



Thank you for your interest in Westview Apartments. We offer spacious and affordable one and two bedroom apartments in Saratoga Springs exclusively for Adults ages 55 and better. Each apartment home features oak cabinetry, individual heating and cooling, walk-in closets and a patio or balcony. Water, sewer and trash is included. Washer and dryer rentals and cable service are available. We're pet friendly! Our controlled access building with two elevators features a community room with monthly social activities, media lounge, business center, on-site laundry room and ample parking. We accept online payments and maintenance requests through our resident portal. Westview is conveniently located near medical facilities, banks, shopping, restaurants, entertainment and so much more.

*Enclosed is our application packet with a list of fees and deposits you will need to bring with you for the application process. Please read this list and the application supplement carefully, so you can gather all the correct information. All documents must be originals; no photocopies are accepted. **All applications must be filled with black ink. All occupants must be present at the time of application.***

Thank you in advance for gathering all the necessary information for the application process. We look forward to having you as a resident of Westview Apartments!

Westview Apartments Management



Monthly Rental Rates

1 Bedroom: \$1,169 2 Bedroom: \$1,379**

*Rental rate includes water, sewer and trash.
Residents are responsible for gas and electric.
Rates, Fees and Deposits subject to change.*

**Requires a one year lease.*

Effective 5.23.2023

Security Deposit: One month's rent

*Non-refundable Application/Verification Fee: **\$20 per person**⁺*

⁺Certified check or money order only.

Fee includes background and credit check. Must be submitted with application.

Optional Amenities

Stackable Washer/Dryer: \$50 per month

Full-size Washer/Dryer: \$50 per month

On-site community laundry room available.

Westview Apartments is an affordable senior apartment community.

Our community has maximum annual income restrictions:

Maximum Gross Income per Household Size

<i>1 Person</i>	<i>\$47,160</i>
<i>2 People</i>	<i>\$53,880</i>
<i>3 People</i>	<i>\$60,600</i>
<i>4 People</i>	<i>\$67,320</i>



Frequently Asked Questions

Who is eligible to live at Westview Apartments?

Westview Apartments is intended for and solely occupied by persons 55 years of age or older. Therefore, all members of the household must be age 55 or older. We do have three (3) market rate units in the building, but all other apartment homes at Westview are subject to income limits. We accept Section 8 vouchers.

What floor plans are offered?

Westview Apartments offers a variety of 1 and 2 bedroom/1 bathroom apartment homes.

What utilities are included in the rent charge?

Water, sewer, and trash are included in the monthly rental charge.

Is smoking allowed?

Smoking is not allowed at Westview Apartments.

What is the pet policy?

Pets are welcome at Westview Apartments with a deposit of \$300 (subject to change) and current vaccination record.

Cats: Cats are allowed in any apartment home

Dogs: Dogs are only allowed on first floor apartment homes (25-pound limit)

What services and amenities are offered?

Westview Apartments has the amenities you need! There is a library/computer room, a lounge, a laundry room, a community room, and a fitness center all in the building. We also offer weekly Bingo, movie night, and grocery store expeditions as well as pot luck and holiday parties!

How do I apply?

Simply come by, call us at 518-583-8800 or email manager@westviewapartmentsny.com and ask for an application! All applications must be completed in full and returned with a \$20 application fee and security deposit.

APPLICATION SUPPLEMENT

In addition to the completed application additional documentation is needed to process your application. Please contact our leasing office if you have any questions or concerns.

_____ **Application/Verification Fee** \$ _____ **Deposit** \$ _____

_____ Completed **Application** for each person over the age of 18. One application may be accepted for each married couple. (Black Ink Only) All contact numbers for employment, rental history, etc. must be listed on the application.

_____ Valid **ID, Birth Certificate & Social Security Card** or acceptable equivalent for each household member as noted on the Leasing Criteria

_____ **Verification of Income** received or anticipated to be received in next 12 months

- Current Award letter of all unearned income sources for each person; Social Security, SSI, SSD, Pension, Retirement
- Verification of earned income for all persons 18 years of age or older. Check stubs; 7 consecutive if paid bi-monthly or bi-weekly, 13 if paid weekly
- Child support and/or Alimony documentation; divorce papers and court orders for payment and child support case number for each child
- If self-employed; copy of last year's full tax return with all schedules attached
- Verification of any other income such as monetary gifts, trust, rental income, regular recurring withdrawal from retirement/annuity accounts, etc.

_____ **Verification Assets** for each household member; if combined asset cash value equal \$5,000 or more

_____ **Verification of Assets** for each household member regardless of combined value of household assets

Asset Verification

- 6 months consecutive checking account statements (most recent)
- Current savings statement
- Copy of pre-paid debit card and current ATM receipt of balance
- Most recent statement for 401K, stocks, bonds, whole Life Insurance policy, CDs, IRA, annuities and any other retirement or investment accounts.
- Verification of all real property; home, land, etc.

_____ Previous Year **Federal Tax Return** for each adult household member (NY residents)

_____ **Student** household members age 18 or older; provide current class schedule from school

_____ Other: _____

Additional information may be requested in order to complete the application process

WESTVIEW APARTMENTS

Rental Application

The information you provide below will be used to determine if your household is eligible under this community's leasing criteria. Please complete the ENTIRE form and do not leave any questions blank or unanswered. Write N/A if a particular question is not applicable. We thank you in advance for your cooperation.

Property Information (For Office Use Only):	
Date Received: _____	Initial Certification _____
Unit #: _____	Recertification _____
# of Bedrooms: _____	Interim _____
Desired Move-In Date _____	Other: _____

HOUSEHOLD COMPOSITION AND STUDENT STATUS

List all persons who will be living in your home. List all members you anticipate to live with you at least 50% of the time in the next 12 months and include anyone who is not currently a household member but is anticipated to become one in the next 12 months.

Household Members Full Name (first and last)	Relationship to Head S=Spouse O=Other Adult C=Minor Child F=Foster Adult/Child L=Live In Attendant	Date of Birth	Marital Status M=Married D=Divorced SP=Separate d S=Single W=Widowed	Social Security Number	Driver's License Number	Student Y or N	*If "yes" Part-time (PT) or Full-time (FT)
	HEAD						

*For each household member listed above-List this member as a full-time student if he/she has attended school in the last 12 months, is currently attending, OR plans to attend school in the next 12 months. (The educational institution defines student status.) Please include all school-age children, even if home-schooled.

Contact Information

Home Phone _____	Email address: _____
Cell Phone-1 _____	_____
Cell Phone -2 _____	_____

- | | Yes | No |
|--|-----------------------|-----------------------|
| 1. Is every household member listed above a full-time (FT) student? | <input type="radio"/> | <input type="radio"/> |
| 2. Will your household be receiving rental assistance? | <input type="radio"/> | <input type="radio"/> |
| 3. Do you expect any changes in the household in the next 12 months?
If yes, please describe change and date expected _____ | <input type="radio"/> | <input type="radio"/> |
| 4. If you are divorced or separated, please provide date effective: _____ | | |
| 5. Is each household member a U.S. Citizen?
If no, does everyone have an eligible immigration status? | <input type="radio"/> | <input type="radio"/> |
| 6. Will you have at least 50% physical custody of all minor members in household? | <input type="radio"/> | <input type="radio"/> |

EMPLOYMENT INFORMATION

Current Employment Information: HEAD of HOUSEHOLD

Company Name: _____	Position: _____
Address: _____	Date of Hire: _____
City/State/Zip: _____	Monthly Gross Wage: \$ _____
Phone: _____ Fax: _____	Supervisor: _____

Do you currently or expect to earn Overtime, Commission, Tips, Bonuses in the next 12 months? Yes No

If Yes, list all that apply and expected amount?

Additional Employment Information: Name:

Company Name: _____	Position: _____
Address: _____	Date of Hire: _____
City/State/Zip: _____	Monthly Gross Wage: \$ _____
Phone: _____ Fax: _____	Supervisor: _____

Do you currently or expect to earn Overtime, Commission, Tips, Bonuses in the next 12 months? Yes No

If Yes, list all that apply and expected amount?

Current Employment Information: Name:

Company Name: _____	Position: _____
Address: _____	Date of Hire: _____
City/State/Zip: _____	Monthly Gross Wage: \$ _____
Phone: _____ Fax: _____	Supervisor: _____

Do you currently or expect to earn Overtime, Commission, Tips, Bonuses in the next 12 months? Yes No

If Yes, list all that apply and expected amount?

OTHER INCOME INFORMATION

Identify each source of income currently received or anticipated to be received in the next 12 Months. (Y=Yes, N=No)	Head of Household						Monthly Gross Income
1. Employed	Y <input type="radio"/>	N <input type="radio"/>	Y <input type="radio"/>	N <input type="radio"/>	Y <input type="radio"/>	N <input type="radio"/>	\$
2. Self-Employed	Y <input type="radio"/>	N <input type="radio"/>	Y <input type="radio"/>	N <input type="radio"/>	Y <input type="radio"/>	N <input type="radio"/>	\$
3. Unemployment Compensation	Y <input type="radio"/>	N <input type="radio"/>	Y <input type="radio"/>	N <input type="radio"/>	Y <input type="radio"/>	N <input type="radio"/>	\$
4. Social Security/SSI/SS Disability	Y <input type="radio"/>	N <input type="radio"/>	Y <input type="radio"/>	N <input type="radio"/>	Y <input type="radio"/>	N <input type="radio"/>	\$
5. Disability/Worker's Compensation	Y <input type="radio"/>	N <input type="radio"/>	Y <input type="radio"/>	N <input type="radio"/>	Y <input type="radio"/>	N <input type="radio"/>	\$
6. Severance Pay	Y <input type="radio"/>	N <input type="radio"/>	Y <input type="radio"/>	N <input type="radio"/>	Y <input type="radio"/>	N <input type="radio"/>	\$
7. VA Benefits	Y <input type="radio"/>	N <input type="radio"/>	Y <input type="radio"/>	N <input type="radio"/>	Y <input type="radio"/>	N <input type="radio"/>	\$
8. Pension/Annuity	Y <input type="radio"/>	N <input type="radio"/>	Y <input type="radio"/>	N <input type="radio"/>	Y <input type="radio"/>	N <input type="radio"/>	\$
9. Military Pay	Y <input type="radio"/>	N <input type="radio"/>	Y <input type="radio"/>	N <input type="radio"/>	Y <input type="radio"/>	N <input type="radio"/>	\$
10. AFDC/TANF	Y <input type="radio"/>	N <input type="radio"/>	Y <input type="radio"/>	N <input type="radio"/>	Y <input type="radio"/>	N <input type="radio"/>	\$
11. Child Support/Alimony	Y <input type="radio"/>	N <input type="radio"/>	Y <input type="radio"/>	N <input type="radio"/>	Y <input type="radio"/>	N <input type="radio"/>	\$
12. Recurring Gift/Contribution	Y <input type="radio"/>	N <input type="radio"/>	Y <input type="radio"/>	N <input type="radio"/>	Y <input type="radio"/>	N <input type="radio"/>	\$
13. Rental Income	Y <input type="radio"/>	N <input type="radio"/>	Y <input type="radio"/>	N <input type="radio"/>	Y <input type="radio"/>	N <input type="radio"/>	\$
14. Adoption Assistance	Y <input type="radio"/>	N <input type="radio"/>	Y <input type="radio"/>	N <input type="radio"/>	Y <input type="radio"/>	N <input type="radio"/>	\$
15. Trust Income	Y <input type="radio"/>	N <input type="radio"/>	Y <input type="radio"/>	N <input type="radio"/>	Y <input type="radio"/>	N <input type="radio"/>	\$
16. Other Income:	Y <input type="radio"/>	N <input type="radio"/>	Y <input type="radio"/>	N <input type="radio"/>	Y <input type="radio"/>	N <input type="radio"/>	\$
17. Zero Income	Y <input type="radio"/>	N <input type="radio"/>	Y <input type="radio"/>	N <input type="radio"/>	Y <input type="radio"/>	N <input type="radio"/>	\$

ASSET INFORMATION

List all assets for each Household Member	Head of Household			Financial Institution	Annual Interest/Earnings	Asset Value
1. Checking	Y <input type="radio"/> N <input type="radio"/>	Y <input type="radio"/> N <input type="radio"/>	Y <input type="radio"/> N <input type="radio"/>		\$	\$
2. Savings	Y <input type="radio"/> N <input type="radio"/>	Y <input type="radio"/> N <input type="radio"/>	Y <input type="radio"/> N <input type="radio"/>		\$	\$
3. Pre-Paid Debit	Y <input type="radio"/> N <input type="radio"/>	Y <input type="radio"/> N <input type="radio"/>	Y <input type="radio"/> N <input type="radio"/>		\$	\$
4. Cash On Hand	Y <input type="radio"/> N <input type="radio"/>	Y <input type="radio"/> N <input type="radio"/>	Y <input type="radio"/> N <input type="radio"/>		\$	\$
5. Stocks/Mutual Funds	Y <input type="radio"/> N <input type="radio"/>	Y <input type="radio"/> N <input type="radio"/>	Y <input type="radio"/> N <input type="radio"/>		\$	\$
6. CD/Money Markets	Y <input type="radio"/> N <input type="radio"/>	Y <input type="radio"/> N <input type="radio"/>	Y <input type="radio"/> N <input type="radio"/>		\$	\$
7. Treasury Bill	Y <input type="radio"/> N <input type="radio"/>	Y <input type="radio"/> N <input type="radio"/>	Y <input type="radio"/> N <input type="radio"/>		\$	\$
8. Bonds	Y <input type="radio"/> N <input type="radio"/>	Y <input type="radio"/> N <input type="radio"/>	Y <input type="radio"/> N <input type="radio"/>		\$	\$
9. IRA/KEOGH	Y <input type="radio"/> N <input type="radio"/>	Y <input type="radio"/> N <input type="radio"/>	Y <input type="radio"/> N <input type="radio"/>		\$	\$
10. 401K/401(b)	Y <input type="radio"/> N <input type="radio"/>	Y <input type="radio"/> N <input type="radio"/>	Y <input type="radio"/> N <input type="radio"/>		\$	\$
11. Pension/Annuity	Y <input type="radio"/> N <input type="radio"/>	Y <input type="radio"/> N <input type="radio"/>	Y <input type="radio"/> N <input type="radio"/>		\$	\$
12. Whole Life Insurance	Y <input type="radio"/> N <input type="radio"/>	Y <input type="radio"/> N <input type="radio"/>	Y <input type="radio"/> N <input type="radio"/>		\$	\$
13. Land Contract/Deed of Trust	Y <input type="radio"/> N <input type="radio"/>	Y <input type="radio"/> N <input type="radio"/>	Y <input type="radio"/> N <input type="radio"/>		\$	\$
14. Real Estate	Y <input type="radio"/> N <input type="radio"/>	Y <input type="radio"/> N <input type="radio"/>	Y <input type="radio"/> N <input type="radio"/>		\$	\$
15. Safe Deposit Box	Y <input type="radio"/> N <input type="radio"/>	Y <input type="radio"/> N <input type="radio"/>	Y <input type="radio"/> N <input type="radio"/>		\$	\$
16. Personal Property as Investment	Y <input type="radio"/> N <input type="radio"/>	Y <input type="radio"/> N <input type="radio"/>	Y <input type="radio"/> N <input type="radio"/>		\$	\$
17. Trust	Y <input type="radio"/> N <input type="radio"/>	Y <input type="radio"/> N <input type="radio"/>	Y <input type="radio"/> N <input type="radio"/>		\$	\$
18. Lump Sum Receipts	Y <input type="radio"/> N <input type="radio"/>	Y <input type="radio"/> N <input type="radio"/>	Y <input type="radio"/> N <input type="radio"/>		\$	\$
19. Other _____	Y <input type="radio"/> N <input type="radio"/>	Y <input type="radio"/> N <input type="radio"/>	Y <input type="radio"/> N <input type="radio"/>		\$	\$

1. Do all combined assets of the entire household total less than \$5,000? Y N

2. In the past two (2) years, have you or anyone in your household sold or gifted assets for less than than fair market value? Y N

If yes, complete the following:

Asset Disposed: _____
 Date Disposed: _____
 Amount Disposed: _____

Was the disposal of asset due to: (Select One)

Bankruptcy Y N
 Foreclosure Y N
 Marital Separation/Divorce Y N

3. Have you given any gifts of money totaling more than \$1,000 in the past two (2) years? Y N

If yes, complete the following:

Gifted to: _____ Date: _____
 Amount Gifted: _____

Residential History *Please provide 2 years of rental/housing history*

Current Address: _____
 City/State/Zip: _____
 Landlord Name/Mortgage : _____
 Phone: _____ Reason for Leaving: _____
 Date Moved In: _____ Date Moved Out _____
 Rent/Mortgage: \$ _____ Rent Own

Previous Address: _____
 City/State/Zip: _____
 Landlord Name/Mortgage : _____
 Phone: _____ Reason for Leaving: _____
 Date Moved In: _____ Date Moved Out _____
 Rent/Mortgage: \$ _____ Rent Own

- | | Yes | No |
|--|-----------------------|-----------------------|
| 1. Have you ever been evicted from tenancy, broken a lease, or sued for rent?
If yes, please list date: _____ | <input type="radio"/> | <input type="radio"/> |
| 2. Have you ever filed for bankruptcy?
If yes, is bankruptcy discharged? Y <input type="radio"/> N <input type="radio"/> Date Discharged: _____ | <input type="radio"/> | <input type="radio"/> |
| 3. Has any household member plead guilty or received probation, deferred adjudication, court-ordered supervision, or pre-trial diversion for a felony, sex-related crime or misdemeanor assault? | <input type="radio"/> | <input type="radio"/> |
| 4. Do you own any pets that would be moving with you into the community?
If yes, please list types: _____ | <input type="radio"/> | <input type="radio"/> |

Other Information			
Type of Vehicle: _____	License Plate # _____		
Make/Model: _____	Year _____	Color _____	
Type of Vehicle: _____	License Plate # _____		
Make/Model: _____	Year _____	Color _____	

Emergency Contact <i>In case of emergency, notify...</i>	
Name: _____	Phone #1 _____
Address: _____	Phone #2 _____
_____	Relationship: _____

CERTIFICATION OF ACCURACY AND COMPLETENESS

I/We certify that all information provided in this rental application is true and accurate to the best of my knowledge and understand that this information will be used to verify income eligibility for community which I/We applied. I/We have been advised and understand residency at this community requires certain income restrictions and that residency is subject to qualification. I agree that in addition to execution of a Lease Agreement, I will execute a Tenant Income Certification certifying the information contained herein and that such certification will be made under penalty of perjury. I further understand and agree that the owner/management agent will use this information to investigate my/our credit worthiness through credit bureau, criminal checks, income and landlord verification. I/We further understand that any applicant who purposefully falsifies, misrepresents or withholds information related to program eligibility or submits inaccurate and/or incomplete information on this application will not be considered for housing.

Furthermore, if such misrepresentation or omission is discovered after tenancy has begun, I/we understand that we may be subject to eviction or punishable by law.

Head of Household

Date

Applicant

Date

Applicant

Date

TENANT RELEASE AND CONSENT

I/We _____, the undersigned hereby authorize all persons or companies in the categories listed below to release information regarding credit, criminal, employment, income and/or assets for purposes of verifying information on my/our apartment rental application. I/We authorize release of information without liability to the owner/manager of the apartment community listed below and/or the State and Local Agencies/Department's service provider.

INFORMATION COVERED

I/We understand that previous or current information regarding me/us may be needed. Verifications and inquires that may be requested include, but are not limited to: personal identity, student status, employment, income assets, medical or child care allowances. I/We understand that this authorization cannot be used to obtain information about me/us that is not pertinent to my eligibility for and continued participation as a Qualified Tenant.

GROUPS OR INDIVIDUALS THAT MAY BE ASKED

The groups or individuals that may be asked to release the above information include, but are not limited to:

Past and Present Employers	Welfare Agencies	Veterans Administrations
Support and Alimony Providers	Educational Institutions	Retirement Systems
State Unemployment Agencies	Social Security Administration	Medical and Child Care
Banks and other Financial	Previous Landlords (including	Providers
Institutions	Public Housing Agencies)	Credit & Criminal Agencies

CONDITIONS

I/We agree that a photocopy of this authorization may be used for the purposes stated above. The original of this authorization is on file and **will stay in effect for a year and one month** from the date signed. I/We understand I/We have a right to review this file and correct any information that is incorrect. **Everyone 18 years or age and older must sign this form.**

SIGNATURES

Signature of Applicant/Resident	Printed Applicant/Resident Name	Date
Signature of CO/Applicant Resident	Printed Co/Applicant/Resident Name	Date
Signature of Adult Member	Printed Adult Member Name	Date
Signature of Adult Member	Printed Adult Member Name	Date
Westview Apartments		(518) 583-8800
Apartment Community Name	Contact	Phone

NOTE: THIS GENERAL CONSENT MAY NOT BE USED TO REQUEST A COPY OF A TAX RETURN. IF A COPY OF A TAX RETURN IS NEEDED, IRS FORM 4506, "REQUEST FOR COPY OF A TAX FORM" MUST BE PREPARED AND SIGNED SEPARATELY.

