

# FOX RIDGE SHARED LIVING APPLICATION

PLEASE PRINT ALL INFORMATION

Name  Date of Birth  Phone

Address   
Street City State

Email

Parent/Guardian Name  Phone

Parent/Guardian Email

Care Coordinator Name  CC Phone

Care Coordinator Email

Are you currently enrolled in Self-Direction  YES  NO

Name of FI and Agency

List ALL Natural and Paid Supports who will support you in living at Fox Ridge (Family, Friends and Current Staff).

NAME	RELATIONSHIP	#Hrs/Week	PHONE	EMAIL
<input type="text"/>				
<input type="text"/>				
<input type="text"/>				

Please use additional sheet of paper if you have more Natural and Paid Supports in place.

## Financial Information

TYPE OF INCOME	Monthly
SSI	\$ <input type="text"/>
SSDI	\$ <input type="text"/>
DAC	\$ <input type="text"/>
SNAP	\$ <input type="text"/>
Wages	\$ <input type="text"/>
Other	\$ <input type="text"/>

**MONTHLY RENTAL EXPENSE INFORMATION (estimated)**

RENT \$1200 - Private Bedroom and Shared House  
 UTILITIES \$200 to \$250 - Estimated Gas & Electric, Water/Sewer, Trash  
 OPWDD Housing Subsidy will pay portion of rent and utilities

SERVICES \$ 125 - Yard Maintenance and Snow Removal  
 Paid through Self-Direction - IDGS Household Related Items and Services

INTERNET \$ 45- High Speed Internet for House  
 Paid through Self-Direction - OTPS Internet

PHONE \$ 35 - House Cell Phone  
 Paid through Self-Direction - OTPS Phone

Please attach proof of income to application.

Fox Ridge Farms, LLC would like to promote a family inclusive living environment. The families of our housemates should be willing to contribute to the overall house management. Please tell us a little bit more about your family.

If Fox Ridge wanted to add a house vehicle, would you or your family be able to contribute?  YES  NO  
How much per month can your or your family afford for extra amenities?

Do you or your family members have any special skills they could offer the household?  YES  NO  
If yes explain:

Please tell us anything else you would like us to know about yourself or your family.

Have you or any member of the household ever been convicted of a felony?  YES  NO  
If yes explain:

Are any members of your family subject to a lifetime sex offender registration requirement in any state?  YES  NO

Your signature(s) below serves as written permission for Fox Ridge Farms, LLC to obtain a copy of your Life Plan, LCED, and DDP2 from your Care Coordinator. The applicant(s) affirms that all information in this application is true and complete. The applicant also understands that a personal interview must be held, income verified and documents received in order to be considered. All information received is confidential. This application creates no obligation for the Landlord or applicant. After the application process is approved, a security deposit must be made and a lease agreement signed by both applicants. If accepted, Applicant(s) certify this apartment will be their sole residence. The undersigned makes the foregoing representation knowing that if any of such proves false, Fox Ridge Farms, LLC may cancel and annul any lease given in reliance upon such information.

Applicant Signature:  Date:

***If a portion or all of the application is completed by someone other than the applicant, the following statement must be completed.***

I/We have completed all or part of this application at the request of the applicant(s):

Signature

Date

Signature

Date

**PLEASE SUBMIT THIS FORM TO: Spectrum Services NY  
Info@spectrumservicesny.com  
Attach Life Plan, LCED, DDP2  
Attach Behavior Plan if utilized  
Attach Proof of Income**