



NOTICE
TO
APPLICANTS AND RESIDENTS OF
FAY GARMAN HOUSE

Upon request, **Fay Garman House** provides translated copies of all vital documents necessary to participate in the U.S. Department of Housing and Urban Development housing program. **Fay Garman House** also provides language assistance and interpreter services, upon request, for applicants at application and for residents at annual recertification and all owner/ agent sponsored community meetings.

The following translated documents are available in other languages:

- Pre-Application for Rental Housing
- Rental Housing Application
- Document Package for Applicants/Tenants Consent to the Release of Information (HUD 9887 /A, Form HUD 9887, Form HUD-9887 IA, and relevant verifications)
- Supplement to Application for Federally Assisted Housing (HUD 92006)
- Lease Agreement
- Lease Addendum-Violence Against Women and Justice Department Reauthorization Act of 2005 (HUD 92067)
- Certification of Domestic Violence, Dating Violence or Stalking (HUD 91066)
- Annual Recertification Initial & Reminder Notices
- Notification of Rent Increase Resulting from Recertification Processing
- Interim Adjustment Initial Notice
- Interim Adjustment Termination of Assistance

The following brochures are available in other languages:

- Equal Opportunity for All
- Are You a Victim of Housing Discrimination
- Resident's Rights and Responsibilities

Please Complete and Return to:

Fay Garman House

89 Central Avenue
Peaks Island, ME 04108
T. 207.766.8952

FayGarmanHouse@voanne.org

For Office Use Only

Date Received: _____
(mm/dd/yyyy)

Time Received: _____ am/pm
(hh:mm)



Pre-application for Rental Housing

All fields are required. If you fill in this page by hand, print neatly and use **blue** or **black** ink.

1. Personal Information of Head of Household	2. Name and address of Head of Household
_____ Social Security Number Student? <input type="checkbox"/> Yes <input type="checkbox"/> No _____ / _____ / _____ Birthdate (mm/dd/yy) (_____) _____ Area Code Telephone Number	_____ Full Name (Last, First, Middle Initial) _____ Mailing Address City State Zip Would you like to receive communications via Email? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes , provide email address: _____

3. Disability (Optional. It is not necessary to answer the questions below about your disability unless you are requesting an accommodation)

a. Do you claim a disability? Yes No

b. Do you need an accommodation to help you complete the application process? Yes No

c. Do you need an accommodation in housing features as a result of your disability? Yes No

d. If "yes" to 3b or 3c, what accommodation do you request? _____

e. Accessible units have a preference for households where a member requires the features of an accessible unit. Do you wish to be considered for this preference? (Need for accessible unit will be verified unless need is obvious). Yes No

4. Elderly/Disabled Household Status:

We are required by the U.S. Department of Housing and Urban Development (HUD) to request the following information for the purpose of determining eligibility for admission to our subsidized program and/or to give special considerations with regard to allowances in determining rent. Please check the box or boxes that apply.

62 years of age or older
 Disabled
 Neither 62 years of age or older nor Disabled

5. Income and assets: Provide GROSS (before deductions) amounts for all questions

a. Total Monthly **INCOME**: (Include income from ALL household members. You may estimate). \$ _____ .00

b. Value of household **ASSETS**: (Assets include bank accounts, retirement funds, real estate). \$ _____ .00

c. Sources of income: (Check all that apply)
 Wages SSA/SSI Unemployment Pension Child support
 Worker's Comp Annuity TANF Other

6. List all members of the household: Include unborn children and live-in aides

Relationship	Last Name	First Name	Social Security number	Birthdate (mm/dd/yy)	Student? (Y/N)
Head of household			- -	/ /	<input type="checkbox"/> Y <input type="checkbox"/> N
			- -	/ /	<input type="checkbox"/> Y <input type="checkbox"/> N

- Are you or any member of your household subject to lifetime registration under any states' sex offender program? Y N
- Has your housing assistance ever been terminated for fraud, non-payment, failure to recertify or for any other reason? Y N
- Have you or any member of your household ever been convicted of a felony or misdemeanor other than a traffic violation? Y N
- Have you or any member of your household ever been convicted of the illegal distribution or manufacture of an illegal drug or other illegal controlled substance? Y N

I hereby certify that the information I have provided in this pre-application is true and accurate. I understand that my having provided any false information will result in the application being canceled or denied or in the termination of my housing assistance. I understand that at the time I rise to the top of the waiting list, I will be required to verify the information I have provided here. I accept responsibility for keeping Volunteers of America informed of my current address, and I understand that my application may be canceled if I fail to do so.

Signature of Head of Household Date _____
Signature of Spouse or Co-head of Household Date