



EVERGREEN EAST APARTMENTS

Welcome to Evergreen East!

We are excited for your interest in Evergreen East. Evergreen East offers newly renovated apartment homes with brand new kitchens and brand-new appliances, fresh new modern color schemes, new flooring, new lighting and so much more! Evergreen East offers Studio, 1, 2, 3, and 4 - bedroom apartments, great customer service and a great community at affordable pricing. You will love calling Evergreen East home.

Our thoughtful amenity package now includes:

- Resident portal for online rent payments and work orders
- **New Fun-filled playground**
- **New Resident Clubhouse with a fitness center and business center**
- Multiple RTS bus stops on site (#81 and #82 Bus Routes)
- Minutes from shopping and restaurants
- Walking distance to Historic Downtown Fairport
- On-Site maintenance and management
- Lush greenspace
- Ample parking
- Covered parking available
- Additional storage available
- In-Unit Washer/Dryer Hookup

The mixed-income programs will be conclusive of project-based section 8, section 236 tax credit and housing choice vouchers are welcome.

Please call 585-388-0010 for additional information.

One White Pine Circle, Fairport, NY 14454
Telephone: 585-388-0010
Fax: 585-388-1484



Evergreen East Apartments Eligibility Guidelines

Unit Size	# Persons	Starting Rental Rates	Max Rental Rates
Studio	1 Person	\$679	\$1,103
1 BR	1 – 2 Persons	\$727	\$1,182
2 BR	2 – 4 Persons	\$873	\$1,418
3 BR	4 – 6 Persons	\$1,008	\$1,639
4 BR	5 – 8 Persons	\$1,126	\$1,829

2024 AMI Yearly Minimum Household Limits

HH Size	Minimum Income Guidelines
Studio	\$20,370 - \$40,740 / year
1 Bedroom	\$21,810 - \$43,650 / year
2 Bedroom	\$26,190 - \$52,380 / year
3 Bedroom	\$30,240 - \$60,510 / year
4 Bedroom	\$33,780 - \$67,560 / year

2024 AMI Yearly Maximum Household Limits

HH Size	Maximum Income Guidelines
1 Person	\$27,160 - \$54,320 / year
2 Person	\$31,040 - \$62,080 / year
3 Person	\$34,920 - \$69,840 / year
4 Person	\$38,800 - \$77,600 / year
5 Person	\$41,920 - \$83,840 / year
6 Person	\$45,040 - \$90,080 / year
7 Person	\$48,120 - \$96,240 / year
8 Person	\$51,240 - \$102,480 / year

**The income limits in the chart do not apply to Section 8 Voucher Holders.*

Project Based Rental Program available, rent based on 30% of household income for eligible households.

A waiting list may apply for certain apartment sizes.

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Evergreen East Apartments

One White Pine Circle
Fairport, NY 14450
P: 585-388-0010 F: 585-388-1484 TTY: 800-662-1220

APPLICATION FOR ADMISSION AND RENTAL ASSISTANCE

APPLICANT NAME _____ DATE _____
 PRESENT ADDRESS: Street/City _____ State: _____ Zip Code: _____
 HOME PHONE _____ WORK PHONE _____
 HOW DID YOU HEAR ABOUT THIS APARTMENT? _____
 UNIT SIZE REQUIRED _____ Email: _____

HOUSEHOLD COMPOSITION AND CHARACTERISTICS

1. List the Head of Household and all other members who will be living in the unit. Give the relationship of each family member to the head.

NO.	FULL NAME (Include maiden names)	RELATIONSHIP	DATE OF BIRTH	AGE	SOCIAL SECURITY NO.	Student? FT/PT/NA

2. Have you been displaced as a result of a major disaster as determined by the President of the United States or as a result of a government action? _____ Yes _____ No
3. Are you or any member of your household a U.S. Military Veteran or surviving Spouse: _____ Yes _____ No
4. Does anyone live with you now who is not listed above? _____ Yes _____ No
5. Does anyone plan to live with you in the future who is not listed above? _____ Yes _____ No
 Explain if you answered yes: _____
6. Is the head of household or spouse handicapped or disabled? _____ Yes _____ No
7. Do you currently have any form of rental assistance and/or have you applied for assistance? If so, please specify the subsidizing agency: _____
 This information is not used as a basis for eligibility. New York State Human Rights Law prohibits the discrimination in housing based on lawful source of income like whether you have a Section 8 background.
8. Please identify any special housing needs your household has: _____

INCOME AND ASSET INFORMATION

Please answer each of the following questions. For each "Yes" provide details in the charts below.
Does any member of your household?

YES **NO**

- ___ ___ 1. Work Full-time, part-time or seasonally? Employer: _____
- ___ ___ 2. Expect to work for any period during next year?
- ___ ___ 3. Work for someone who pays them cash? Source: _____
- ___ ___ 4. Expect a leave of absence from work due to lay-off, medical, maternity or military leave?
- ___ ___ 5. Now receive or expect to receive unemployment benefits?
- ___ ___ 6. Now receive or expect to receive child support?
- ___ ___ 7. Entitled to child support that he/she is not now receiving:
- ___ ___ 8. Now receive or expect to receive alimony?
- ___ ___ 9. Have an entitlement to receive alimony that is not currently being received?
- ___ ___ 10. Now receive or expect to receive public assistance (welfare)?
- ___ ___ 11. Now receive or expect to receive Social Security benefits?
- ___ ___ 12. Now receive or expect to receive income from a pension or annuity?
- ___ ___ 13. Now receive or expect to receive regular contributions from organizations or from
Individuals not living in the unit? Source: _____
- ___ ___ 14. Now receive or expect to receive an earned income tax credit?
- ___ ___ 15. Receive income from assets including interest on checking or savings accounts, interest and
Dividends from certificates of deposit, stocks or bonds or income from rental property?
- ___ ___ 16. Own real estate or any assets for which you receive no income (checking account, cash)?
- ___ ___ 17. Have you sold or given away real property or other assets (including cash) in the past two
years?

MEMBER	SOURCE OF INCOME/TYPE OF INCOME/ADDRESS	ANNUAL INCOME

Please list all employers worked for in the last year for each household member:

ASSETS

1. List all bank accounts including checking, savings, IRAs, Keogh accounts and Certificates of Deposit for all Household members.

MEMBER	BANK NAME	TYPE OF ACCOUNT	ACCT NUMBER	BALANCE

2. List the value of all stocks, bonds, trusts, pensions, whole life insurance policies or other assets owned by all Household members.

3. List the value of any assets disposed of for less than fair market value in the past two (2) years:

PREVIOUS RENTAL HISTORY:

Name and Contact for your Current Landlord

How long have you lived there? _____

Name and Contact for your Previous Landlord

How long did you live there? _____

Address where you lived

Address where you lived

Name and Contact for your Current Landlord

How long have you lived there? _____

Name and Contact for your Previous Landlord

How long did you live there? _____

Address where you lived

Address where you lived

TENANT SELECTION PLAN:

Our complete "Tenant Selection Plan" is posted in the Rental Office detailing eligibility factors & screening criteria. A copy is available upon request. Applications may be rejected for poor rental history, unacceptable criminal record, insufficient income, income in excess of income limits, or non-verifiable income. Providing incomplete or false information is also cause for rejection of an application. Head of Household must be at least 18 years of age and a U.S. citizen or eligible non-citizen. Proper identification is required for all household members.

FAIR HOUSING LAW:

Pines of Perinton Apartments is a Fair Housing & Equal Opportunity housing provider. If you believe you have been subject to discriminatory treatment you have the right to file a housing discrimination complaint with U.S. Department of Housing and Urban Development (HUD) Office of Fair Housing and Equal Opportunity:

U.S. Department of Housing and Urban Development
465 Main St. 2nd Fl. Room 200
Buffalo, NY 14203
Telephone: (716) 551-5755 or 1-800-496-4294
Fax: (716) 551-5752 * TTY (716) 551-5787

PRIVACY STATEMENT:

The information on this form is to be used to determine maximum income for eligibility, recommended unit size, and amount of the individual contribution by the tenant(s). It will not be disclosed except as required and permitted by law. You do not have to give us information, but if you do not, your eligibility approval may be delayed or rejected. We are required by the Department of Housing and Urban Development to ask for this information as authorized under the U.S. Housing Act of 1937 and amended. 93-383 Stat, 633.

APPLICANT'S CERTIFICATION

I/We hereby certify that if selected to receive assistance, the unit I/We occupy will be my/our only residence. I/We understand that the above information is being collected to determine my/our eligibility. I/We authorize the owner/manager/PHA to verify all information provided on this application and to contact previous or current landlords or other sourced for credit and verification information which may be released to appropriate Federal, State, or local agencies. I/We certify that the statements made in this application are true and complete to the best of my/our knowledge and belief. I/We understand that false statements or information are punishable under Federal Law.

WARNING

Section 1001 of Title 18, United States Code provides, "Whoever, in any matter within the jurisdiction of any department or agency of the United States knowingly and willfully falsifies, conceals or covers up by and trick, scheme, or device a material fact, or makes any false, fictitious or fraudulent statement or representations, or makes or uses any false writing or document knowing the same to contain any false, fictitious or fraudulent statement or entry, shall be fined not more than \$10,000 or imprisoned not more than five years, or both."

Signature of Head of Household _____
Date

Signature of Spouse/Co-Head _____
Date

Signature of Adult Household Member _____
Date

Signature of Owner/Manager, PHA Representative _____
Date



Rental Application Attachment Low Income Housing Tax Credit Program

WinnResidential requires us to get drug and criminal background information about all adult household members applying for affordable housing. The head of household must answer the questions below for all household members and each household member age 18 or older must sign below to consent to a background check.

1. Have you or any member of your household ever been evicted from rental housing?
Yes ____ No ____
If yes, list where and when below:

2. Are you or any member of your household currently engaging in the use of illegal drugs?
Yes ____ No ____
3. Have you or any member of your household ever been convicted of a felony?
Yes ____ No ____
If yes, please explain:

4. Are you or any member of your household currently abusing alcohol?
Yes ____ No ____
5. Are you or any member of your household subject to a lifetime registration requirement under a State Sex Offender registration program in any state?
Yes ____ No ____
6. List all addresses where you and other adult household members have previously resided. You must provide a complete list of states in which any household member has resided:

The applicant hereby certifies that the above information is true and correct. I understand that making false statements on this form is grounds for rejection or termination of my lease. I authorize (insert name of property) to verify the above information and I consent to the release of the necessary information to determine my eligibility.

Applicant _____

Date _____

Co-Applicant _____

Date _____

Other Adult _____

Date _____

Other Adult _____

Date _____

