

Fickett Property Management

87 Milbridge Road, Cherryfield, ME 04622
 (207) 546-7800 / (TTY) Dial 711 / Fax (207) 546-7811
 Application for Rural Development Properties

Write the name of the housing complex(s) applying for (Please do not write the word "ANYWHERE".)

Property Name #1 _____ **#2** _____ **#3** _____

of Bedrooms Requested: 1 2 3-Family Only

Applicant Name(s): _____

Please list any prior names: _____

Physical Address: _____ City _____ State: _____ Zip: _____

Mailing Address: _____ City _____ State: _____ Zip: _____

Home/Cell #: _____ Email: _____

How long have you lived at this address (please list move-in date): _____

Is a 30 days notice required to vacate the premises? Yes No

Owned by Landlord Friend Family:

Name: _____ Telephone #: _____

Mailing Address: _____ City _____ State: _____ Zip: _____

Person we can contact and discuss your application with, if we cannot reach you:

Name _____ Telephone #: _____

Family Composition: List ALL persons who will occupy the apartment (list Head of Household first).

Legal Name (First, Middle, Last)	Date of Birth	Relationship	Social Security #	US Military Veteran (Y/N)
1. _____	_____	Head of Household	____-____-____	____
2. _____	_____	_____	____-____-____	____
3. _____	_____	_____	____-____-____	____
4. _____	_____	_____	____-____-____	____
5. _____	_____	_____	____-____-____	____
6. _____	_____	_____	____-____-____	____

Do you anticipate your family composition changing within the next twelve months? Yes No

If yes, please explain in detail: _____

Is anyone in this household a smoker? Yes No

Do you have any pets? Yes No

Is anyone in this household 18 or older enrolled as a full or part-time student? Yes No

If so, who: _____ Full-Time Part-Time

Name of School: _____

Do you currently hold a voucher which you will be using to pay for a portion of your rent? Yes No

If yes, please list the agency that holds your voucher: _____

INCOME: List all sources of household income.

Member:

_____ Social Security \$ _____/month _____/month _____/month

_____ Maine State Supplement \$ _____/month

_____ Unemployment Compensation \$ _____/weekly

_____ TANF \$ _____/month

_____ Child Support \$ _____/month Source: _____

_____ Alimony \$ _____/month Source: _____

_____ Pension \$ _____/month I.D. #: _____

_____ V.A. \$ _____/month VA Claim #: _____

_____ Any other type of income including rentals \$ _____ / Month Source: _____

_____ Any recurring withdrawal from accounts such as Retirement Funds, IRA, 401K, Annuity, Trust Fund:
\$ _____ Frequency withdrawn: _____ Account withdrawn from: _____

Employment:

_____ Wages/Salaries **Gross Amount Weekly \$ _____ OR Bi-Weekly \$ _____**

Employer Name _____

Address _____

_____ Wages/Salaries **Gross Amount Weekly \$ _____ OR Bi-Weekly \$ _____**

Employer Name _____

Address _____

Do you anticipate changes in any source of income in the next 12 months? Yes ___ No ___

IF YES, explain: _____

ASSETS

State amount of any cash on hand or in a safety deposit box: \$ _____

If you receive Social Security benefits, do you have a Direct Xpress card? Yes ___ No ___

Member:

_____ **Checking Acct** Bank Name & Address: _____

_____ **Checking Acct** Bank Name & Address: _____

_____ **Savings Acct** Bank Name & Address: _____

_____ **Savings Acct** Bank Name & Address: _____

_____ **C.D. Acct** Bank Name & Address: _____

_____ **C.D. Acct** Bank Name & Address: _____

_____ **Life Insurance that has cash value:** Policy #'s _____

Insurance Company/Address: _____



Do you have any 401k, securities, stocks, bonds, or other investment accounts? Yes ___ No ___

If yes, please account types, account holder's name, account numbers, and addresses for verification:

Do you own any real estate? Yes ___ No ___

If yes, physical location address: _____

Have you sold/dispensed of any assets in the past two years? (Example: Given away money, sold property, etc.)

Yes ___ No ___ Type: _____ Date of Transaction: _____

Amount Sold/Dispensed For: \$ _____ Actual Cash Received: \$ _____

EXPENSES

Do you pay for child care for children 12 years old & under due to work and/or education? Yes ___ No ___

If yes, amount paid per week \$ _____

Name of Care Provider: _____

Address: _____ Telephone # _____

Are you applying for status as an "Elderly Household" where the Application or Co-Applicant is 62 or older or disabled as defined by HUD which allows an adjustment to your income? Yes ___ No ___

If you are under age 62, please provide the name of a Professional (i.e. Physician, Social Worker, and Psychiatrist) that will certify that you are disabled:

First Name: _____ Last Name: _____

Address: _____

Telephone: _____

Do you pay any out of pocket medical expenses? Yes ___ No ___

If yes, please list anticipated annual cost for any medical expenses **not covered** by insurance \$ _____

GENERAL COMMENTS: Please include any pertinent information about yourself, your living conditions, or your need for housing. _____

OTHER INFORMATION:

1. Please check if you or any household member has a disability related need for any of the following:

_____ Handicap Unit

_____ Unit for vision impairment

_____ Live in Aide

_____ Unit for hearing impairment

_____ First floor unit

_____ Other accessibility needs (please specify)

2. Have you ever been evicted from any housing? Yes ___ No ___

If Yes, Where _____ When _____

Describe reason: _____

In accordance with Federal Law and U.S. Department of Agriculture Policy, this institution is prohibited from discriminating on the basis of race, color, religion, sex, origin, familial status, or handicap (not all protected bases apply to all programs). To file a complaint of discrimination, write to: USDA, Director, Office of Adjudication, Room 326-W, Whitten Building, 1400 Independence Avenue, SW, Washington DC 20250-9410, or call (800) 797-3272 (voice) or (202) 720-6382 (TDD). USDA is an equal opportunity provider and employer. Fickett Property Management is an equal opportunity provider and employer.



3. Section 8, 236 & 202/8 require you to be a citizen of the U.S. or have eligible immigration status. Do you have legal right to be in the United States?
 Yes, because I am a United States citizen – Provide copy of birth certificate or U.S. Passport
 Yes, because I have valid documentation from the Bureau of Citizenship and Immigration Services
 No
If you answered “Yes” because you are a non-U.S. citizen with valid documentation, you must provide documentation and complete paperwork required by the Department of Housing and Urban Development so we can verify that you are a non-citizen with eligible immigration status.
4. How did you hear about this Housing? _____
5. Please list any other States any household members 18 and older has live in: _____
6. If you were age 62 or older as of January 31, 2010, and do not have a SSN, were you receiving rental assistance at another location on January 31, 2010? Yes _____ No _____

REFERENCES

Previous Address: List former addresses for a minimum of the past ten years. Any information received from any sources during the application process will be used to determine eligibility for occupancy. You must complete this page in its entirety to include full mailing addresses and phone numbers.

INCOMPLETE APPLCIATIONS WILL NOT BE PROCESSED

Head of Household:

Previous Street Address: _____

Owned by Landlord, Friend, Family (circle one)

Name : _____ Telephone: _____

Mailing Address: _____

From _____, 20____ to _____, 20____

Previous Street Address: _____

Owned by Landlord, Friend, Family (circle one)

Name : _____ Telephone: _____

Mailing Address: _____

From _____, 20____ to _____, 20____

Previous Street Address: _____

Owned by Landlord, Friend, Family (circle one)

Name : _____ Telephone: _____

Mailing Address: _____

From _____, 20____ to _____, 20____

Co-Applicant:

Previous Street Address: _____

Owned by Landlord, Friend, Family (circle one)

Name : _____ Telephone: _____



Mailing Address: _____
From _____, 20__ to _____, 20__

Previous Street Address: _____
Owned by Landlord, Friend, Family (circle one)
Name : _____ Telephone: _____

Mailing Address: _____
From _____, 20__ to _____, 20__

Previous Street Address: _____
Owned by Landlord, Friend, Family (circle one)
Name : _____ Telephone: _____

Mailing Address: _____
From _____, 20__ to _____, 20__

Please attach an additional page if necessary in order to provide a history of where you have resided for the past 10 years. Do not leave any gaps between dates.

PROFESSIONAL REFERENCES: 2 per adult household member: (e.g. current or former employer, co-worker, counselor, teacher, clergy, etc.)

Head of Household: 1. Name _____ Telephone # _____
2. Name _____ Telephone # _____

Co-applicant: 1. Name _____ Telephone # _____
2. Name _____ Telephone # _____

Race & Ethnicity

The information regarding race, ethnicity, and sex designation solicited on this application is requested in order to assure the Federal Government, acting through Maine Housing and Rural Development, that the Federal laws prohibiting discrimination against tenant applications on the basis of race, color, national origin, religion, sex, familial status, age, disability, political belief, limited English proficiency, and sexual orientation are complied with (not all bases apply to all programs). 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 to furnish it and you are applying for Rural Development property, the owner is required to note the race, ethnicity, and sex of individual applicants on the basis of visual observation or surname.

Complete for Head of Household only:

Ethnicity: Hispanic or Latino _____ Not Hispanic or Latino _____
Race: (Mark one or more) American Indian or Alaska Native _____ Asian _____ White _____
Black or African _____ Native Hawaiian or Other Pacific Islander _____
Gender: Male _____ Female _____

There is no penalty for persons NOT PROVIDING ethnicity, race, or gender.



In accordance with Federal Law and U.S. Department of Agriculture Policy, this institution is prohibited from discriminating on the basis of race, color, religion, national origin, familial status, or handicap (not all protected bases apply to all programs). To file a complaint of discrimination, write to: USDA, Director, Office of Fair Housing and Equal Opportunity, Room 326-W, Whitten Building, 1400 Independence Avenue, SW, Washington DC 20250-9410, or call (800) 797-3272 (voice) or (202) 720-6382 (TDD). USDA is an equal opportunity provider and employer. Fickett Property Management is an equal opportunity provider and employer.



Rural Development Properties: If you wish to file a Civil Rights program complaint or discrimination, complete the USDA Program Discrimination Form (PDF) found online at http://www.ascr.usda.gov/complaint_filing_cust.html, or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442, or email at program.intake@usda.gov.

CRIMINAL & SEX OFFENDER BACKGROUND INFORMATION

Federal law requires us to get drug and criminal background and sex offender registration information about all adult household members applying for federally assisted housing. Fickett Property Management will deny the application of any applicant who does not provide complete and accurate information on this form or has not consented to a background check as noted on the authorization form.

- 1. Any applicant listed currently subject to a lifetime registration requirement under any State sex offender registration program? Yes _____ No _____
- 2. Any applicant listed been convicted of any criminal behavior within the past five years? Yes _____ No _____

If yes to question # 2, please provide date, type of charge(s), resolution:

Date _____ Charge _____
 Date _____ Charge _____

We understand the above information is required to determine our eligibility for residence. By signing below, we certify that the answers to the above questions are true and complete to the best of our knowledge.

All members 18 years of age or older must sign below.

SIGNATURES:

Applicant Signature	Date	Co-Applicant Signature	Date
Applicant Signature	Date	Co-Applicant Signature	Date

CERTIFICATION

I/We hereby certify that the housing that I/we will occupy will be my permanent and only residence and I/we will not maintain a separate subsidized rental unit in another location. I/we understand that my eligibility for housing will be based on income limits as determined by the Rural Development or HUD and the Tenant Selection Criteria. I/we further certify that all information on this application is true and complete to the best of my 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 does not obligate me/us in any manner. I/we understand that should FPM offer me housing and I/we refuse, my/our name(s) will be placed on the bottom of the waiting list for an appropriately sized unit. Failure to accept housing a second time may result in being denied occupancy.

I/we understand that a Security Deposit will be required prior to my moving into an apartment. Security deposit amounts will vary depending on the property. I/we understand that I/we move in to a property that allows a pet, we will be required to pay a pet deposit.

I/we understand that one pet is allowed with prior written permission from Management. Therefore, I/we will not keep any pets on the premises unless I/we receive prior written permission from Management and enter into a pet arrangement agreement to all that it contains. (Does not apply to households who require a service animal to achieve normal function.)

All members 18 years of age or older must sign below.

SIGNATURES:

_____	_____	_____
Applicant Signature	Print Applicant Date	Date
_____	_____	_____
Co-Applicant Signature	Print Co-Applicant Date	Date
_____	_____	_____
Co-Applicant Signature	Print Co-Applicant Date	Date
_____	_____	_____
Co-Applicant Signature	Print Co-Applicant Date	Date

AUTHORIZATION

I/we do hereby authorize Fickett Property Management and its staff or authorized representatives to contact any agencies, offices, individuals, groups, or organizations to obtain and verify any information or materials pertaining to any type of income, asset, or medical expense (including office visits, prescription expense, prescription over-the-counter medicine, eye glasses, and dental expenses), childcare expenses or assistance, utility accounts, tuition and financial aid scholarships or grants for college which are deemed necessary to complete my/our application for housing in programs administered/managed by Fickett Property Management. This information may be exchanged by means of mail, email, or by facsimile. I/we further authorize Fickett Property Management to obtain my/our credit reports and to verify all information on this application including obtaining landlord references and professional references. I/we further authorize Fickett Property Management to use all sources of information received from all of the above listed as well as any information received from any sources during the application process in determining my/our eligibility for occupancy.

I/we further authorize Fickett Property Management and its staff or authorized representatives to contact all local and state police departments to inquire into a background check on me/us. I/we authorize law enforcement agencies to release criminal records and/or sex offender registration information to Fickett Property Management, and its staff or authorized representatives, or to an agency contracted by Fickett Property Management to conduct criminal background checks.

As part of making application with Fickett Property Management for properties managed by them, I/we hereby authorize Fickett Property Management to equally share and release all information obtained from the application process including, but not limited to, the above mentioned processes with any and all applicants listed on this



In accordance with Federal Law and U.S. Department of Agriculture 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: USDA, Director, Office of Fair Housing and Equal Opportunity, Room 326-W, Whitten Building, 1400 Independence Avenue, SW, Washington DC 20250-9410, or call (800) 797-3272 (voice) or (202) 720-6382 (TDD). USDA is an equal opportunity provider and employer. Fickett Property Management is an equal opportunity provider and employer.



application for housing. If I/we are making application to be added to an existing household already in residence, or requesting to be added to an existing application for housing, in any property managed by Fickett Property Management, I/we hereby authorize Fickett Property Management to equally share and release all information obtained from the application process including, but not limited to, the above mentioned processes with any and all applicants being processed for such housing or with a household already residing in housing managed by Fickett Property Management.

If I/we have applied for a Rural Development Property, I/we understand that Rural Development may use any social security numbers provided on this application to obtain wage reports from the Department of Labor at any time during the application process or during residency in any properties managed by Fickett Property Management. This information will be used to confirm any information I/we provide to Fickett Property Management and/or that is reported on the Tenant Certification form.

All members 18 years of age or older must sign below.

SIGNATURES:

_____	_____	_____
Applicant Signature	Print Applicant Date	Date
_____	_____	_____
Co-Applicant Signature	Print Co-Applicant Date	Date
_____	_____	_____
Co-Applicant Signature	Print Co-Applicant Date	Date
_____	_____	_____
Co-Applicant Signature	Print Co-Applicant Date	Date

For office use only

_____	_____	_____
Application received by Agent:	Date received:	Time received: