

Rental Housing Preliminary Application

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

Property Name	# Bedrooms	Property Name	# Bedroo	oms
1		3.		
2.		4		
How did you hear about our us	?			
INSTRUCTIONS: Please an	nswer all questions care	fully and completely sinc	e this information will	be used to de
your preliminary eligibility	. If you need more space	ce, please attach a separa	ate piece of paper.	
HOUSEHOLD INFORMATIV	ON. Commiste the falle	i		- - - - - -
HOUSEHOLD INFORMATIO	•	•	•	
age or older. Date of birth	is being asked to deter	mine eligibility to enter i	into a lease and condu	ct credit and
background checks.	Last Name, First	Social Securit	ty Birth Date	
		Number	If 18 or older	
OCCUPANCY STANDARDS	· In order to ensure you	ı are eligihle for the anar	rtment size vou are an	nlying for we r
assess your household's al	·	-	•	
Total number of people in	•	•	•	iric, mameipar
CONTACT INFORMATION: Plea	ase provide us with as much	n information as possible to e	ensure we can contact you	
		Work Phone		
Home Phone				
		Email Address		
Home Phone Cell Phone Home Address		Email Address		
Cell Phone		Email Address		



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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 Manager	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	-		give a preference to applicants in x is totally optional, only do so if y	
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 lir	mited to felonies and illeg	gal manufacturing or distribution o	of
If yes, please explain:					_
Is any member of your household s	subject to the lifetim	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	Dates Rented	Landlord Name	Landlord Ac	ddress Landlord Phone #
	From			
	То			
	From			
	То			
	From			
	То			
INC	OME: Please lis	t ALL sources of incom	ıe for each member	of your family.
EMPLOYMENT INCOME:	1			<u> </u>
Family member	Employe	r Name and Mailing Address		Gross Monthly Amount
OTHER INCOME:	· · · · · · · · · · · · · · · · · · ·			
Family member	Type of I	ncome (Pensions, Social Security, Name & M	Other) ailing Address	Gross Monthly Amount
ASSETS: Please list all chec	rking/savings ac	counts and/or other h	ank accounts your f	amily holds
	ype of Account	Account #	Current Balance	Bank/Institution Name
•	checking, saving, CD,			,
			\$	
			\$	
			\$	
Does anyone in your household	own any asset not	already listed (such as Mut		I.K, Trust Funds, or Other Investments,
Yes No If yes, plea				
Does anyone in your household	own real estate inc	luding the home you live ir		ot Valuo Š



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



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

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

collected for statistical purposes. Answering these questions is optional.



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 f	or processing.
Signature	Date	_
 Signature		_



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