

# Rental Housing Preliminary Application

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

Property Name	# Bedrooms	Property Name	# Bedro	oms
1		3		
2		4		
INSTRICTIONS: Please	answer all questions care	fully and completely since	this information wi	ll he used to determ
		ce, please attach a separa		ii be asea to acterii
	·	wing information for each	•	•
•	rth is being asked to deter	mine eligibility to enter ir	nto a lease and cond	uct credit and
background checks.				
	Last Name, First	Social Security Number	Birth Date If 18 or older	
	C. la sadanta sassassas			
	•	u are eligible for the apart		
•		y standards set forth by H	•	•
rotal number of people	in nousenoia (including	those listed above):		-
CONTACT INFORMATION: P	lease provide us with as mucl	n information as possible to er	nsure we can contact yo	u.
Home Phone		Work Phone		
		Work Friend		
		Email Address		
Cell Phone		Email Address		
Cell Phone Home Address		Email Address		
		Email Address		





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 paym	nent	
If renting, Landlord Name:		Address and Phone N	umber				
Are you an employee of or a relativ	ve of an employee of	Realty Resources Manager	ment or Pen B	ay Builders?	Yes	No	
Realty Resources Management acc Do you have now or will you be red						No	
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 prefo	HUD and Rural De	manages have handicappe velopment require this pre		_			
Have you ever been evicted, or have lf yes, please explain:				Yes	No		
Do you owe money to any housing	agency or former la	ndlord? Yes No	)	_			
If yes, please describe how much n	noney is owed and to	whom:					
Has anyone in your household even drugs? Yes No		crime, including but not lin	mited to felor	ies and illega	l manufacturin	g or distributior	ı of
If yes, please explain:							
Is any member of your household s	subject to the lifetim	e sex offender registration	requirement	in any state?	Yes	No	
PREVIOUS HOUSING: Fill out the in the inferior of the properties o					iding your pres	ent housing.	
Your Former Address	Dates Rented	Landlord Name	Land	llord Address	Landle	ord Phone #	
	From						
	То						
	From						
	То						



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## PREVIOUS HOUSING CONTINUED

Your Former Address		ates Rented Landlord Name Landlord Address				S Landlord Phone #		
	From _							
	110111							
	То							
	From _							
	То							
	From _							
	То							
II	NCOME: P	lease list ALL	sources of income	for each member	of your fan	l nily.		
EMPLOYMENT INCOME:		T						
Family member		Employer Nam	e and Mailing Address			Gross Monthly Amount		
OTHER INCOME:								
Family member		Type of Income (Pensions, Social Security, Other)  Name & Mailing Address				Gross Monthly Amount		
ASSETS: Please list all ch	ecking/sa	ı vings accour	nts and/or other bar	nk accounts vour fa	amily holds			
Family Member	Type of Acc	ount	Account #	Current Balance		ution Name		
(checki		aving, CD, other)						
				\$				
				\$				
				\$				
Does anyone in your househo	ld own any a	asset not alread	l dy listed <i>(such</i> as <i>Mutua</i>		K, Trust Fund	s, or Other Investments		
Yes No If yes, pl								
Does anyone in your househo	ld own real	estate includin	g the home you live in?		-1.1/-1 4			
If so, what is the location?				Marke	et Value \$			







# 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: 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
Applicant, please init	ial	I wis	h not to provi	de Applicant, p	lease initial		



collected for statistical purposes. Answering these questions is optional.

Are you currently homeless? Yes \_\_\_\_\_ No \_\_\_\_\_



Marital Status (M,S,D,W): \_\_\_\_\_

The Federal Government acting under the Housing and Economic Recovery Act has asked that the following data be



## **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 proces	ssing.
Signature	Date	
 Signature	 Date	



