

**Union Labor Retirement Association/Union Retirement Association/ Kirkland Manor Association/ Kirkland Union Manor Association & Westmoreland Union Manor One LP**

**QUALIFICATION - PREFERENCE CERTIFICATION**

Qualified applicants for residency at the Union Manors will be prefereced according to Federal guidelines if they state and certify that they fall into one or more of the preferencing categories. Categories and their definitions follow. Check the appropriate block if you qualify for one of these categories:

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

\_\_\_\_\_ **MOBILITY IMPAIRED/PHYSICALLY HANDICAPPED** - An individual requiring a unit who has a physical impairment, including impaired sensory, manual or speaking abilities, which results in a functional limitation in access to and use of a building or facility (UFAS, Section 3.5). This applies to Westmoreland's Union Manor and Kirkland Union Manors only.

\_\_\_\_\_ **VERY LOW INCOME** - Per HUD regulations: 1-Person Household - Income not to exceed \$39,500 per year; 2-Person Household - Income not to exceed \$45,150 per year.

\_\_\_\_\_ **EXTREMELY LOW INCOME** - Per HUD regulations: 1-Person Household - Income not to exceed \$23,700 per year; 2-Person Household - Income not to exceed \$27,100 per year.

I HEREBY CERTIFY that I qualify for one or more of the preferences as indicated above. I understand that the indicated preference will be verified prior to residency at the Union Manors. I further understand that it is my responsibility to notify the Office IN WRITING if my circumstances change. If this presents a hardship based on your disability, please contact the office for a reasonable accommodation. I further understand that if I qualify for residency by virtue of a preference and am offered the opportunity to move into the Union Manors and refuse that offer, my right under preferences may be forfeited.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**I DO NOT QUALIFY FOR A PREFERENCE AS DEFINED ABOVE**

I HEREBY CERTIFY that I do not qualify for any of the preferences as indicated above. I further understand that it is my responsibility to notify the Union Manor office IN WRITING if my circumstances change. If this presents a hardship based on your disability, please contact the office for a reasonable accommodation.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**SECURITY DEPOSIT /WAITING LIST STATEMENT**

Upon residency a security deposit will be required which is equal to the resident's share of one month's rent and is non-interest bearing as far as the resident or prospective resident is concerned.

I agree to notify the Union Manor Office every ninety days to remain on the waiting list. I understand that if I do not do so my name may be removed.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**SEE CRITERIA FOR RESIDENCY/TENANT SELECTION PLAN FOR ADDITIONAL DETAILS ON ELIGIBILITY, ACCURACY AND PREFERENCES.**