



PINES AT CUMBERLAND APARTMENTS

Full Name _____

PLEASE FILL OUT APPLICATION TO ITS ENTIRETY.

Return to office with the following items:

- ___ Income Verification of everyone in household
- ___ Identification
- ___ Social Security Cards
- ___ Birth Certificates

Office Hours:

Tuesdays 9am to 4pm

270-670-4646



247 Commercial St., Suite A, Rockport, ME 04856 • (207) 236-6119 • Fax: (207) 236-4923



800-338-8538
TTY 711

This institution is an equal opportunity provider and employer



Housing *Preliminary* Application

Disabled applicants have the right to request reasonable accommodations. Please contact us with such requests.

Please list the properties and number of bedrooms you are applying for in order of preference:

Property Name	# Bedrooms	Property Name	# Bedrooms
1. _____	_____	3. _____	_____
2. _____	_____	4. _____	_____

How did you hear about us? _____

INSTRUCTIONS: Please answer all questions carefully and completely since this information will be used to determine your preliminary eligibility. If you need more space, please attach a separate piece of paper.

HOUSEHOLD INFORMATION: Complete the following information for each person in your household that is 18 years of age or older. Date of birth is being asked to determine eligibility to enter into a lease and conduct credit and background checks.

SOCIAL SECURITY NUMBER INFORMATION: Household member(s) do not need to disclose a social security number if you do not contend immigration status or household member(s) who do not have a social security number but was age 62 or older as of January 31, 2010 and they were receiving HUD rental assistance at another location on January 31, 2010. Please check the box below "Eligible for Exempt Social Security Number (SS#)" if a member does meet one of these exceptions. **This Only applies to the following properties: Broadway North II, Berry Park, Grant House, Hilltop Birches, Maritime Apartments S8 program, Pinebrook and Sproul Block** if you **are not** applying to any of these properties, please fill in the Social Security Number in the box below.

Last Name, First, Middle Initial	Social Security Number	Eligible for Exempt SS #	Birth Date If 18 or older

OCCUPANCY STANDARDS: In order to ensure you are eligible for the apartment size you are applying for we need to assess your household's ability to meet occupancy standards set forth by HUD, Rural Development, municipal codes, etc.

Total number of people in household (including those listed above): _____





CONTACT INFORMATION: Please provide us with as much information as possible to ensure we can contact you.

Home Phone		Work Phone	
Cell Phone		Email Address	
Home Address			
Mailing Address			

How long have you lived at your present address? _____
 Do you rent or own? Rent _____ Own _____ Monthly payment _____
 If renting, Landlord Name: _____ Phone Number _____
 Address: _____

Are you an employee of or a relative of an employee of Realty Resources Management or Pen Bay Builders?
 Yes _____ No _____

Realty Resources Management accepts rental assistance for all of the non-subsidized apartments they manage.
 Do you have now or will you be receiving rental assistance such as Section 8, BRAP, RAC or any other Program?
 Yes _____ No _____
 If yes, when and the name of the agency: _____

Do you have any pets other than assistive animals? Yes _____ No _____
 If yes, please explain: _____
 Please Note: If the need for an assistive animal is not obvious, reasonable accommodation requests are to be made prior to move-in.

Many of the properties Realty Resources Management manages have handicapped accessible units and we give a preference to applicants in need of the features of these units. HUD and Rural Development require this preference. Checking this box is totally optional, only do so if you wish to be considered for this preference at this time:

Have you ever been evicted, or have any eviction proceedings ever commenced against you? Yes _____ No _____
 If yes, please explain: _____

Do you owe money to any housing agency or former landlord? Yes _____ No _____
 If yes, please describe how much money is owed and to whom: _____



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Has anyone in your household ever been convicted of a crime, including but not limited to felonies and illegal manufacturing or distribution of drugs? Yes _____ No _____

If yes, please explain the crime: _____

Provide the date of the crime, city, state and county in which the crime occurred: _____

Provide your name at the time of the crime, maiden name, married name, any aliases: _____

Provide your address at the time of the crime: _____

Classification of crime: Felony _____ or Misdemeanor _____

Is any member of your household subject to the lifetime sex offender registration requirement in any state?

Yes _____ No _____

PREVIOUS HOUSING:

Fill out the information for all of the places you have lived in the past 5 years, not including your present housing. If you do not have past rental history please list at least 2 professional references with mailing addresses:

Your Former Address	Dates Rented	Landlord Name	Landlord Address	Landlord Phone #
	From _____ To _____			
	From _____ To _____			
	From _____ To _____			
	From _____ To _____			



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INCOME: Please list ALL sources of income for each member of your family.

EMPLOYMENT INCOME: If no "employment" please indicate none in the box below.

Family member	Employer Name and Mailing Address	Gross Monthly Amount

OTHER INCOME: If no "other income" please indicate none in the box below.

Family member	Type of Income (Pensions, Social Security, Other) Name & Mailing Address	Gross Monthly Amount

ASSETS: Please list all checking/savings accounts and/or other bank accounts your family holds.

Family Member	Type of Account (checking, saving, CD, other)	Account #	Current Balance	Bank/Institution Name
			\$	
			\$	
			\$	

Does anyone in your household own any asset not already listed (such as Mutual Funds, Annuities, 401K, Trust Funds, or Other Investments)? Yes _____ No _____

If yes, please describe: _____ Value \$ _____

Does anyone in your household own real estate including the home you live in? Yes _____ No _____

If so, what is the location? _____

Market Value \$ _____ Is there is a mortgage? Yes _____ No _____ balance: \$ _____

In accordance with Federal Law and HUD Policy, this institution is prohibited from discriminating on the basis of race, color, religion, sex, national origin, familial status or handicap (not all protected bases apply to all programs). To file a complaint of discrimination, write to: Office of Fair Housing & Equal Opportunity, U.S. Department of Housing & Urban Development, Room 5204, 451 Seventh Street SW, Washington, D.C., 20410-2000, or call 1-800-669-9777 (voice) or 202-720-6382 (TDD). USDA is an equal opportunity provider, employer and lender. Realty Resources Management is an equal opportunity provider and employer.



If you are applying for a MARKET RATE RENT at:

APPLETON GARDENS, MAINE
 ORCHARD PARK, MAINE
 TOWNHOMES AT OCEAN EAST II, PORTLAND, MAINE
DO NOT COMPLETE THIS PAGE

All others are not required to furnish the following information, but are encouraged to do so.

Race and Ethnic Data

The information regarding race, ethnicity, and sex designation solicited on this application is requested in order to assure the Federal Government, acting through HUD, Maine Housing and USDA Rural Development, that federal laws prohibiting discrimination against tenant applicants on the basis of age, marital status, sexual orientation, race, color, national origin, religion, sex, familial status, age and disability 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, please initial below indicating I wish not to provide.

Family Member	Ethnicity: Hispanic or Latino Yes or No	Race: American Indian or Alaskan Native	Race: Asian	Race: Black or African American	Race: Native Hawaiian or Other Pacific Islander	Race: White	Sex: Male or Female or non-binary

Applicant, please initial _____ I wish not to provide Applicant, please initial _____

The Federal Government acting under the Housing and Economic Recovery Act has asked that the following data be collected for statistical purposes. Answering these questions is optional.

Are you currently homeless? Yes _____ No _____ Marital Status (M, S, D, W): _____



Applicant Certifications

This application does not obligate me/us, the property owner or Realty Resources in any way. I understand that it's my responsibility to notify Realty Resources Management, in writing, of address changes. I understand that incomplete applications may not be processed, that completion of an application is not a guarantee of an apartment. I will provide all necessary information including source names, addresses, phone numbers, and account numbers where applicable and any other information required to expedite the application process. I understand that my occupancy is contingent upon meeting Realty Resources Management's resident selection criteria and the Housing Program requirements. I certify that if I'm offered and accept an apartment it will be my permanent residency and that I will not maintain a separate apartment in a different location.

Important Information About Fraud or Misrepresentation: By signing below I/we confirm that I/we understand that false statements or information are punishable under federal law. I/we also understand that false statements or information are grounds for denial of my/our application, termination of housing assistance and/or termination of tenancy after occupancy.

Authorization of Release of Information: By signing below I/we hereby authorize Realty Resources to obtain any information relative to my/our application for housing and proposed tenancy, including but not limited to inquiries of my/our income, assets, medical expenses, child care costs, character and landlord references; obtain a credit report; obtain information from any Screening Agency, any Law Enforcement Agency or any Court about any criminal conviction data.

Certification of Accuracy: By signing below I/we hereby certify that the information I/we provided on this application is true, complete and accurate to the best of my/our knowledge.

All adult members (18 years of age or older) of the household must sign completed application for processing.

Signature

Date

Signature

Date

