



APPLICATION FOR AFFORDABLE PROPERTIES

Instructions for completing the application:

1. Please complete all sections by printing in ink. Please do not leave any section blank, even sections which do not apply to you. For instance, if a section asks for driver's license number and you do not have a driver's license, you may write "NONE". If you need to make a correction, put one line through the incorrect information, write the correct information above, and initial the change.
2. This application must be completed by the Head of Household. Each additional member 18 years of age and older who will reside in the apartment must sign the Rental Application.
3. It is important that all information on this form be complete and correct. False, incomplete or misleading information will cause your household's application to be declined.
4. As long as your application is on file with us, it is your responsibility to contact us whenever your address, telephone number or income situation changes and whenever you need to add a person to your application or remove a person from your application.
5. After we accept your application, we will make a preliminary determination of eligibility based on the information provided on that application. If your household appears to be eligible for housing, your application will be placed on a Waiting List; but this does not mean that your household will be offered an apartment. If later processing establishes that your household is not actually eligible or not actually qualified for housing, your application will be declined. We will process your application according to our standard procedures which are summarized in the Tenant Selection Plan posted in the Management Office.
6. Rental History must include all places where you/or any adult member lived in the past three years including places where your or their name did not appear on the lease and places where you or they used a different name.
7. Applicant has a right to obtain a 12-month history of energy consumption from the energy supplier whose name is available upon request.

DO NOT WRITE IN THIS BOX: MANAGEMENT USE ONLY

Date Received: _____ **Time Received:** _____ **Initials:** _____



APPLICANT INFORMATION:

Name: _____

Current Address: _____ City _____ State _____ Zip _____

Telephone #: (____) _____ Email: _____

HOUSEHOLD INFORMATION:

Beginning with the Head of Household, please list all information for each household member who will occupy the unit.

| Name (First, Middle Initial, Last) | Social Security Number | Date of Birth (Mo./Day/Yr.) |
|--|-------------------------------|---------------------------------------|
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| | | |

Are there any family members who are full-time students? Yes NoIf **yes**, please list _____Do you anticipate a change in household composition during the next 12 months? Yes NoWill any of the above household members live anywhere except in the apartment? Yes NoWill any other persons live in the apartment on a less than full-time basis? Yes NoIf you answered "**Yes**" to either question, please explain: _____Do you have any pets? Yes No If **yes**, what kind and size: _____**LANDLORD INFORMATION:**

Please include the last three (3) years of rental history. If additional space is needed attach a separate sheet

Present Housing: Own _____ Rent _____ Other _____ Monthly Amount \$ _____

Landlord's Name: _____

Landlord's Address: _____ City _____ State _____ Zip _____

Landlord's Telephone: _____ Dates of Residency: _____
(mo./yr.) TO (mo./yr.)**Previous Housing:** Own _____ Rent _____ Other _____ Monthly Amount: \$ _____

Previous Address: _____ City _____ State _____ Zip _____

Landlord's Name: _____

Landlord's Address: _____ City _____ State _____ Zip _____

Landlord's Telephone: _____ Dates of Residency: _____
(mo./yr.) TO (mo./yr.)

EMPLOYMENT INFORMATION:

Include current employers for all adult household members. If more space is need, attach a separate sheet.

Present Employer: _____ Telephone #:(_____)

Employer Address: _____ City _____ State _____ Zip _____

Occupation: _____ Dates of Employment: _____
(mo. /yr.) TO (mo. /yr.)

Salary: \$ _____ per hour week month year other _____

Second or Previous Employer: _____ Telephone #: (_____)

Employer Address: _____ City _____ State _____ Zip _____

Occupation: _____ Dates of Employment: _____
(mo. /yr.) TO (mo. /yr.)

Salary: \$ _____ per hour week month year other _____

Spouse Employer: _____ Telephone #: (_____)

Employer Address: _____ City _____ State _____ Zip _____

Occupation: _____ Dates of Employment: _____
(mo. /yr.) TO (mo. /yr.)

Salary: \$ _____ per hour week month year other _____

EMPLOYMENT INCOME

Please list the total annual employment income of all household members.

| Name of Recipient | Gross Wage (Full Time) | Gross Wage (Part Time) | Overtime Pay | Commissions Or Fees | Tips or Bonuses |
|-------------------|------------------------|------------------------|--------------|---------------------|-----------------|
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INCOME:

Please list the total benefit income of all household members. If a divorce decree or separation agreement exists but payments are not received, list the amount court ordered by the document.

| Benefit Type | Answer Yes or No | Gross Amount Received | Per Week etc. | Household Member Receiving Benefit |
|--------------------------------|---|-----------------------|---------------|------------------------------------|
| Social Security (Adult) | <input type="checkbox"/> Y <input type="checkbox"/> N | | | |
| Social Security (Child) | <input type="checkbox"/> Y <input type="checkbox"/> N | | | |
| SSI (Adult) | <input type="checkbox"/> Y <input type="checkbox"/> N | | | |
| SSI (Child) | <input type="checkbox"/> Y <input type="checkbox"/> N | | | |
| Disability or Death Benefits | <input type="checkbox"/> Y <input type="checkbox"/> N | | | |
| Public Assistance (AFDC, TANF) | <input type="checkbox"/> Y <input type="checkbox"/> N | | | |



| | | | | |
|---------------|---|--|--|--|
| Alimony | <input type="checkbox"/> Y <input type="checkbox"/> N | | | |
| Child Support | <input type="checkbox"/> Y <input type="checkbox"/> N | | | |

OTHER INCOME:

Does any member of the household have income from any of the following? If yes, state the amount, frequency, and the household member receiving the income.

| Income Type | Answer Yes or No | Gross Amount Received | Per Week etc. | Household Member Receiving Benefit |
|--|---|-----------------------|---------------|------------------------------------|
| Income from Self-Owned Business | <input type="checkbox"/> Y <input type="checkbox"/> N | | | |
| Recurring Cash Contributions or Gifts including rent or utility payments | <input type="checkbox"/> Y <input type="checkbox"/> N | | | |
| Worker's Compensation | <input type="checkbox"/> Y <input type="checkbox"/> N | | | |
| Unemployment Benefits | <input type="checkbox"/> Y <input type="checkbox"/> N | | | |
| Severance Pay | <input type="checkbox"/> Y <input type="checkbox"/> N | | | |
| Payments from Insurance Policies | <input type="checkbox"/> Y <input type="checkbox"/> N | | | |
| Retirement Benefits | <input type="checkbox"/> Y <input type="checkbox"/> N | | | |
| Pension Benefits | <input type="checkbox"/> Y <input type="checkbox"/> N | | | |
| Educational Grants/ Scholarships | <input type="checkbox"/> Y <input type="checkbox"/> N | | | |
| Veteran's Administration Benefits | <input type="checkbox"/> Y <input type="checkbox"/> N | | | |
| Military Reserves/National Guard | <input type="checkbox"/> Y <input type="checkbox"/> N | | | |
| GI Bill Benefits | <input type="checkbox"/> Y <input type="checkbox"/> N | | | |
| Periodic Payments from lottery winnings | <input type="checkbox"/> Y <input type="checkbox"/> N | | | |
| Member of an Indian Tribe receiving gaming payments | <input type="checkbox"/> Y <input type="checkbox"/> N | | | |
| Any Other Income: _____ | <input type="checkbox"/> Y <input type="checkbox"/> N | | | |

Do you have any Rental Property or Business Property income? Y N If yes, give the name and address of the renter or the business owner:

Name _____

Address _____

Amount of rent or income per month: \$ _____

ASSET INFORMATION:

Does any member of the household own any of the following types of assets?

| Type of Asset | Answer Yes or No | Value or Current Balance | Name of Financial Institution |
|---------------------|---|--------------------------|-------------------------------|
| Checking Account | <input type="checkbox"/> Y <input type="checkbox"/> N | | |
| Savings Account | <input type="checkbox"/> Y <input type="checkbox"/> N | | |
| Credit Union Shares | <input type="checkbox"/> Y <input type="checkbox"/> N | | |
| Stocks/Bonds | <input type="checkbox"/> Y <input type="checkbox"/> N | | |
| Treasury Bills | <input type="checkbox"/> Y <input type="checkbox"/> N | | |



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|--|---|--|--|
| Money Market Funds | <input type="checkbox"/> Y <input type="checkbox"/> N | | |
| Certificate of Deposit | <input type="checkbox"/> Y <input type="checkbox"/> N | | |
| Rental Property | <input type="checkbox"/> Y <input type="checkbox"/> N | | |
| Real Estate/Mortgages/Land Contracts | <input type="checkbox"/> Y <input type="checkbox"/> N | | |
| Safe Deposit Box | <input type="checkbox"/> Y <input type="checkbox"/> N | | |
| Deeds or Trust | <input type="checkbox"/> Y <input type="checkbox"/> N | | |
| Annuities | <input type="checkbox"/> Y <input type="checkbox"/> N | | |
| Own a Mobile Home | <input type="checkbox"/> Y <input type="checkbox"/> N | | |
| IRA or Keogh Account | <input type="checkbox"/> Y <input type="checkbox"/> N | | |
| Mutual Funds | <input type="checkbox"/> Y <input type="checkbox"/> N | | |
| Personal Property held for investment purposes | <input type="checkbox"/> Y <input type="checkbox"/> N | | |
| Other Financial Assets | <input type="checkbox"/> Y <input type="checkbox"/> N | | |

Has any household member disposed of any of the above assets at less than fair market value during the past two years? Yes No If yes, explain: _____

MISCELLANEOUS INFORMATION:

Have you or any other adult members ever used any name(s) or Social Security number(s) other than the one you are currently using? Yes No
If yes, explain: _____

Have you or any member of your household ever committed any fraud in a Federal assistance housing program or been requested to repay money for knowingly misrepresenting information for such housing programs?
 Yes No If yes, explain: _____

Has any household member ever been convicted of any drug offense? Yes No
If yes, who: _____ Explain: _____

Has any household member ever been convicted of a criminal offense? Yes No
If yes, who: _____ Explain: _____

Are you listed on a state or federal sex offender registry? Yes No
If yes, who: _____ Explain: _____

Does anyone in the household currently have any criminal charges pending against them? Yes No
If yes, who: _____ Explain: _____

Please list all states in which each household member has lived in:

| Name | States Lived In |
|------|-----------------|
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MARKETING INFORMATION:

How did you hear about the property for which you are completing this application?

Newspaper Radio Rental Magazine HUD Website Other: (Please explain): _____

PROPERTIES

Please read the age and income requirements and location of each property. Then choose a building and apartment size that meets your needs, but please remember there may be a waiting list for each building.

| TYPE OF HOUSING | AGE REQUIREMENTS | INCOME REQUIREMENTS | PROPERTY NAME AND LOCATION |
|--|---|---|---|
| <p align="center">Affordable Senior Housing</p> | <p align="center">62 years and older</p> | <ul style="list-style-type: none"> • \$27,100 or less (1 person) • \$30,950 or less (2 people) | <p>Bayview Heights 158 North St. Portland, ME 04101</p> <p align="right">1 Bedroom <input type="checkbox"/></p> |
| | | <ul style="list-style-type: none"> • \$18,900 or less (1 person) • \$21,600 or less (2 people) | <p>Edward J. Reynolds 33 Booth Drive Belfast, ME 04915</p> <p align="right">1 Bedroom <input type="checkbox"/></p> |
| | | <ul style="list-style-type: none"> • \$27,100 or less (1 person) • \$30,950 or less (2 people) | <p>Fay Garman House 89 Central Avenue Peaks Island, ME 04108</p> <p align="right">1 Bedroom <input type="checkbox"/></p> |
| | | <ul style="list-style-type: none"> • \$21,150 or less (1 person) • \$24,200 or less (2 people) | <p>Margaret Chase Smith House 7 Ridge Road Augusta, ME 04330</p> <p align="right">1 Bedroom <input type="checkbox"/></p> |
| | | <ul style="list-style-type: none"> • \$21,950 or less (1 person) • \$25,100 or less (2 people) | <p>Miller Square on Harlow 315 Harlow Street Bangor, ME 04401</p> <p align="right">1 Bedroom <input type="checkbox"/></p> |
| | | <ul style="list-style-type: none"> • \$27,720 or less (1 person) • \$31,680 or less (2 people) <p>Section 8 Vouchers Accepted</p> | <p>Miller Square on Harlow 315 Harlow Street Bangor, ME 04401</p> <p align="right">1BEDROOM: \$573.00 <input type="checkbox"/> 2 BEDROOM: \$696.00 <input type="checkbox"/></p> |
| | | <ul style="list-style-type: none"> • \$24,050 or less (1 person) • \$27,450 or less (2 people) | <p>Paul Hazelton House 7 Smith Lane Saco, ME 04072</p> <p align="right">1 Bedroom <input type="checkbox"/></p> |



| | | | |
|--|--|--|---|
| | | <ul style="list-style-type: none"> • \$24,050 or less (1 person) • \$27,450 or less (2 people) | Paul Hazelton House II 7 Smith Lane Saco, ME 04072 1 Bedroom <input type="checkbox"/> |
| | | <ul style="list-style-type: none"> • \$29,200 or less (1 person) • \$33,350 or less (2 people) | Richard Brown House 142 South Village Road Loudon, NH 03307 1 Bedroom <input type="checkbox"/> |
| | | <ul style="list-style-type: none"> • \$21,150 or less (1 person) • \$24,150 or less (2 people) | Rocky Coast House 124 Booker Street Thomaston, ME 04861 1 Bedroom <input type="checkbox"/> |
| | | <ul style="list-style-type: none"> • \$25,000 or less (1 person) • \$28,550 or less (2 people) | Westrum House 22 Union Park Road Topsham, ME 04086 1 Bedroom <input type="checkbox"/> |

I/We understand that the above information is being collected to determine my/our eligibility for residency. I/We authorize the owner/management to verify all information provided on this application and my/our signature is our consent to obtain such verification. I /We certify that all information and answers to the above questions are true and complete to the best of my knowledge. I consent to the release of the necessary information to determine my eligibility.

I/We authorize any person, or credit checking agency having any information on me/us to release any and all such information to the owner/management or their agents or credit checking agents. I understand that the credit report (rental history, arrest and/or conviction records, and retail credit history) will be done through a credit bureau contracted with the apartment community. I understand that a check will be made of the sex offender registry in states in which I have resided.

WARNING: Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD and any other owner (or any employee of HUD or the owner) 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 this verification form is restricted to the purposes cited above. Any person who knowingly or willingly requests, obtains, or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant 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 or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the Social Security number are contained in the Social Security Act at **208(a)(6), (7) and (8).**. Violations of these provisions are cited as violations of 42 U.S.C **408(a) (6), (7) and (8).**

SIGNATURES: (All adult household members must sign below.)

Applicant

Date

Additional Adult Household Member

Date

Agent for Owner

Date



MANAGEMENT USE ONLY

APPLICATION DISPOSITION:

Approved: _____
(Date)

Approved by: _____
(Signature)

Title: _____

Disapproved: _____
(Date)

Disapproved by: _____
(Signature)

Title: _____

Reason(s) for Disapproval: _____

Driver's License or State-issued ID _____
Birth Certificate _____

Social Security Card: _____



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.

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

| | |
|---|--|
| 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) | |
| <input type="checkbox"/> Emergency | <input type="checkbox"/> Assist with Recertification Process |
| <input type="checkbox"/> Unable to contact you | <input type="checkbox"/> Change in lease terms |
| <input type="checkbox"/> Termination of rental assistance | <input type="checkbox"/> Change in house rules |
| <input type="checkbox"/> Eviction from unit | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Late payment of rent | |
| 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 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. | |
| 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. 3501-3520). 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 will be used by HUD to protect disbursement data from fraudulent actions.

