

Rental Housing Preliminary Application

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

Please list the properties a	nd number of bedroom	ns you are applying for in	order of preference	:
Property Name	# Bedrooms	Property Name	# Bedr	ooms
1		3		
2				
How did you hear about our us?				
INSTRUCTIONS: Please ans	swer all questions care	fully and completely sind	ce this information w	ill be used to determ
your preliminary eligibility.	If you need more spa	ce, please attach a separ	ate piece of paper.	
HOUSEHOLD INFORMATIO	N: Complete the fello	wing information for oad	ch norson in vour hou	scapold that is 19 yes
age or older. Date of birth	•	-	•	•
background checks.	is being asked to deter	Timile engionity to enter	into a rease and con	adet eredit drid
	Last Name, First		<u>-</u>	
		Number	If 18 or older	
-		·		•
OCCUPANCY STANDARDS:	In order to ensure you	u are eligible for the apa	rtment size you are a	pplying for we need
assess your household's ab	•	•	•	•
Total number of people in	household (including	those listed above):		_
CONTACT INFORMATION: Pleas	se provide us with as mucl	h information as possible to	ensure we can contact y	ou.
Home Phone		Monte Disease	_	
nome Phone		Work Phone		
Cell Phone		Email Address		
Home Address				
Mailing Address				
waining Address				
In accordance with Federal Law a	and HUD Policy, this instituti	on is prohibited from discrimi	nating on the basis of rac	e, color, religion, sex, nat



244 Lisbon Street Lisbon, Maine 04250 Phone: (207) 353-5369 Fax: (207) 353-9356 TTY: Relay 711

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). Realty Resources Management is an equal opportunity provider and employer.





How long have you lived at your pr	esent address?	Do you rent or own?	Rent Own	Monthly payment	_
If renting, Landlord Name:		Address and Phone N	umber		_
Are you an employee of or a relativ	ve of an employee o	f Realty Resources Manage	ment or Pen Bay Builders?	Yes No	
Realty Resources Management acc Do you have now or will you be rec				-	
If yes, when and the name of the a	gency:				-
Do you have any pets other than as Please Note: If the need for an assi					
Many of the properties Realty Reso of the features of these units. wish to be considered for this prefe	HUD and Rural De	evelopment require this pre			
Have you ever been evicted, or have lf yes, please explain:				No	_
Do you owe money to any housing	agency or former la	andlord? Yes No)		
If yes, please describe how much n	noney is owed and t	o whom:			
Has anyone in your household ever drugs? Yes No		a crime, including but not li	mited to felonies and illeg	al manufacturing or distribut	ion of:
If yes, please explain:					
Is any member of your household s	subject to the lifetin	ne sex offender registration	requirement in any state?	? Yes No	
PREVIOUS HOUSING : Fill out the in If you do not have past rental history				luding your present housing.	
Your Former Address	Dates Rented	Landlord Name	Landlord Address	Landlord Phone #	
	From				
	То				
	From				
	То				



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PREVIOUS HOUSING CONTINUED

Your Former Address	Date	es Rented		Landlord Name	Landlord A	ddress	Landlord Phone #
	From _						
	То						
	From _						
	То						
	From _						
	То						
IN	ICOME: Pl	ease list A	LL sou	irces of income	 for each member	of your fam	l nily.
EMPLOYMENT INCOME:							
Family member		Employer N	ame and	d Mailing Address			Gross Monthly Amount
OTHER INCOME:							
Family member		Type of Incor	ne (Pensi	ions, Social Security, Oth Name & Mailir			Gross Monthly Amount
ASSETS: Please list all che	ecking/sav	vings acco	unts a	nd/or other ban	k accounts your f	amily holds	
Family Member	Type of Acco		,	Account #	Current Balance	Bank/Instit	ution Name
	(cnecking, s	aving, CD, oth	er)				
					\$		
					\$		
					\$		
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 \$							
Yes No If yes, ple Does anyone in your househol							
If so, what is the location? Market Value \$							



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If you are applying for a MARKET RATE RENT at:

APPLETON GARDENS, MAINE FARWELL MILLS I, LISBON, MAINE ORCHARD PARK, MAINE PLANT MEMORIAL HOME, 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:	Race:	Race:	Race:	Race:	Race:	Sex:
	Hispanic or	American Indian	Asian	Black or African	Native Hawaiian	White	Male or
	Latino	or Alaskan Native		American	or Other Pacific		Female
	Yes or No				Islander		
pplicant, please ir	nitial	I wish	not to prov	ide Applicant, p	lease initial		

The Federal Government acting u	nder the Housing and Ec	onomic Recovery Act has asked that the following data be
collected for statistical purposes.	Answering these question	ons is optional.
Are you currently homeless? Yes _	No	Marital Status (M,S,D,W):



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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.

<u>Important Information About Fraud or Misrepresentation</u>: 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.

<u>Authorization of Release of Information</u>: 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 court or law enforcement agency about any criminal conviction data.

<u>Certification of Accuracy</u>: 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 process						
Signature	Date					



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