

## APPLICATION CHECKLIST

---

Dear Applicant,

Enclosed is our application. Please fill this out completely and return it to me. Below is our checklist. Check off each one as you complete it. If you have any questions or concerns, do not hesitate to reach out to me.

- ☐ Application Form (signed & dated) – 6 pages
- ☐ N/A POA, Conservator, etc. (if applicable)
- ☐ Emergency Contact
- ☐ Confidential / Emergency Information Form
- ☐ Valid Picture ID – obtain copy
- ☐ Social Security Card – obtain copy
- ☐ Supplement to Application for Federally Assisted Housing – (HUD 92006)  
(or waive by checking box above signature on the form)
- ☐ Notification and Authorization for Tenant Background Check
- ☐ Document Package for Applicant's/Tenant's Consent to the Release of Information – (HUD 9887) & (HUD 9887-A) (Expires 15 months) – 6 pages sign and date pages 3 & 6
- ☐ Landlord Reference Form – 2 pages to be completed by your landlord, sign top of page.
- ☐ Tenant Declaration Form – 2 pages
- ☐ Pet Policy – 4 pages return signature page
- ☐ Smoking/Marijuana Form
- ☐ Asset Divestiture Form
- ☐ Assisted Living Consumer Information Statement – return signature page

Carol Davino

475-355-8847



# THE TOWERS

AT TOWER LANE

18 Tower Lane  
New Haven, CT 06611  
P (203) 772-1816  
[www.towerlane.org](http://www.towerlane.org)

## APPLICATION INFORMATION

*Dear Friend,*

Thank you for your interest in The Towers at Tower Lane, Connecticut's premier affordable independent and assisted living community.

At The Towers, you and your family can have peace of mind knowing that our mission is to create a safe, secure and enjoyable environment for our residents.

Please keep the following in mind as you begin this exciting application process:

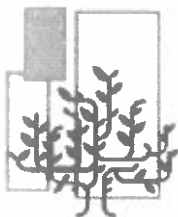
1. In order to be considered for residency, you must **fully complete** all parts of the enclosed **Application Forms and return them, with a copy of a driver's license and social security card\*, to our Business Office.**
2. Once we receive all of your completed application information you will then be invited to come to The Towers for a personal interview.
3. As part of the application process, a member of our assessment team will schedule a visit with you. The purpose of this visit is to determine how our team can best meet your needs.
4. Please note that The Towers at Tower Lane is a smoke-free community.  
*Applicants who were age 62 or older as of January 31, 2010, and who were receiving HUD rental assistance at another location on January 31, 2010, are not required to submit verification of a SSN.*

Please remember that incomplete information will delay your opportunity to take advantage of the accommodations and services that The Towers have to offer. As you move up on our waiting list, we may again contact you to provide updated information. You might note that any delays in promptly providing any requested information may hinder your possible admission to the Towers community.

All of The Towers family looks forward to showing you why we have won national and state Best Practices awards for our commitment to outstanding service for our residents.

You and your family members are encouraged to call our Marketing Manager, Carol Davino at 475-355-8847 with any questions that you may have about The Towers community or the application process.

With Best Regards,  
Gustave Keach Longo  
President/CEO



# THE TOWERS

AT TOWER LANE

18 Tower Lane  
New Haven, CT 06511  
P (203) 772-1816  
[www.towerlane.org](http://www.towerlane.org)

## APPLICATION FORM

\_\_\_\_\_  
Date of Application

### APPLICANT INFORMATION:

NAME: \_\_\_\_\_  
Last name First Middle

\_\_\_\_\_  
Age

\_\_\_\_\_  
Date of Birth

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

\_\_\_\_\_  
Co-applicant (if applicable)

\_\_\_\_\_  
Age

\_\_\_\_\_  
Date of Birth

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

\_\_\_\_\_  
Current Address

\_\_\_\_\_  
TELEPHONE NUMBER

\_\_\_\_\_  
City  
ZIP Code

\_\_\_\_\_  
State

\_\_\_\_\_  
Email Address

### TOWER ONE

**MEAL PLAN MANDATORY \$405 PER MONTH, 6 MEALS A WEEK.** \*price subject to change

- ☐ Studio ☐ Deluxe Studio ☐ One Bedroom (two people given preference)  
☐ Modified apartment needed with a walk-in shower

### TOWER EAST

- ☐ One Bedroom ☐ 2 Bedroom (only 2 people allowed)  
☐ Modified apartment needed with a walk-in shower

**PARKING SPACE REQUIRED:**

☐ Yes ☐ No

*We are a warm and vibrant senior community, infused with Jewish values, where people live their best lives.*



**Have you ever had problems with the following: If you have checked Yes, please explain.**

Complying with a lease and/or house rules ☐ Yes ☐ No

Complying with Federal, State or Local laws  
(including controlled substance abuse) ☐ Yes ☐ No

Destruction of property ☐ Yes ☐ No \_\_\_\_\_

**If there is insufficient verification available from landlords or employers, other references may be furnished and accepted along with written authorization to contact any and all reference sources.**

**PLEASE LIST ALL RESIDENCES FOR THE PAST FIVE YEARS** (You may list additional previous landlords on a separate sheet if necessary)

1. Name of current landlord, if applicable \_\_\_\_\_

Address of current landlord \_\_\_\_\_ Phone  
Number \_\_\_\_\_

Dates of Occupancy: from \_\_\_\_\_ to \_\_\_\_\_

Reason for Moving \_\_\_\_\_

\* Are you currently subsidized? ☐ Yes ☐ No. If yes, what type of subsidy? Project-based  
or City voucher (circle one)

2. Name of previous landlord, if applicable \_\_\_\_\_

Address of next previous landlord \_\_\_\_\_ Phone  
Number \_\_\_\_\_

Dates of Occupancy: from \_\_\_\_\_ to \_\_\_\_\_

Reason for Moving \_\_\_\_\_

**PLEASE LIST ALL THE STATES IN WHICH APPLICANT(S) AND ALL HOUSEHOLD MEMBERS HAVE RESIDED:**  
(include current State): \_\_\_\_\_

Have you ever been the subject (summary process action) of an eviction? ☐ Yes ☐ No

Have you been convicted of a felony? ☐ Yes ☐ No

Is Applicant(s) subject to state lifetime sex offender registration? ☐ Yes ☐ No

In accordance with HUD financial requirements, The Towers requires you to provide a summary of your income, assets and liabilities so that we can determine whether you meet the income requirements of this facility and what resources you have available to pay for the services of the facility. Please be advised that HUD may verify the information provided by you with the IRS.

Applicant's Name: \_\_\_\_\_

(Note if more than one applicant list both names)

Address \_\_\_\_\_  
Street \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ ZIP Code \_\_\_\_\_  
Telephone Number \_\_\_\_\_ Home \_\_\_\_\_ Cell \_\_\_\_\_

"Did you dispose of any assets during the past two years for less than fair market value?" ☐ Yes  
(total of amount:) \_\_\_\_\_ ☐ No

**INCOME:** Most current Financial Information (required by HUD)

\*Combine totals for all categories except for Social Security and Pension, which must be listed separately for each applicant.

	Monthly Income	Asset Value
<b>Applicant:</b>		
Social Security <b>Gross</b> Benefit Amount	_____	_____
Medicare Deduction	_____	_____
Social Security - <b>Net</b> Amount of Check	_____	_____
Private Pension - <b>Gross</b> Amount	_____	_____
Private Pension - Medicare Reimbursement	_____	_____
Private Pension - <b>Net</b> Amount of Check	_____	_____
<b>Co-Applicant:</b>		
Social Security <b>Gross</b> Benefit Amount	_____	_____
Medicare Deduction	_____	_____
Social Security - <b>Net</b> Amount of Check	_____	_____
Private Pension - <b>Gross</b> Amount	_____	_____
Private Pension - Medicare Reimbursement	_____	_____
Private Pension - <b>Net</b> Amount of Check	_____	_____
Annuities (copy of last statement)	_____	_____
Disability Insurance	_____	_____
Checking Account Balance (6 month Average)	_____	_____
Checking Account Interest Rate	_____	_____
Savings Account Current Balance	_____	_____
Savings Account Interest Rate	_____	_____
CDs - Balance and Interest Rate	_____	_____
Money Market Balance and Interest Rate	_____	_____
Dividends Last Quarter	_____	_____
Trust Income/Asset Value	_____	_____
Alimony	_____	_____
Life Insurance (cash value)	_____	_____
Real Estate	_____	_____
Other Source of Income or Assets	_____	_____
Specify: _____	_____	_____

Total Monthly Income \$ \_\_\_\_\_  
recent year \$ \_\_\_\_\_

Total Yearly Income for most

EXPENSES/LIABILITIES: Average Monthly Medical Expenses for the Last three Months: \_\_\_\_\_  
(Specify on separate page: Doctor, Dentist and Pharmacy bills; Medical Insurance)

Other liabilities: \_\_\_\_\_

**1. The following person(s) will assist me in maintaining my financial records:**

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

Address \_\_\_\_\_

Street City State ZIP

Phone No. Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Email Address \_\_\_\_\_

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

Address \_\_\_\_\_

Street City State ZIP

Phone No. Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Email Address \_\_\_\_\_

**2. Will another individual guarantee payment for rent and other fees?** ☐ Yes

☐ No

If yes, whom:

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

Address \_\_\_\_\_

Street City State ZIP

Phone No. Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Email Address \_\_\_\_\_

**3. Whom should we contact with questions regarding this form?**

Self/Applicant \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_  
 Address \_\_\_\_\_  
 Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_  
 Phone No. \_\_\_\_\_ Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_  
 Email Address \_\_\_\_\_

### Social Service Section

Does any member of your household smoke? ☐ Yes ☐ No

Do you have the assistance of another person or persons with any of the following activities in your current place of residence?

☐ Yes ☐ No

**You must have a need for one or more of the activities of daily living below in bold in order to reside in an Assisted Living Apartment.**

If Yes, who provides this assistance?:

			Agency	Family
<b>Assist with meal preparation</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____	_____
<b>Bathing</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____	_____
<b>Dressing</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____	_____
<b>Assistance in medication</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____	_____
Managing finances and paying rent and bills	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> _____ No	_____
Housekeeping/cleaning	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____	_____
Shopping	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____	_____
Arranging for appointments	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____	_____

Do you currently use any assertive or medical devices (e.g. walker, shower chair, or commode) ☐ Yes ☐ No

If yes, please describe

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

If others provide services to you, will you continue to utilize those assistants/services if you move to The Towers? ☐ Yes ☐ No

If you do not plan on maintaining your current means of assistance, how do you plan to provide for services here in The Towers?

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

Do you plan to use a service animal (i.e., guide dog) at The Towers? ☐ Yes ☐ No  
If yes, please describe the type of animal you will use

---

Does someone have power of attorney or conservatorship for either applicant? ☐ Yes  
☐ No

If yes, copies of legal documents are required.

## THE TOWERS APPLICATION CERTIFICATION

I/we hereby make a formal application for an apartment at, The Towers, and if accepted will comply with all terms and conditions of the written lease and Resident Handbook.

I/we hereby authorize The Towers to contact all employers, landlord or other reference sources that I/we have provided.

I/we hereby authorize The Towers to conduct a criminal background check.

**Note: Please include a copy of Social Security card, picture I.D. and proof of age.**

Applicant Statement: I/we certify that the statements in this application and all information provided are true and complete to the best of my/our knowledge and belief.

I/we understand that false statements or information may be punishable under federal or state law and may result in denial or termination of application.

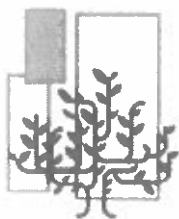
\_\_\_\_\_  
Signature (Applicant)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature (Co-applicant)

\_\_\_\_\_  
Date





# THE TOWERS

AT TOWER LANE

18 Tower Lane  
New Haven, CT 06511  
P (203) 772-1515  
[www.towerlane.org](http://www.towerlane.org)

## EMERGENCY CONTACT

I agree to be the contact person for \_\_\_\_\_  
in case of problems or emergencies and will assist the staff of The Towers during these problems or emergencies if I am requested to do so.

My responsibilities are assisting in the care of \_\_\_\_\_  
and, when necessary, see to it that his/her obligations to The Towers are met.

\_\_\_\_\_  
Contact person's signature

\_\_\_\_\_  
Contact person's signature

\_\_\_\_\_  
Print name

\_\_\_\_\_  
Print name

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Address

\_\_\_\_\_  
Address

\_\_\_\_\_  
City State ZIP

\_\_\_\_\_  
City State ZIP

\_\_\_\_\_  
Home phone

\_\_\_\_\_  
Home phone

\_\_\_\_\_  
Work phone

\_\_\_\_\_  
Work phone

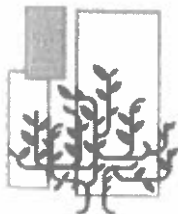
\_\_\_\_\_  
Cell phone

\_\_\_\_\_  
Cell phone

\_\_\_\_\_  
Email address

\_\_\_\_\_  
Email address





# THE TOWERS

AT TOWER LANE

18 Tower Lane  
New Haven, CT 06511  
P (203) 772-1810  
www.towerlane.org

## CONFIDENTIAL/EMERGENCY INFORMATION

<b>Resident:</b>	<b>Apt. :</b>	<b>Telephone#:</b>
<b>SS#:</b>	<b>Date of birth:</b>	<b>Age:</b>
<b>Medicare #:</b>		
<b>Medicaid #:</b>	<b>Effective Date: Part A</b>	<b>/Part B</b>
<b>Medicare Part D #</b>	<b>Insurance Name:</b>	
<b>Other Insurance:</b>		
<b>Veteran? Yes/No</b>	<b>Male/Female</b>	<b>Religion:</b>
<b>Primary language:</b>		
<b>Hospital preference:</b>		
<b>Allergies:</b>		
<b>Pharmacy Name:</b>	<b>Telephone:</b>	
<b>Primary Physician:</b>	<b>Telephone:</b>	
<b>Address:</b>		
<b>Specialist:</b>	<b>Type:</b>	<b>Telephone:</b>
<b>Address:</b>		
<b>Specialist:</b>	<b>Type:</b>	<b>Telephone:</b>
<b>Address:</b>		
<b>Specialist:</b>	<b>Type:</b>	<b>Telephone:</b>
<b>Address:</b>		
<b>Psychiatrist:</b>	<b>Telephone:</b>	
<b>Address:</b>		
<b>Dentist:</b>	<b>Telephone:</b>	
<b>Address:</b>		
<b>Advance Directives (attach copies)</b>		
<input type="checkbox"/> Health care proxy	<input type="checkbox"/> Legal guardian	<input type="checkbox"/> Power of attorney
<input type="checkbox"/> Living will	<input type="checkbox"/> DNR	
<b>In case of emergency notify:</b>		
<b>1. Name:</b>		<b>Relationship:</b>
<b>Address:</b>		<b>E-mail address:</b>
<b>Telephone #:</b>	<b>Home:</b>	<b>Work:</b>
		<b>Cell:</b>
<b>2. Name:</b>		<b>Relationship:</b>
<b>Address:</b>		<b>E-mail address:</b>
<b>Telephone #:</b>	<b>Home:</b>	<b>Work:</b>
		<b>Cell:</b>
<b>Responsible Party/Send bills to:</b>		
<b>Name:</b>		<b>Relationship:</b>
<b>Address:</b>		
<b>Telephone #:</b>	<b>Home:</b>	<b>Work:</b>
		<b>Cell:</b>
<b>Funeral Home:</b>		<b>Telephone:</b>
<b>Address:</b>		
<b>Other information:</b>		

Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

**SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING**

This form is to be provided to each applicant for federally assisted housing

**Instructions: Optional Contact Person or Organization:** You have the right by law to include as part of your application for housing, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. **You may update, remove, or change the information you provide on this form at any time.** You are not required to provide this contact information but if you choose to do so, please include the relevant information on this form.

**Applicant Name:**

**Mailing Address:**

**Telephone No:**

**Cell Phone No:**

**Name of Additional Contact Person or Organization:**

**Address:**

**Telephone No:**

**Cell Phone No:**

**E-Mail Address (if applicable):**

**Relationship to Applicant:**

**Reason for Contact: (Check all that apply)**

☐ Emergency

☐ Unable to contact you

☐ Termination of rental assistance

☐ Eviction from unit

☐ Late payment of rent

☐ Assist with Recertification Process

☐ Change in lease terms

☐ Change in house rules

☐ Other: \_\_\_\_\_

**Commitment of Housing Authority or Owner:** If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.

**Confidentiality Statement:** The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.

**Legal Notification:** Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.

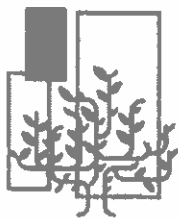
☐ Check this box if you choose not to provide the contact information.

**Signature of Applicant**

**Date**

The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3526). The public reporting burden is estimated at 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Section 644 of the Housing and Community Development Act of 1992 (42 U.S.C. 13604) imposed on HUD the obligation to require housing providers participating in HUD's assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend, or person associated with a social, health, advocacy, or similar organization. The objective of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any delivery of services or special care to the tenant and assist with resolving any tenancy issues arising during the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and maintained as confidential information. Providing the information is basic to the operations of the HUD Assisted-Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fraud, waste and mismanagement. In accordance with the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless the collection displays a currently valid OMB control number.

**Privacy Statement:** Public Law 102-550, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which is used by HUD to protect disbursement data from fraudulent actions.



# THE TOWERS

AT TOWER LANE

18 Tower Lane  
New Haven, CT 06511  
P (203) 772-1816  
[www.towerlane.org](http://www.towerlane.org)

## NOTIFICATION AND AUTHORIZATION FOR TENANT BACKGROUND CHECK

*Para información en español, visite [www.backgrounddecision.com/esp](http://www.backgrounddecision.com/esp), o llame al (800) 332-9479.*

I authorize Strategic Information Resources, Inc. to thoroughly investigate my personal history. I understand that the information supplied by me, regarding my: residence History, Employment History, Credit History, Criminal History, and References, will be utilized as part of the processing procedures. A background check will be conducted to verify the validity of the information submitted and will be utilized to develop information concerning my character, general reputation, personal characteristics, and mode of living. I acknowledge that these reports may be obtained at any time after receipt of my authorization and throughout the course of my rental agreement.

I am aware that in the event an investigative consumer report is prepared, I am entitled to request additional disclosures regarding the nature and scope of the investigation being requested as well as a written summary of my rights under the Fair Credit reporting Act.

I authorize and release from all liability, without reservation, the consumer-reporting agency (CRA) and any law enforcement agency, administrator, state/federal agency, institution, information service bureau, employer, employee, insurance company or person gathering or providing information, to complete this investigation.

My signature below certifies that this authorization and the accompanying application and other documents were completed by myself, are complete, and true to the best of my knowledge. This release will remain valid unless revoked in writing.

*Copies and facsimile copies of this document may be accepted in lieu of the original.*

Applicant Signature

Signature Date

Printed Name

Drivers License #

State

Social Security Number

Date of Birth\*

Email Address

Current Address

City

State

Zip

Residence Dates (From – To)

Previous Address

City

State

Zip

Residence Dates (From – To)

Please list any aliases that you have used within the past seven years here. (This may include **Maiden Names** or prior legal names)

☐ CA, OK, & MN Residents Only: Check this box if you would like a copy of the background check results mailed to you.

\* Date of Birth is being requested in order to obtain accurate retrieval of records

*We are a warm and vibrant senior community, infused with Jewish values, where people live their best lives.*



U.S. Department of Housing and Urban Development

## **Document Package for Applicant's/Tenant's Consent to the Release Of Information**

**This Package contains the following documents:**

- 1. HUD-9887/A Fact Sheet describing the necessary verifications**
- 2. Form HUD-9887 (to be signed by the Applicant or Tenant)**
- 3. Form HUD-9887-A (to be signed by the Applicant or Tenant and Housing Owner)**
- 4. Relevant Verifications (to be signed by the Applicant or Tenant)**

---

Each household must receive a copy of the 9887/A Fact Sheet, form HUD-9887, and form HUD-9887-A.

Attachment to forms HUD-9887 & 9887-A (02/2007)

## HUD-9887/A Fact Sheet

### Verification of Information Provided by Applicants and Tenants of Assisted Housing

#### What Verification Involves

To receive housing assistance, applicants and tenants who are at least 18 years of age and each family head, spouse, or co-head regardless of age must provide the owner or management agent (O/A) or public housing agency (PHA) with certain information specified by the U.S. Department of Housing and Urban Development (HUD).

To make sure that the assistance is used properly, Federal laws require that the information you provide be verified. This information is verified in two ways:

1. HUD, O/As, and PHAs may verify the information you provide by checking with the records kept by certain public agencies (e.g., Social Security Administration (SSA), State agency that keeps wage and unemployment compensation claim information, and the Department of Health and Human Services' (HHS) National Directory of New Hires (NDNH) database that stores wage, new hires, and unemployment compensation). HUD (only) may verify information covered in your tax returns from the U.S. Internal Revenue Service (IRS). You give your consent to the release of this information by signing form HUD-9887. Only HUD, O/As, and PHAs can receive information authorized by this form.
2. The O/A must verify the information that is used to determine your eligibility and the amount of rent you pay. You give your consent to the release of this information by signing the form HUD-9887, the form HUD-9887-A, and the individual verification and consent forms that apply to you. Federal laws limit the kinds of information the O/A can receive about you. The amount of income you receive helps to determine the amount of rent you will pay. The O/A will verify all of the sources of income that you report. There are certain allowances that reduce the income used in determining tenant rents.

**Example:** Mrs. Anderson is 62 years old. Her age qualifies her for a medical allowance. Her annual income will be adjusted because of this allowance. Because Mrs. Anderson's medical expenses will help determine the amount of rent she pays, the O/A is required to verify any medical expenses that she reports.

**Example:** Mr. Harris does not qualify for the medical allowance because he is not at least 62 years of age and he is not handicapped or disabled. Because he is not eligible for the medical allowance, the amount of his medical expenses does not change the amount of rent he pays. Therefore, the O/A cannot ask Mr. Harris anything about his medical expenses and cannot verify with a third party about any medical expenses he has.

#### Customer Protections

Information received by HUD is protected by the Federal Privacy Act. Information received by the O/A or the PHA is subject to State privacy laws. Employees of HUD, the O/A, and the PHA are subject to penalties for using these consent forms improperly. You do not have to sign the form HUD-9887, the form HUD-9887-A, or the individual verification consent forms when they are given to you at your certification or recertification interview. You may take them home with you to read or to discuss with a third party of your choice. The O/A will give you another date when you can return to sign these forms.

If you cannot read and/or sign a consent form due to a disability, the O/A shall make a reasonable accommodation in accordance with Section 504 of the Rehabilitation Act of 1973. Such accommodations may include: home visits when the applicant's or tenant's disability prevents him/her from coming to the office to complete the forms; the applicant or tenant authorizing another person to sign on his/her behalf; and for persons with visual impairments, accommodations may include providing the forms in large script or braille or providing readers.

If an adult member of your household, due to extenuating circumstances, is unable to sign the form HUD-9887 or the individual verification forms on time, the O/A may document the file as to the reason for the delay and the specific plans to obtain the proper signature as soon as possible.

The O/A must tell you, or a third party which you choose, of the findings made as a result of the O/A verifications authorized by your consent. The O/A must give you the opportunity to contest such findings in accordance with HUD Handbook 4350.3 Rev. 1. However, for information received under the form HUD-9887 or form HUD-9887-A, HUD, the O/A, or the PHA, may inform you of these findings.

O/As must keep tenant files in a location that ensures confidentiality. Any employee of the O/A who fails to keep tenant information confidential is subject to the enforcement provisions of the State Privacy Act and is subject to enforcement actions by HUD. Also, any applicant or tenant affected by negligent disclosure or improper use of information may bring civil action for damages, and seek other relief, as may be appropriate, against the employee.

HUD-9887/A requires the O/A to give each household a copy of the Fact Sheet, and forms HUD-9887, HUD-9887-A along with appropriate individual consent forms. The package you will receive will include the following documents:

1. **HUD-9887/A Fact Sheet:** Describes the requirement to verify information provided by individuals who apply for housing assistance. This fact sheet also describes consumer protections under the verification process.
2. **Form HUD-9887:** Allows the release of information between government agencies.
3. **Form HUD-9887-A:** Describes the requirement of third party verification along with consumer protections.
4. **Individual verification consents:** Used to verify the relevant information provided by applicants/tenants to determine their eligibility and level of benefits.

#### Consequences for Not Signing the Consent Forms

If you fail to sign the form HUD-9887, the form HUD-9887-A, or the individual verification forms, this may result in your assistance being denied (for applicants) or your assistance being terminated (for tenants). See further explanation on the forms HUD-9887 and 9887-A.

If you are an applicant and are denied assistance for this reason, the O/A must notify you of the reason for your rejection and give you an opportunity to appeal the decision.

If you are a tenant and your assistance is terminated for this reason, the O/A must follow the procedures set out in the Lease. This includes the opportunity for you to meet with the O/A.

#### Programs Covered by this Fact Sheet

- Rental Assistance Program (RAP)
- Rent Supplement
- Section 8 Housing Assistance Payments Programs (administered by the Office of Housing)
- Section 202
- Sections 202 and 811 PRAC
- Section 202/162 PAC
- Section 221(d)(3) Below Market Interest Rate
- Section 236
- HOPE 2 Home Ownership of Multifamily Units

O/As must give a copy of this HUD Fact Sheet to each household. See the Instructions on form HUD-9887-A.

Attachment to forms HUD-9887 & 9887-A (02/2007)

## Notice and Consent for the Release of Information

to the U.S. Department of Housing and Urban Development (HUD) and to an Owner and Management Agent (O/A), and to a Public Housing Agency (PHA)

U.S. Department of Housing  
and Urban Development  
Office of Housing  
Federal Housing Commissioner

HUD Office requesting release of information (Owner should provide the full address of the HUD Field Office, Attention: Director, Multifamily Division.): Carl Nichols, Director U.S. Dept. of HUD-CT Multifamily Pgm Ctr One Corp. Ctr. Hartford, CT 06103	O/A requesting release of information (Owner should provide the full name and address of the Owner.): New Haven Jewish Community Council Housing Corp., The Towers at Tower Lane - 18 Tower Lane New Haven, CT 06519	PHA requesting release of information (Owner should provide the full name and address of the PHA and the title of the director or administrator. If there is no PHA Owner or PHA contract administrator for this project, mark an X through this entire box.): Thomas P. Gerundo, Contract Admin. Coordinator Navigate Affordable Housing Program
--	---	---

**Notice To Tenant:** Do not sign this form if the space above for organizations requesting release of information is left blank. You do not have to sign this form when it is given to you. You may take the form home with you to read or discuss with a third party of your choice and return to sign the consent on a date you have worked out with the housing owner/manager.

**Authority:** Section 217 of the Consolidated Appropriations Act of 2004 (Pub L. 108-199). This law is found at 42 U.S.C.653(J). This law authorizes HHS to disclose to the Department of Housing and Urban Development (HUD) information in the NDNH portion of the "Location and Collection System of Records" for the purposes of verifying employment and income of individuals participating in specified programs and, after removal of personal identifiers, to conduct analyses of the employment and income reporting of these individuals. Information may be disclosed by the Secretary of HUD to a private owner, a management agent, and a contract administrator in the administration of rental housing assistance.

Section 904 of the Stewart B. McKinney Homeless Assistance Amendments Act of 1988, as amended by section 903 of the Housing and Community Development Act of 1992 and section 3003 of the Omnibus Budget Reconciliation Act of 1993. This law is found at 42 U.S.C. 3544. This law requires you to sign a consent form authorizing: (1) HUD and the PHA to request wage and unemployment compensation claim information from the state agency responsible for keeping that information; and (2) HUD, O/A, and the PHA responsible for determining eligibility to verify salary and wage information pertinent to the applicant's or participant's eligibility or level of benefits; (3) HUD to request certain tax return information from the U.S. Social Security Administration (SSA) and the U.S. Internal Revenue Service (IRS).

**Purpose:** In signing this consent form, you are authorizing HUD, the above-named O/A, and the PHA to request income information from the government agencies listed on the form. HUD, the O/A, and the PHA need this information to verify your household's income to ensure that you are eligible for assisted housing benefits and that these benefits are set at the correct level. HUD, the O/A, and the PHA may participate in computer matching programs with these sources to verify your eligibility and level of benefits. This form also authorizes HUD, the O/A, and the PHA to seek wage, new hire (W-4), and unemployment claim information from current or former employers to verify information obtained through computer matching.

**Uses of Information to be Obtained:** HUD is required to protect the income information it obtains in accordance with the Privacy Act of 1974, 5 U.S.C. 552a. The O/A and the PHA is also required to protect the income

information it obtains in accordance with any applicable State privacy law. After receiving the information covered by this notice of consent, HUD, the O/A, and the PHA may inform you that your eligibility for, or level of, assistance is uncertain and needs to be verified and nothing else.

HUD, O/A, and PHA employees may be subject to penalties for unauthorized disclosures or improper uses of the income information that is obtained based on the consent form.

**Who Must Sign the Consent Form:** Each member of your household who is at least 18 years of age and each family head, spouse or co-head, regardless of age, must sign the consent form at the initial certification and at each recertification. Additional signatures must be obtained from new adult members when they join the household or when members of the household become 18 years of age.

Persons who apply for or receive assistance under the following programs are required to sign this consent form:

Rental Assistance Program (RAP)

Rent Supplement

Section 8 Housing Assistance Payments Programs (administered by the Office of Housing)

Section 202, Sections 202 and 811 PRAC; Section 202/162 PAC Section 221(d)(3) Below Market Interest Rate

Section 236

HOPE 2 Homeownership of Multifamily Units

**Failure to Sign Consent Form:** Your failure to sign the consent form may result in the denial of assistance or termination of assisted housing benefits. If an applicant is denied assistance for this reason, the owner must follow the notification procedures in Handbook 4350.3 Rev. 1. If a tenant is denied assistance for this reason, the owner or managing agent must follow the procedures set out in the lease.

**Consent:** I consent to allow HUD, the O/A, or the PHA to request and obtain income information from the federal and state agencies listed on the back of this form for the purpose of verifying my eligibility and level of benefits under HUD's assisted housing programs.

Signatures:

Additional Signatures, if needed:

Head of Household	Date	Other Family Members 18 and Over	Date
Spouse	Date	Other Family Members 18 and Over	Date
Other Family Members 18 and Over	Date	Other Family Members 18 and Over	Date
Other Family Members 18 and Over	Date	Other Family Members 18 and Over	Date

## Agencies To Provide Information

State Wage Information Collection Agencies. (HUD and PHA). This consent is limited to wages and unemployment compensation you have received during period(s) within the last 5 years when you have received assisted housing benefits.

U.S. Social Security Administration (HUD only). This consent is limited to the wage and self employment information from your current form W-2.

National Directory of New Hires contained in the Department of Health and Human Services' system of records. This consent is limited to wages and unemployment compensation you have received during period(s) within the last 5 years when you have received assisted housing benefits.

U.S. Internal Revenue Service (HUD only). This consent is limited to information covered in your current tax return.

This consent is limited to the following information that may appear on your current tax return:

1099-S Statement for Recipients of Proceeds from Real Estate Transactions

1099-B Statement for Recipients of Proceeds from Real Estate Brokers and Barter Exchange Transactions

1099-A Information Return for Acquisition or Abandonment of Secured Property

1099-G Statement for Recipients of Certain Government Payments

1099-DIV Statement for Recipients of Dividends and Distributions

1099 INT Statement for Recipients of Interest Income

1099-MISC Statement for Recipients of Miscellaneous Income

1099-OID Statement for Recipients of Original Issue Discount

1099-PATR Statement for Recipients of Taxable Distributions Received from Cooperatives

1099-R Statement for Recipients of Retirement Plans W2-G

Statement of Gambling Winnings

1065-K1 Partners Share of Income, Credits, Deductions, etc.

1041-K1 Beneficiary's Share of Income, Credits, Deductions, etc.

1120S-K1 Shareholder's Share of Undistributed Taxable Income, Credits, Deductions, etc.

I understand that income information obtained from these sources will be used to verify information that I provide in determining initial or continued eligibility for assisted housing programs and the level of benefits.

No action can be taken to terminate, deny, suspend, or reduce the assistance your household receives based on information obtained about you under this consent until the HUD Office, Office of Inspector General (OIG) or the PHA (whichever is applicable) and the O/A have independently verified: 1) the amount of the income, wages, or unemployment compensation involved, 2) whether you actually have (or had) access to such income, wages, or benefits for your own use, and 3) the period or periods when, or with respect to which you actually received such income, wages, or benefits. A photocopy of the signed consent may be used to request a third party to verify any information received under this consent (e.g., employer).

HUD, the O/A, or the PHA shall inform you, or a third party which you designate, of the findings made on the basis of information verified under this consent and shall give you an opportunity to contest such findings in accordance with Handbook 4350.3 Rev. 1.

If a member of the household who is required to sign the consent form is unable to sign the form on time due to extenuating circumstances, the O/A may document the file as to the reason for the delay and the specific plans to obtain the proper signature as soon as possible.

This consent form expires 15 months after signed.

**Privacy Act Statement.** The Department of Housing and Urban Development (HUD) is authorized to collect this information by the U.S. Housing Act of 1937, as amended (42 U.S.C. 1437 et. seq.); the Housing and Urban-Rural Recovery Act of 1983 (P.L. 98-181); the Housing and Community Development Technical Amendments of 1984 (P.L. 98-479); and by the Housing and Community Development Act of 1987 (42 U.S.C. 3543). The information is being collected by HUD to determine an applicant's eligibility, the recommended unit size, and the amount the tenant(s) must pay toward rent and utilities. HUD uses this information to assist in managing certain HUD properties, to protect the Government's financial interest, and to verify the accuracy of the information furnished. HUD, the owner or management agent (O/A), or a public housing agency (PHA) may conduct a computer match to verify the information you provide. This information may be released to appropriate Federal, State, and local agencies, when relevant, and to civil, criminal, or regulatory investigators and prosecutors. However, the information will not be otherwise disclosed or released outside of HUD, except as permitted or required by law. You must provide all of the information requested. Failure to provide any information may result in a delay or rejection of your eligibility approval.

### Penalties for Misusing this Consent:

HUD, the O/A, and any PHA (or any employee of HUD, the O/A, or the PHA) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form.

Use of the information collected based on the form HUD 9887 is restricted to the purposes cited on the form HUD 9887. Any person who knowingly or willfully requests, obtains, or discloses any information under false pretenses concerning an applicant or tenant may be subject to a misdemeanor and fined not more than \$5,000.

Any applicant or tenant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD, the Owner or the PHA responsible for the unauthorized disclosure or improper use.



## Applicant's/Tenant's Consent to the Release of Information

Verification by Owners of Information  
Supplied by Individuals Who Apply for Housing Assistance

U.S. Department of Housing  
and Urban Development  
Office of Housing  
Federal Housing Commissioner

### Instructions to Owners

1. Give the documents listed below to the applicants/tenants to sign. Staple or clip them together in one package in the order listed.
  - a. The HUD-9887/A Fact Sheet.
  - b. Form HUD-9887.
  - c. Form HUD-9887-A.
  - d. Relevant verifications (HUD Handbook 4350.3 Rev. 1).
2. Verbally inform applicants and tenants that
  - a. They may take these forms home with them to read or to discuss with a third party of their choice and to return to sign them on a date they have worked out with you, and
  - b. If they have a disability that prevents them from reading and/or signing any consent, that you, the Owner, are required to provide reasonable accommodations.
3. Owners are required to give each household a copy of the HUD-9887/A Fact Sheet, form HUD-9887, and form HUD-9887-A after obtaining the required applicants/tenants signature(s). Also, owners must give the applicants/tenants a copy of the signed individual verification forms upon their request.

### Instructions to Applicants and Tenants

This Form HUD-9887-A contains customer information and protections concerning the HUD-required verifications that Owners must perform.

1. Read this material which explains:
  - HUD's requirements concerning the release of information, and
  - Other customer protections.
2. Sign on the last page that:
  - you have read this form, or
  - the Owner or a third party of your choice has explained it to you, and
  - you consent to the release of information for the purposes and uses described.

### Authority for Requiring Applicant's/Tenant's Consent to the Release of Information

Section 904 of the Stewart B. McKinney Homeless Assistance Amendments Act of 1988, as amended by section 903 of the Housing and Community Development Act of 1992. This law is found at 42 U.S.C. 3544.

In part, this law requires you to sign a consent form authorizing the Owner to request current or previous employers to verify salary and wage information pertinent to your eligibility or level of benefits.

In addition, HUD regulations (24 CFR 5.659, Family Information and Verification) require as a condition of receiving housing assistance that you must sign a HUD-approved release and consent authorizing any depository or private source of income to furnish such information that is necessary in determining your eligibility or level of benefits. This includes

information that you have provided which will affect the amount of rent you pay. The information includes income and assets, such as salary, welfare benefits, and interest earned on savings accounts. They also include certain adjustments to your income, such as the allowances for dependents and for households whose heads or spouses are elderly handicapped, or disabled; and allowances for child care expenses, medical expenses, and handicap assistance expenses.

### Purpose of Requiring Consent to the Release of Information

In signing this consent form, you are authorizing the Owner of the housing project to which you are applying for assistance to request information from a third party about you. HUD requires the housing owner to verify all of the information you provide that affects your eligibility and level of benefits to ensure that you are eligible for assisted housing benefits and that these benefits are set at the correct levels. Upon the request of the HUD office or the PHA (as Contract Administrator), the housing Owner may provide HUD or the PHA with the information you have submitted and the information the Owner receives under this consent.

### Uses of Information to be Obtained

The individual listed on the verification form may request and receive the information requested by the verification, subject to the limitations of this form. HUD is required to protect the income information it obtains in accordance with the Privacy Act of 1974, 5 U.S.C. 552a. The Owner and the PHA are also required to protect the income information they obtain in accordance with any applicable state privacy law. Should the Owner receive information from a third party that is inconsistent with the information you have provided, the Owner is required to notify you in writing identifying the information believed to be incorrect. If this should occur, you will have the opportunity to meet with the Owner to discuss any discrepancies.

### Who Must Sign the Consent Form

Each member of your household who is at least 18 years of age, and each family head, spouse or co-head, regardless of age must sign the relevant consent forms at the initial certification, at each recertification and at each interim certification, if applicable. In addition, when new adult members join the household and when members of the household become 18 years of age they must also sign the relevant consent forms.

Persons who apply for or receive assistance under the following programs must sign the relevant consent forms:

Rental Assistance Program (RAP)

Rent Supplement

Section 8 Housing Assistance Payments Programs (administered by the Office of Housing)

Section 202

Sections 202 and 811 PRAC

Section 202/162 PAC

Section 221(d)(3) Below Market Interest Rate

Section 236

HOPE 2 Home Ownership of Multifamily Units

### Failure to Sign the Consent Form

Failure to sign any required consent form may result in the denial of assistance or termination of assisted housing benefits. If an applicant is denied assistance for this reason, the O/A must follow the notification procedures in Handbook 4350.3 Rev. 1. If a tenant is denied assistance for this reason, the O/A must follow the procedures set out in the lease.

### Conditions

No action can be taken to terminate, deny, suspend or reduce the assistance your household receives based on information obtained about you under this consent until the O/A has independently 1) verified the information you have provided with respect to your eligibility and level of benefits and 2) with respect to income (including both earned and unearned income), the O/A has verified whether you actually have (or had) access to such income for your own use, and verified the period or periods when, or with respect to which you actually received such income, wages, or benefits.

A photocopy of the signed consent may be used to request the information authorized by your signature on the individual consent forms. This would occur if the O/A does not have another individual verification consent with an original signature and the O/A is required to send out another request for verification (for example, the third party fails to respond). If this happens, the O/A may attach a photocopy of this consent to a photocopy of the individual verification form that you sign. To avoid the use of photocopies, the O/A and the individual may agree to sign more than one consent for each type of verification that is needed. The O/A shall inform you, or a third party which you designate, of the findings made on the basis of information verified under this consent and shall give you an opportunity to contest such findings in accordance with Handbook 4350.3 Rev. 1.

The O/A must provide you with information obtained under this consent in accordance with State privacy laws.

If a member of the household who is required to sign the consent forms is unable to sign the required forms on time, due to extenuating circum-

stances, the O/A may document the file as to the reason for the delay and the specific plans to obtain the proper signature as soon as possible.

Individual consents to the release of information expire 15 months after they are signed. The O/A may use these individual consent forms during the 120 days preceding the certification period. The O/A may also use these forms during the certification period, but only in cases where the O/A receives information indicating that the information you have provided may be incorrect. Other uses are prohibited.

The O/A may not make inquiries into information that is older than 12 months unless he/she has received inconsistent information and has reason to believe that the information that you have supplied is incorrect. If this occurs, the O/A may obtain information within the last 5 years when you have received assistance.

I have read and understand this information on the purposes and uses of information that is verified and consent to the release of information for these purposes and uses.

\_\_\_\_\_  
Name of Applicant or Tenant (Print)

\_\_\_\_\_  
Signature of Applicant or Tenant & Date

I have read and understand the purpose of this consent and its uses and I understand that misuse of this consent can lead to personal penalties to me.

Dina Vernon

\_\_\_\_\_  
Name of Project Owner or his/her representative

Director of Finance

\_\_\_\_\_  
Title

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

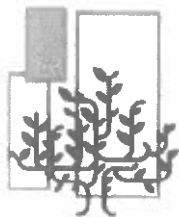
cc: Applicant/Tenant  
Owner file

### Penalties for Misusing this Consent:

HUD, the O/A, and any PHA (or any employee of HUD, the O/A, or the PHA) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form.

Use of the information collected based on the form HUD 9887-A is restricted to the purposes cited on the form HUD 9887-A. Any person who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or tenant may be subject to a misdemeanor and fined not more than \$5,000.

Any applicant or tenant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD, the O/A or the PHA responsible for the unauthorized disclosure or improper use.



# THE TOWERS

AT TOWER LANE

18 Tower Lane  
New Haven, CT 06611  
P (203) 772-1816  
www.towerlane.org

## LANDLORD REFERENCE FORM

Name: \_\_\_\_\_

I hereby authorize release of information to The Towers at Tower Lane.

Applicant's signature \_\_\_\_\_

Date \_\_\_\_\_

Do you own ☐ or rent ☐? If you rent, please complete the remainder of this form.

Dear Landlord:

The applicant(s) listed above has applied for housing with The Towers at Tower Lane. In order to determine the eligibility of this applicant for housing, The Towers at Tower Lane needs complete and accurate information on the applicant's current and/or prior housing history. Please complete this form, and return it to us as soon as possible. Thank you for your help.

### General Information:

Are you: ☐ Current Landlord ☐ Former Landlord ☐ Other

Other please describe \_\_\_\_\_

Dates of the Applicant's Tenancy: From \_\_\_\_\_ To \_\_\_\_\_

Is this tenant subsidized? ☐ Yes ☐ No If yes, what type of subsidy? Project-based or City voucher (circle one)

- Are you a relative or friend of the applicant?
- Does/Did the applicant have a lease?
- Is the applicant listed on the lease for the unit?

Please Circle Response

Yes	No
Yes	No
Yes	No

### Information on Rent Payment:

- Amount of Monthly Rent: \$ \_\_\_\_\_ Did this include utilities?
- Does/Did applicant pay rent on time?
- Does the applicant owe you money?  
If yes, how much? \$ \_\_\_\_\_
- Has the applicant ever paid rent late?  
How late? ☐ 3 mos. ☐ 2 mos. ☐ 1 mo. ☐ Other (Explain): \_\_\_\_\_  
How often? ☐ Always ☐ Sometimes ☐ Infrequent
- Have/Had you ever begun or completed eviction proceedings for non-payment?
- Have/Were applicant's utilities ever disconnected?

Yes	No
Yes	No
Yes	No
Yes	No
Yes	No
Yes	No

### Information on the care of the Unit:

We are a warm and vibrant senior community, infused with Jewish values, where people live their best lives.



- |  |     |    |
|--|-----|----|
| • Does/Did the applicant keep the unit clean, safe, and sanitary?  | Yes | No |
| • Has/Had there ever been a fire in the unit during the applicant's tenancy?   | Yes | No |
| • Has/Had the applicant, family member or guest damaged the unit including making any unauthorized changes?<br>If yes describe: _____ Cost: \$ _____ | Yes | No |
| • Has applicant paid for the damage?   | Yes | No |
| • Will/Did you keep the security deposit?  | Yes | No |
| • Does/Did the applicant have problems with rodent or insect infestation?  | Yes | No |
| • Does/Did the applicant's housekeeping habits contribute to the infestation?  | Yes | No |

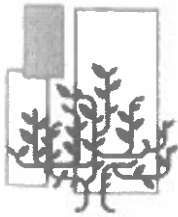
**Information on Tenancy:**

- |   |     |    |
|---|-----|----|
| • Does/Did the applicant permit persons other than those on the lease to live in the unit on a regular basis?   | Yes | No |
| • Have/Had you ever received complaints regarding the applicant, family member(s) or guests causing any problems or creating too much noise?  | Yes | No |
| • Has/Did the applicant, family member(s), or guests damaged or vandalized the common areas or unit?  | Yes | No |
| • Does/Did the applicant, family member(s) or guest create any physical hazard to other residents?<br>If yes, describe: _____   | Yes | No |
| • Does/Did the applicant, family member(s) or guest interfere with the rights and quiet enjoyment of others?<br>If yes, describe: _____   | Yes | No |
| • Does the applicant family members(s) or guest engage in any criminal activity, including drug-related activity?<br>If yes, describe: _____  | Yes | No |
| • Does/Did applicant family member(s) or guest act in a physically violent and/or physically abusive manner towards neighbors, landlord or landlord's staff?<br>If yes, describe: _____ | Yes | No |
| • Have/Had you ever asked this applicant to leave or proceed with eviction against this applicant?<br>If yes, describe: _____   | Yes | No |
| • Do you know of any other reason why this applicant would not make a good tenant?<br>If yes, describe: _____   | Yes | No |
| • Would you rent to this applicant again?   | Yes | No |

\_\_\_\_\_  
Signature of Landlord

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Date



# THE TOWERS

AT TOWER LANE

18 Tower Lane  
New Haven, CT 06511  
P (203) 772-1616  
www.towerlane.org

## TENANT DECLARATION FORM

**Instructions: Complete this form for each member of the household listed on the Application**

Last Name \_\_\_\_\_

First Name \_\_\_\_\_ Middle Name \_\_\_\_\_

Relationship to Head of household \_\_\_\_\_

Sex \_\_\_\_\_ Date of Birth \_\_\_\_\_

Social Security No. \_\_\_\_\_ Alien Registration No. \_\_\_\_\_

Admission No. \_\_\_\_\_ if applicable, (this is an 11-digit number found on INS Form I-94, Departure record)

Nationality \_\_\_\_\_ (Enter the foreign nation or country to which you owe legal allegiance. This is normally, but not always the country of birth.)

Save Verification No. \_\_\_\_\_ (to be entered by owner if and when received)

\*\*\*\*\*

**INSTRUCTIONS:** Complete the Declaration below by printing or typing the person's first name, middle initial, and last name in the space provided. Then review the blocks designated below and complete either block number 1, 2

\*\*\*\*\*

### DECLARATION

I, \_\_\_\_\_ hereby declare, under penalty of perjury, that I am:  
(print or type first name, middle initial, last name)

\_\_\_\_\_ 1. A citizen or national of the United States

If you checked this block, no further information is required. Sign and date below and forward this form to the name and address specified in the attached notification. If this block is checked on behalf of a child, the adult who resides in the assisted unit and who is responsible for the child should sign and date below.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\*\*\*\*\* (turn to other side of page)

Check here if adult signed for a child: \_\_\_\_\_

We are a warm and vibrant senior community, infused with Jewish values, where people live their best lives.

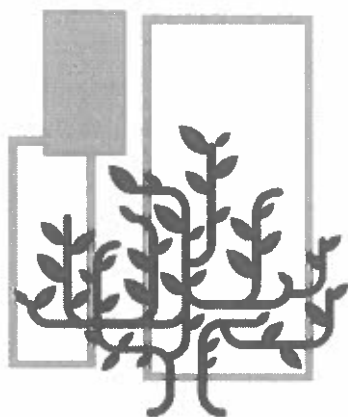


\_\_\_\_\_ 2. A non-citizen with eligible immigration status in the category checked below:

\_\_\_\_\_ (I) A non-citizen lawfully admitted for permanent residence, as defined by section 101 (a) (20) of the Immigration and Nationality Act (INA) as an immigrant, as defined by section 101 (a) (15) of the INA (8 U.S.C. 1011 (a) (20) and 1101 (a) (15), respectively. (immigrants) (This category includes a non-citizen admitted under section 210 or 210A of the INA (8 U.S.C. 1160 or 1161), (special agricultural worker), who has been granted lawful resident status):

\_\_\_\_\_ (II) A non-citizen who entered the United States before January 1, 1972, or such later date as enacted by law, and has continuously maintained residence in the United States since then, and who is not eligible for citizenship, but who is deemed to be lawfully admitted for permanent residence as a result of an exercise of discretion by the Attorney General under section 249 of the INA (8 U.S.C. 1259);

\_\_\_\_\_ (III) A non-citizen who is lawfully present in the United States pursuant to an admission under section 207 of the INA (8 U.S.C. 1157) [refugee status]; pursuant to the granting of asylum (which has not been terminated) under section 208 of the INA (8 U.S.C. 1158) [asylum status]; or as a result of being granted conditional entry under section 203



# THE TOWERS

AT TOWER LANE

## **Pet Policy and Agreement**

18 Tower Lane, New Haven, CT 06519

203-772-1816 Fax 203-785-8280

[www.towerlane.org](http://www.towerlane.org)

## **PET POLICY AND AGREEMENT**

A “pet” is a small, common, household domesticated animal, such as a dog, cat, bird, rodent, fish or turtle that is traditionally kept in the home for pleasure rather than for commercial purposes. A reptile (except a turtle), a guard dog, dogs bred for fighting, exotic animals are not “pets” and are not allowed. Certain portions of this policy do not apply to guide or service animals as defined by The Americans with Disabilities Act. If you have a documented service animal, service animals are allowed in all places the public is allowed to go.

### **I. CATEGORIES OF PETS**

After fulfilling the management requirements, residents may maintain a pet from only one of the following categories:

- a) Dog      Maximum number - One  
Maximum size - 35 pounds  
Spayed or neutered  
Current distemper and rabies shots  
Must be of gentle disposition  
House-broken
- b) Cat      Maximum number - One  
Spayed or neutered  
Current distemper, feline leukemia and rabies shots  
Litter – box trained
- c) Birds      Maximum number - Two  
Maximum size - Parakeet size (no parrots, myna birds, etc.)  
Shall not be allowed out of cage
- d) Fish      Maximum number - Ten (no carnivorous species),  
One aquarium - maximum size: ten gallons  
Aquarium shall be placed in a safe location within the unit  
Except for fish bowl under one gallon or less
- e) Misc.      Small rodents, limited to hamsters, rabbits, guinea-pigs  
Maximum number – One  
Standard-sized cage



## **II. ACCESS TO COMMON AREAS**

1. Pets are prohibited from entering dining areas. Dining Areas include The Café, Main Dining Room, Private Dining Room or any other area where meals are being served.
2. Pets must be kept on a short leash while traveling in the elevator or in tight spaces when other residents are near.

## **III. PET APPLICATION, INTERVIEW PROCESS, ALTERNATE CARETAKER AND APPROVAL OF PET**

1. No resident may have a pet on the premises (except for fish in a bowl under one gallon) before applying in writing to the business office manager, being interviewed by the management, completing the pet application form and paying the pet deposit, (Section XII), and receiving written notification of management's decision as to the pet's acceptability by the management. The resident must complete the following information on the pet's application form: (See attachment)
  - Verification of inoculations
  - Information to identify pet and establish it as a common household pet
  - Verification of pet licensure
  - Verification of spaying or neutering
  - Supply management with the names and telephone numbers of at least two persons who will assume immediate responsibility for the pet in case of an emergency (i.e. when the pet owner is absent or unable to adequately maintain the pet.) Written verification of the willingness of these persons to assume alternate caretaker responsibility is required. It is the responsibility of the pet owner to inform the management of any change of alternate caretakers. Any expenses relating to alternate caretakers shall be the responsibility of the pet owners.
2. In cases of emergency, when the management is unable to reach the caretakers or the caretakers fail to act, the owner agrees to allow management to take such action as the owner has authorized in the Emergency Action Form that the resident has filled out. The owner agrees to allow management to place the pet in an appropriate boarding facility, all fees and costs to be borne by the pet owner. Within five days of such an emergency, the resident, his agent, family or estate must make arrangements with the holder of the pet as to its disposition and shall be responsible for all obligations, financial and otherwise, in such disposition. A situation in which a pet is left unattended for 12 hours will be considered an emergency and management will follow procedures listed in Section IX. Tower One/Tower East does not accept any responsibility for the pet.
3. **THE RESIDENT PET OWNER ABSOLVES TOWER ONE/TOWER EAST AND ITS AGENTS OF ANY OR ALL LIABILITY, FINANCIAL OR OTHERWISE, FOR ACTIONS TAKEN ON BEHALF OF THE PET OWNER, OR FOR THE WELL BEING OF THE PET.**
4. The interview is to verify that the pet complies with the selection criteria, is in good health, well cared- for, well behaved and under control of its owner. Cats must be litter-box trained and dogs must be housebroken. The pet owner will be provided with a written ruling as to the pet's acceptability after the interview.

5. Annual review must be performed on the status of the pet to include such points as health, behavior, and inoculations. Emergency action forms shall be reviewed and revised as necessary at least once each year at a time designated by management.

#### **IV. ANIMAL WASTE DISPOSAL**

1. All animal waste or litter from litter boxes or cages must be picked up and disposed of in SEALED PLASTIC BAGS and placed in the trash chute or other designated place. Cat litter must be changed at least twice weekly and cleaned daily. Litter from litter boxes must not be disposed of in the toilet.
2. When outside, the owner must use a "pooper scooper" or newspaper to clean up after the pet on the exterior common grounds. Pet waste must then be placed in sealed plastic bags, which should be placed in the trash chute or other designated place.
3. Pets must not be allowed to urinate on plants, trees or shrubs on the grounds of the building including patio and courtyard areas.

#### **V. PET OWNER COURTESY**

1. The pet owner must keep the pet under control at all times, so that the pet does not jump on or frighten other residents or guests or the property. The pet owner acknowledges that other residents and guests may have chemical sensitivities or allergies or may be frightened by animals. The pet must not be allowed by the owner to urinate or defecate in common areas. The pet owner agrees to exercise common sense and common courtesy in respect for other resident's rights to peaceful and health enjoyment of Tower One/Tower East. The pet must be kept on a short leash at all times when inside the building and dogs must be kept on a leash (no more than 6 feet) outside the building.

#### **VI. PET NOISE**

1. Pets that disturb the peace and quiet of neighbors through noise (barking, meowing, whining, etc.), foul smells, animal waste, biting, scratching or other nuisance will be removed from the premises. (See Section IX.)

#### **VII. PET CARE**

1. The pet owner agrees to provide pet care, nutrition, exercise and medical care for the pet. Pets that appear to be poorly cared for will be reported to the Animal Control or other authority for removal at the owner's expense.
2. Owners are responsible for providing proof to the management of annual shots and licensing.
3. Management reserves the right, for proper cause, to inspect the pet owner's apartment at any time (after proper notice, if possible) to verify the condition of the apartment or pet.
4. A pet must be removed by the pet owner from his or her apartment for flea or pest control treatment of the apartment.
5. If management deems it to be necessary to fumigate your apartment as a result of the presence of your pet, you will be responsible for all costs incurred.

6. Upon admission of a pet, the pet owner shall file with the management proof that a flea fumigation program acceptable to management will be maintained for any fur-bearing pet. Thereafter, the owner of the fur-bearing pet shall file, at intervals determined by management, proof that the pet and/or the apartment is being fumigated for fleas by an accredited exterminator.

#### **VIII. PET VIOLATIONS**

1. Pet owners will be informed in writing of any alleged violations of pet rules and given five (5) days to correct the problem or make a written request to discuss it with management. Failure to correct the problem or appear at a meeting to discuss it will result in removal of the pet from Tower One/Tower East. Failure to correct the problem or appear at a meeting to discuss it will result in management removing the pet from Tower One/Tower East and/or eviction proceedings against the tenant.
2. Management reserves the right to act immediately to remove the offending pet forthwith in situations deemed to be of an emergency nature.

#### **IX. PET LIABILITY**

1. Residents owning pets shall be liable for the entire amount of damages to Tower One/Tower East caused by their pet, and all cleaning, de-fleing and deodorizing expenses incurred because of such pet. Pet owner shall be strictly liable for the entire amount for any injury to persons or property caused by their pet to other residents, staff, or visitors at Tower One/Tower East. We strongly recommend residents maintain apartment liability insurance.

#### **X. PET DEPOSIT**

1. Each pet owner must provide a Pet Security Deposit in the amount of \$300.00 in addition to the standard rental security amount prior to the pet moving in. This deposit shall be maintained in a separate account as provided for by state law and HUD regulations for the maintenance of security deposits, and will be handled in the same way as a rental security deposit. This deposit is a security against damage such as foul odors, stains rips etc., by the pet to the carpeting or other furnishings in the apartment or common areas.

#### **XI. FINES FOR OWNER OR PET VIOLATIONS**

1. In addition to any other remedies provided by this agreement and by law, management reserves the right to impose fines of up to \$25.00 per violation and/or per occurrence for failure by owner to adhere to the Pet Policy and Agreement.

#### **XII. SERVICE ANIMALS**

1. Service Animals are not required to wear special vests or tags but they must be harnessed, leashed or tethered, unless this interferes with the animals work.

**XIII. VISITING THERAPY DOGS / EMOTIONAL SUPPORT ANIMALS**

1. These types of animals must have documentation and do not have public access rights. They must abide by all rules for "Pets". If a residents requires a reasonable accommodation for a disability, please inquire at The business office.

*The Management of TOWER ONE/TOWER EAST thanks all resident pet owners in advance for their cooperation.*

**APPLICANT INFORMATION:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_

TYPE OF PET: \_\_\_\_\_

Pass	Fail
_____	_____ 1. Current license
_____	_____ 2. Proof of current inoculation
_____	_____ 3. Written verification of spaying or neutering, or veterinarian letter stating that this would be detrimental to the pet's health
_____	_____ 4. Verification of size and temperament of pet
_____	_____ 5. Self-determination form
_____	_____ 6. Verification by telephone or affidavit of the alternate caretakers.

## PET OWNERSHIP DETERMINATION FORM

Failure to meet any of the above requirements will result in the denial of admission to Tower One/Tower East of the pet in question.

\_\_\_\_\_ Pet is accepted

\_\_\_\_\_ Pet is denied admission

Reasons:

---

---

---

---

---

Resident was notified in writing on \_\_\_\_\_

Date

## **PET APPLICATION**

RESIDENT NAME: \_\_\_\_\_ APT. \_\_\_\_\_

TYPE OF PET: \_\_\_\_\_ AGE OF PET \_\_\_\_\_

NAME OF PET: \_\_\_\_\_ WEIGHT OF PET \_\_\_\_\_

HOW LONG HAVE YOU OWNED THIS PET? \_\_\_\_\_

2. HAS YOUR PET LIVED IN RENTAL HOUSING BEFORE? \_\_\_\_\_

IF SO, PLEASE FILL IN THE FOLLOWING:

NAME OF APARTMENT COMPLEX: \_\_\_\_\_

MANAGER'S NAME: \_\_\_\_\_

TELEPHONE NUMBER: (       ) \_\_\_\_\_

DATE OF PET'S LAST VACCINATION: \_\_\_\_\_

Name of Veterinarian: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

4. TOWN/CITY LICENSE NUMBER: \_\_\_\_\_

5. HAS YOUR PET BEEN SPAYED OR NEUTERED? \_\_\_\_ Yes \_\_\_\_ No

6. IF YOUR PET IS A CAT, HAS IT BEEN DECLAWED? \_\_\_\_ Yes \_\_\_\_ No

IF YOUR PET IS A DOG, DOES THE PET RESPOND TO VOICE COMMAND: \_\_\_\_ Yes \_\_\_\_ No

### EMERGENCY ACTION FORM

Name \_\_\_\_\_

Apartment Number \_\_\_\_\_

NAME OF PERSONS WHO WILL TAKE RESPONSIBILITY FOR EMERGENCY CARE FOR YOUR PET

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE (DAY) \_\_\_\_\_ (EVE) \_\_\_\_\_

I hereby accept this responsibility

SIGNATURE \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE (DAY) \_\_\_\_\_ (EVE:) \_\_\_\_\_

I hereby accept this responsibility

SIGNATURE \_\_\_\_\_

Name, address, and phone where you board your pet \_\_\_\_\_

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

Revised 5/10/16



**PET POLICY ACKNOWLEDGEMENT**

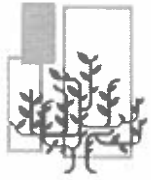
**I HAVE RECEIVED A COPY OF THE TOWER ONE/TOWER EAST PET POLICY AGREEMENT AND HEREBY AGREE TO ABIDE BY ITS STIPULATIONS.**

\_\_\_\_\_  
**Resident Pet Owner Name (Please Print)**

\_\_\_\_\_  
**Apartment Number**

\_\_\_\_\_  
**Resident Signature**

\_\_\_\_\_  
**Date**



# THE TOWERS

AT TOWER LANE

18 Tower Lane  
New Haven, CT 06519  
Tel (203) 772-1816  
Fax (203) 777-5951  
[www.towerone.org](http://www.towerone.org)



TO:

APARTMENT:

Our Resident Handbook states that Tower One/Tower East is a smoke-free community, **Under Federal Law, this also includes Medical Marijuana, and smoking is not permitted anywhere in the building or on the grounds of the Towers.**

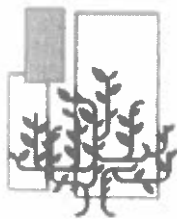
Please sign this letter and return it to the Business office, Tower One/Tower East, 18 Tower Lane, New Haven, CT 06519 to indicate your willingness to follow this policy.

Thank you.

I, \_\_\_\_\_, have read this letter and will comply with this policy.  
(print name)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



# THE TOWERS

AT TOWER LANE

18 Tower Lane  
New Haven, CT 06511  
P (203) 772-1816  
www.towerlane.org

## ASSET DIVESTITURE CERTIFICATION

I, \_\_\_\_\_, certify that:

- ☐ I have NOT sold or given away any assets for less than fair market value during the past 2 years.
- ☐ I have sold or given away the assets listed below for less than fair market value during the past 2 years.

Description	Date Disposed of	Amount Sold for	Market Value	Cash Value*
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

\* Cash Value is the market value of the asset minus reasonable costs incurred in selling or converting the asset to cash. Such reasonable costs include:

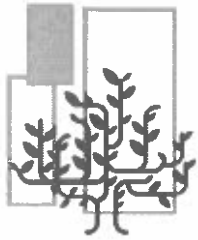
1. Penalties for withdrawing funds before maturity,
2. Broker/legal fees for the sale or conversion of assets,
3. Settlement costs for real estate transactions.

I have been made aware of the provisions of Section 1001 of Title 18 of the U.S. Code. I understand that it is a criminal offense, punishable by a \$10,000 fine or 5 years imprisonment or both, to intentionally make false or inaccurate statements to any department or agency of the United States about any matter within its jurisdiction.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date





# THE TOWERS

AT TOWER LANE

18 Tower Lane  
New Haven, CT 06511  
P (203) 772 1816  
[www.towerlane.org](http://www.towerlane.org)

---

## **ASSISTED LIVING** **CONSUMER INFORMATION STATEMENT**

If you or a loved one is considering a move to an assisted living community in Connecticut, you have many choices. All assisted living communities provide or make available meals, housekeeping, social and recreational activities and other services, as well as personal care and nursing services licensed by the Connecticut Department of Public Health. There is, however, considerable variety in the scope of services, costs, and the way in which costs are billed.

The Connecticut Assisted Living Association (CALA) has developed a booklet, *A Consumer's Guide To Assisted Living In Connecticut*, to provide general information. In addition, this Consumer Information Statement provides specific information about each community. Our goal as a CALA member community is to offer full and meaningful disclosure to consumers. A careful review of the booklet, *Consumer's Guide*, this Consumer Information Statement, and your lease will provide you with knowledge you need to make informed choices about the assisted living communities you are considering and whether assisted living is the right choice for you.

We hope that this Consumer Information Statement and other documents are helpful to you. Our staff is always available to discuss issues and answer questions. Please do not hesitate to call Carol Davino, Community Relations Director at 475-355-8847 for more information.

## COMMUNITY INFORMATION

Name of Community	The Towers at Tower Lane
Managed By	The Towers at Tower Lane
Chief Executive Officer	Gustave (Gus) Keach-Longo
Address	18 Tower Lane New Haven, CT 06519
Telephone	(203) 772-1816
Licensed Assisted Living Services Agency	Utopia Assisted Living Services Agency
For More Information, Contact	Carol Davino 475-355-8847

## BASIC INFORMATION

- ♦ **Important Documents.** Copies of your lease, Residents' Bill of Rights, Residents' Handbook and copies of Utopia's Assisted Living Services Agreement, and Utopia's Assisted Living Clients Bill of Rights will be made available to you as they are executed. These documents provide detailed information about contractual arrangements and your rights and responsibilities as a resident of this community.
- ♦ **Fees and Services.** A schedule of fees and the services that are included in those fees is attached. Fees are subject to change.
- ♦ **Residence and Discharge.** All residents must be able to live independently or with appropriate and approved supportive services in accordance with our Towers Tenant Selection Policy.

A resident will need to move out at such time when he/she can no longer live independently with or without supportive services.

- Smoke Free Community

Residents of The Towers at Tower Lane , guests, staff and vendors visiting The Towers at Tower Lane may **not smoke anywhere in the buildings including the common areas, inside residents' apartments or outside within the perimeters of the Towers property.**

Common areas include, but are not limited to, hallways, lobbies, stairwells, elevators, laundry rooms, community rooms, the café and dining room.

- ◆ **Your Health Care Needs.** A description of how residents' health needs are assessed and monitored, requirements under Connecticut law for administration and supervised self-administration of medications, and much other useful information is provided in the booklet, *A Consumer's Guide To Assisted Living In Connecticut*, which is given to you with this Consumer Information Statement.

- ◆ **The Towers offers:**

Independent Living (no regularly scheduled personal care and nursing services).

Assisted Living (regularly scheduled personal care and nursing services available).

- ◆ **Nursing and Personal Care Staffing provided by Utopia Assisted Living Services Agency**

**Nurse Aide Staffing.** Trained and certified nurse's aide or home health aide staffing is available to meet your needs as identified in your service plan.

**Nursing Staff.** Utopia Assisted Living Services Agency nurse staffing is available on-site for residents receiving assisted living services from 8:00AM to 4:00PM, Monday through Friday, and on call at all other times.

- ◆ **The Towers Management**

President/CEO

Gustave (Gus) Keach-Longo

Vice President Operations

Jesse Wescott

Director of Finance

Dina Vernon

Vice President Strategic Initiatives

Jennifer Bayer

Director, Community Relations

Carol Davino

**Office of the Long-Term Care Ombudsman**

**State of Connecticut – Department of Social Services**

**25 Sigourney Street, Hartford, CT 06106**

**The mission of the Long-Term Care Ombudsman is to protect the health, safety, welfare and rights of long term care residents. This program responds to, and investigates concerns and complaints made by residents, family members, responsible parties or any other person acting on their behalf.**

**You may reach the regional offices of the Long-Term Care Ombudsman Program by calling: (866) 388 1888, (860) 424 5221, and (203) 597 4181.**

## **MOVE-IN AND MOVE-OUT REQUIREMENTS**

### **Move-In Requirements**

We require a health and functional assessment by a Registered Nurse and/or Social Worker for all applicants in order to determine whether your needs can be met, and how they can best be met by Utopia Assisted Living Services Agency and/or The Towers Resident Services Department. In order for you to be admitted for assisted living services (personal care and nursing) your condition must be chronic and stable as certified by your own physician. We will require this certification and some basic information from your physician prior to move-in if you will be receiving assisted living services. For applicants living out of state we will require a geriatric assessment by a board certified geriatric specialist.

Certain conditions or circumstances, such as those set forth in our Tenant Selection Plan, may make you ineligible for admission. Decisions regarding admission of applicant will also be guided by the criteria set forth in our Tenant Selection Plan. In addition to information regarding your physical and cognitive condition and functional abilities, we will require certain financial information to determine your ability to meet your financial obligations.

### **Move-Out Requirements**

Connecticut law does not list specific conditions or circumstances that would require you to leave The Towers at Tower Lane. Decisions about move-out are made on an individual basis, and always with your involvement and, when appropriate in consultation with your family or other representative. We will assist you with arrangements to move to another setting; however, making those arrangements is your responsibility or the responsibility of your family or other representative if you are unable to do so.

You are not required to move out of The Towers at Tower Lane if your condition is no longer chronic and stable but your overall health status remains appropriate for assisted living; however, in those circumstances, your health care must be provided by a licensed home health agency or other appropriate licensed professional, who may work together with Utopia Assisted Living Services Agency to promote continuity of care.



Utopia Assisted Living Services Agency may be unable to provide services to you if there are safety issues that endanger you or our staff, if you have not paid us for providing services or if you no longer require assisted living services.

You may be required to move out of The Towers at Tower Lane under the following circumstances:

- ◆ You fail to meet your obligations under your lease. This includes your obligations to make all required payments in a timely manner and to abide by the rules as detailed in your lease and Resident Handbook which is an addendum to your lease.
- ◆ You require a higher level of care than we are able to provide, such as 24-hour skilled nursing supervision, or intensive care or therapy not generally available in an assisted living setting.
- ◆ Your behavior or actions pose a risk to your own health, safety or comfort or to the health, safety or comfort of other residents.

Your apartment unit is your legal residence and your rights and responsibilities as a resident are governed by Connecticut's landlord-tenant laws, your lease and our residents' rules.

### **ASSISTED LIVING APARTMENTS (ONLY)**

In accordance with applicable HUD regulations, in order to reside in a designated assisted living apartment, at least one member of your household must require and receive assisted living services from our licensed Assisted Living Services Agency. If there is no longer any member of your household receiving assisted living services from our licensed Assisted Living Services Agency, you will no longer be entitled to remain in the assisted living apartment. We will assist you to relocate should you desire such assistance.

## **SERVICES AND FEES**

### ***Monthly Fee / Tower One***

#### Rent

The following services and amenities are included in the monthly rent you pay for your apartment:

- **In Your Apartment**

Basic Emergency Response System (Pull Cords)

Kitchenette

Full Bath (Shower and/or Tub)

Carpeting

Window Treatments

Telephone Jack

Cable TV Jack

Lockable Door

Gas/Electric

Hot/Cold Water

Heat

Air conditioner

- Meals

**Six (6) kosher dinners a week are included in the Tower One monthly fee**

## ***Monthly Fee / Tower East***

### **Rent**

The following services and amenities are included in the monthly rent you pay for your apartment:

- **In Your Apartment**

Basic Emergency Response System (Pull Cords)  
Kitchenette area  
Full Bath (Shower and/or Tub)  
Carpeting  
Window Treatments  
Telephone Jack  
Cable TV Jack  
Lockable Door  
Hot/Cold Water  
Heat

## **OTHER SERVICES for both Tower One and Tower East Residents**

- **Meals:** Six (6) Kosher dinners a week are included in the Tower One monthly fee (dinner plan is optional for Tower East residents.) Breakfast and lunch are available in the Towers Café on a pay-as-you go basis. Extended meal plans are available for a fee. (i.e., 2 meals a day, 7 days a week; 3 meals a day, 7 days a week.)  
We are unable to accommodate requests for special diets.
- **Transportation:** Our resident service coordinators will assist residents in arranging transportation for all purposes. Local supermarkets provide regularly scheduled bus transportation for shopping.
- **Parking:** If you own a car and wish to park on the premises there is a monthly parking fee.
- **Social and Recreational Activities.** The Towers provides regular daily activities, special programs and scheduled excursions. Charges may apply for some events.

- **Laundry and Linen Service.** Available at an additional cost.
- **Housekeeping.** Arrangements may be made for housekeeping services at a fee to be determined by the level of service to be performed.  
**A Towers Fee Schedule is included in this package and may be subject to change without notice.**

### **Nursing and Personal Care Services**

Nursing and Personal Care services are available through Utopia Assisted Living Services Agency.

Please see enclosed Utopia Assisted Living Services Agency fee Schedule with this package.

### **Increases in Fees and Other Charges**

Your rent and other fees may be increased as indicated in your lease and Assisted Living Services Agreement. We are required to give you at least 30 days notice of increases in charges for rent, personal care and nursing services. Charges for separately billed items such as extra meals, guest meals, laundry, housekeeping, etc. may be increased at any time. Charges may also increase because your health care needs grow, and you require a higher level of, or additional, health care services. This change may occur at any time if your needs for personal care and nursing services increase.

### **Security Deposit**

A Security Deposit equal to one month's Basic Monthly Fee is required. Please see the lease for additional information about the Security Deposit.

**The Towers at Tower Lane  
Assisted Living  
Consumer Information Statement**

I, \_\_\_\_\_, by signing this receipt,  
(print name)

I acknowledge having received a copy of the The Towers at Tower Lane Assisted Living Consumer Information Statement.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date