

Application Instructions

Instructions: Please follow carefully- incomplete applications will be returned.

1. Complete all areas. If an item does not apply to you, mark "N/A" on that line.

2. We need copies of Social Security cards. The government requires that all applicants, except those who are not US citizens who do not claim eligible immigration status, submit a copy of their social security card with the attached housing application. If you do not have a social security card, we can accept one of the following, as long as your social security number appears on the document.

Driver's license	Medicare Card	Medical Insurance Card
Bank statements	Retirement Benefit letter	Benefit Letter from government agencies

Note: Copies of Metal Social Security Cards are not acceptable.

If you cannot provide us with any of the above documents and are not an ineligible noncitizen, it will be necessary for you to certify that you have made application to the Social Security Office for a new card before we will accept your housing application. You may not need a social security card if you are 62 or older on January 31, 2010 and living in subsidized housing at that time.

3. Proof of US Citizenship the US Department of Housing and Urban Development will only provide subsidy in Section 8, Rent Supplement, RAP or Section 236 communities to household members who are US Citizens, nationals or certain categories of eligible noncitizens. If you are applying to one of these types of communities, you **must** have the attached Declaration of Section 214 Status forms completed by **EACH** family member (including yourself). Please make sure you follow the instructions on the Declaration Form.

4. Signatures required by all adult applicants

5. Return your application to:

**Foreside Real Estate Management, Inc.
202 US Route 1, Suite 206
Falmouth, ME 04105**

Note: Pets are only allowed in our senior citizen properties or for persons with disabilities who require a service animal.

Your application is being returned because:

- You did not complete all areas, or you did not sign the application.**
- You did not provide the required social security cards for all household members.**
- The declaration of Section 214 Status and Family Summary Sheet were not completed/signed as instructed above.**

Please return your application along with the missing information if you want to be considered for HUD Multifamily housing.

Date/Time received _____
Initial _____

APPLICATION FOR HOUSING
(Please print all information)

A. Applicant

Name(s): _____
Address: _____
Tel. # (home) _____ (work) _____
Email: _____

Current landlord: Name _____
Address _____
Telephone. _____

How long have you lived at this address _____ Current Rent\$ _____

Do you pay for the utilities? _____ How much per month? _____

For designated "Elderly" housing: If you are less than 62 years old, are you eligible for occupancy based on your status as an individual with handicaps or disabilities?

Yes No

Are you displaced? Yes No

If yes, displacement Agency _____

Is your current unit condemned? Yes No

If yes, by whom? _____

Are you currently living in subsidized housing? Yes No

Have you ever resided in a project financed and/or subsidized by the Government?

Yes No

If yes, name and address:

Do you currently hold a Section 8 Voucher? Yes No

If yes, name of Housing Authority:

Have you ever been evicted from any housing in which you resided? Yes No

Will you take an apartment when one is available? Yes No

Do you currently have a pet? Yes No

If yes, what type? _____

B. Household Composition

List **ALL** the people who will live in the apartment. List Head of Household first:

Name	Relationship (Head)	Date of Birth	SS#
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Is there any member 18 or older that is a full-time student? Yes No

If yes, who? _____

School Attending _____

Does anyone live with you now who is not listed above? Yes No

If yes, explain _____

Do you plan to have anyone living with you in the future who is not listed above?

Yes No If Yes, explain _____

Do you or any household members require special housing needs? Yes No

If Yes, explain _____

Does applicant require either a handicap/disability adjustment to income or a special handicapped accessible unit or both? Yes No

Bedroom size needed: One Bedroom Two Bedroom

Handicap Unit Three Bedroom

Community(s) of Interest:**Family Housing Complexes**

- Wildewood Acres I, Freeport, ME (1 and 2 Bedroom Units)
- Wildewood Acres II, Freeport, ME (2 and 3 Bedroom Units)
- Whispering Pines, Topsham, ME (1 and 2 Bedroom Units)
- Jerrold's Place Apartments, Machias, ME (1,2 and 3 Bedroom Units)
- Kilmarnock Pines, Medford, ME (1 and 2 Bedroom Units)
- Whim Station I, Old Town, ME (1 and 2 Bedroom Units)
- Berry Park, Biddeford ME (2, 3 and 4 Bedroom Units)
- Forrest Haven, Jackman, ME (1 and 2 Bedroom Units)

Elderly/Disabled Housing Complexes (must be 62+ and/or disabled)

- Parkwoods Apartments, Anson, ME (1 and 2 Bedroom Units)*
- Riverview Apartments, Ellsworth, ME (1 Bedroom Units)*
- Country View Apartments, Pembroke, ME (1 and 2 Bedroom Units)*
- Ridgeview Apartments, Machias, ME (1 and 2 Bedroom Units)*
- Shiretown Apartments, Machias, ME (1 and 2 Bedroom Units)*
- Valley View Apartments, Machias, ME (1 Bedroom Units)*

Please check all communities you are interested in.

C. Household Income Sources

List all income sources for all household members who will occupy the apartment. This includes, but is not limited to, full and/or part-time employment. All income from welfare agencies, social security, pension, SSI, disability, armed forces reserves, unemployment compensation, childcare, alimony, child support, scholarships and grants, contract for deed, interest on assets, dividends, annuities, and regular contributions from people not residing with you.

Family Member Name	Source of Income	
_____	A. Social Security- Monthly Amount	\$ _____
_____	Social Security- Monthly Amount	\$ _____
_____	.B. Pension- Monthly Amount	\$ _____
-----	Pension-Monthly Amount	\$ _____
	Source of Pension(s)_____	
_____	C. Veterans Benefits- Monthly Amount	\$ _____
	Claim#_____	
_____	D. SSI Benefits- Monthly Amount	\$ _____
	SSI Benefits- Monthly Amount	\$ _____
_____	.E. Unemployment Comp. - Monthly Amount	\$ _____
	Unemployment Comp. - Monthly Amount	\$ _____
_____	.F. AFDC- Monthly Amount	\$ _____
_____	G. Wages/Salaries- GROSS - Monthly Amount	\$ _____
	Employer Name/Address_____	
	Position Held_____ How long employed?____	_____
_____	Wages/Salaries- GROSS - Monthly Amount	\$ _____
	Employer Name/ Address_____	
_____	H. Full time Student Income (Only if 18 yrs. or older)	
	Monthly Income	\$ _____
_____	I. Earned Income Tax Credit- ANNUAL Amount	\$ _____
_____	J. Alimony- Monthly Amount	\$ _____
_____	K. Child Support- Monthly Amount	\$ _____
_____	L. Interest Income- Monthly Amount	\$ _____
	Interest Income- Monthly Amount	\$ _____
	(Include interest in IRAs accrued, but not taken- also on Savings Bonds)	
_____	M. Other Income- Monthly Amount	\$ _____
	Source,_____	

TOTAL GROSS ANNUAL INCOME (Multiply all monthly amounts by 12) \$ _____

Do you anticipate any changes in this income in the next 12 months? Yes No

If Yes, explain

D. Net Family Assets

Checking Account(s) #	Bank	_____	Balance _____
_____	Bank	_____	Balance _____
Savings Account(s) #	Bank	_____	Balance _____
_____	Bank	_____	Balance _____
Trust Account(s) #	Bank	_____	Balance _____
_____	Bank	_____	Balance _____
Certificates #	Bank	_____	Balance _____
_____	Bank	_____	Balance _____
Credit Union #	Bank	_____	Balance _____
Savings Bond(s) #	Maturity Date	_____	Value _____
_____	Maturity Date	_____	Value _____
Life Insurance Policy	-----		Face Value _____

Real Property: Do you own any property? Yes No

If yes, type of Property _____

Location _____

Appraised Market Value \$	Mortgage Amount \$ _____
Annual Ins. Premium \$	Most Recent Tax Bill \$ _____

Have you sold/dispensed of any property in the last two years? Yes No

If Yes, type of Property _____

Market value when sold/dispensed \$ _____

Amount sold/dispensed for \$ _____

Date of transaction _____

Have you disposed of any other assets in the last two years? (Example: Given away money to relatives, set up irrevocable trust accounts, etc.) Yes No

If Yes, describe asset _____

Date of disposition _____

Amount disposed \$ _____

Do you have any other assets not listed above? (Excluding personal property)

Yes No

If Yes, list type and value _____

E. Childcare expenses: (Complete **only** for children 12 years old and younger)

Name of children cared for _____	Age _____
_____	Age _____
_____	Age _____

Name and address of person or agency caring for children:

Weekly cost for childcare due to employment \$ _____

Weekly cost for childcare due to education \$ _____

Is childcare cost covered by AFDC or any other source? Yes No

If Yes, explain _____

F. Handicap Assistance expenses

(Complete **only** if handicap expenses allow a household member to **work**.)

Amount of weekly expense\$ _____

Indicate the name and age of the individual for which you pay handicapped assistance expenses:

Name _____ Age _____

List the name and address of the individual providing the handicapped assistance:

Name: _____

Address: _____

Medical Costs: Complete this part **only** if Tenant or Co-tenant is 62 or older, disabled or handicapped.

Do you have Medicare? _____ Do you have other medical insurance? _____

If yes, indicate Medicare premiums:

Amount per month per household \$ _____

Medical Insurance Coverage- Name of Insurance Company and Address:

_____ Monthly cost\$ _____

Are you receiving medical assistance through welfare? Yes No

Are you seeing a physician regularly? _____

If so, physician's name and address _____

Projected costs **not** covered by insurance nor reimbursed for the next 12 months\$ _____

If your medical condition is permanent and you will routinely have medical expenses that are not covered by Medicare, Medicaid or medical insurance, please indicate the type of medical expense, the frequency of the expense, and the amount of the expenses.

Type _____ Frequency _____ Amount _____

Type _____ Frequency _____ Amount _____

Type _____ Frequency _____ Amount _____

Type _____ Frequency _____ Amount _____

Type _____ Frequency _____ Amount _____

H. Reference Information

Previous landlord: 1. Name _____
Address _____
Telephone _____

2. Name _____
Address _____
Telephone _____

Credit references (**list at least three**): (Name, address, phone # and account #)

- 1. _____
- 2. _____
- 3. _____
- 4. _____
- 5. _____

Personal references (**list at least three** other than relatives): Name, address, and phone#

- 1. _____
- 2. _____
- 3. _____
- 4. _____

I. Other Information

List any cars, trucks or other vehicles owned. You will need to make arrangements with the owner/management regarding parking of vehicle(s).

Type of vehicle _____ Year/Make _____ Color _____
License Plate # _____

Type of vehicle _____ Year/Make _____ Color _____
License Plate# _____

Person to contact in case of Emergency:

Name _____ Phone (____) _____

Address _____

Relationship _____

J. Bed Bug Infestation Disclosure

To the best of your knowledge, have any of the residential units you have resided in throughout the past 12 months been infested with, or are being or have been treated for bedbugs?

Yes No

If yes, please provide more information, i.e. dates: _____

K. Criminal Background

Has anyone in your household been convicted of a crime?

If yes, please provide more information i, e dates and explanation: -

To Whom It May Concern:

I/We authorize the management agent to investigate my/our credit and verify all information and references given. The information obtained will be used for management purposes only and will be held in confidence.

I/We hereby certify that I/We do/will not maintain a separate subsidized rental unit in another location. I/We understand that eligibility for housing will be based on Rural Developments income limits and by the written selection criteria and occupancy limits of the housing owner.

I/We certify that all information in this application is true to their best of my/our knowledge, and I/we understand that false statements or information are punishable by law and will lead to cancellation of this application or termination of tenancy after occupancy.

THIS APPLICATION IS SUBJECT TO APPROVAL AND DOES NOT CONSTITUTE AN AGREEMENT TO LEASE. ALL INFORMATION MUST BE VERIFIED BEFORE THIS APPLICATION CAN BE PROCESSED.

Applicant	Date
Co-Applicant	Date

Disclosure Statement

The information regarding race, national origin, and sex designation solicited on this application is requested to assure the federal Government, acting through the Rural Development, Rural Housing Service, that Federal Laws prohibiting discrimination against tenant applicants on the basis of race, color, national origin, religion, sex, familial status, age, and handicap are complied with. You are not required to furnish this information but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However, if you choose not to furnish it, the owner is required to note the race/national origin and sex of individual applicants on the basis of visual observation or surname.

Ethnicity: Hispanic or Latino Not Hispanic or Latino
(National Origin)

Race: American Indian or Alaskan Native
 Asian
 Black or African American
 Native Hawaiian or Other Pacific Islander
 White

Sex: Male Female

Information supplied by: Applicant _____ Management _____
(Initials) (Initials)

"In accordance with Federal Law and USDA policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age or disability (not all prohibited bases apply to all programs). To file a complaint of discrimination, write to USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Ave. S.W Washington DC 20250-9410 or call 1-800-795-3272 (voice), or (202) 720-6382 (TDD). USDA is an equal opportunity provider and employer."

The **Maine** Human Rights Act makes it unlawful to **discriminate** in the terms, conditions or privileges of the rental of any **housing** accommodation on the basis of race, color, sex, sexual orientation, physical or mental disability, religion, ancestry, national origin, or familial status.