neighbors or others who are acquainted with you. This inquiry includes information as to your character, general reputation, personal characteristics, mode of living, income and credit background and also police records. All information you or others give us will be held in strict confidence.

We do not discriminate on the basis of race, religion, national origin, color, creed, age, sex, handicap, or familial status. For more information on Fair Housing Act rights and responsibilities please visit <https://dos.ny.gov/fair-housing-notice>

By signing this application, you declare that all of your responses are true and complete and authorize the owner/manager/or their agents to verify this information through any source that it deems appropriate. Any false statements on this application will be grounds for rejection of your application.

*SMS Privacy Policy

We value your privacy and the information you consent to share in relation to our SMS service. We use this information to send you text notifications, informational texts, and confirmation texts. Opt-in data and consent for text messaging will not be shared with any third parties except for messaging partners, for the purpose of enabling and operating our text messaging program.

All adult applicants 18 years & older must sign below: ***I/WE HAVE READ, UNDERSTAND & AGREE TO THE ABOVE STATEMENT.***

_____ HEAD OF HOUSEHOLD PRINT	_____ HEAD OF HOUSEHOLD SIGNATURE	_____ DATE
_____ CO-APPLICANT PRINT	_____ CO-APPLICANT SIGNATURE	_____ DATE
_____ APPLICANT PRINT	_____ APPLICANT SIGNATURE	_____ DATE

DO NOT WRITE BELOW THIS LINE – FOR MANAGEMENT USE ONLY

Stamp Date & Time of Receipt of Application:	Received by: Print first initial & last name & Signature & Title of Personnel
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