



Property: _____
Rec'd Date: _____ Time: _____
Initials: _____ T/C _____ Conv: _____

A. Applicant

Name(s) _____

Address: _____

Tel# (home) _____ (work) _____

Current Landlord: Name _____

Address _____

Telephone _____ How long have you lived at this address? _____

Current Rent \$ _____ Do you pay the utilities? _____

Previous Address: _____

Telephone _____ How long did you lived at this address? _____

Rent \$ _____ Did you pay the utilities? _____

For designated "Elderly" housing: If you are less than 62 years old, are you eligible for occupancy based on your status as an individual with disabilities? Yes _____ No _____

Are you currently living in subsidized housing? Yes _____ No _____

Have you ever resided in a project financed and/or subsidized by the Government?

Yes _____ No _____

If yes, name and address: _____

Have you ever been evicted from any housing in which you resided? Yes _____ No _____

Will you take an apartment when one is available? Yes _____ No _____

Do you have a Voucher? Yes _____ No _____

Who is your voucher holder? _____

3 Stone Ledge Drive, Lewiston, ME 04240
Telephone 207-783-5098 / Facsimile 207-782-2754 / TDD 711



"In accordance with Federal Law and USDA policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age or disability. (not all prohibited bases apply to all programs). To File a complaint of discrimination, write to USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Ave. S. W. Washington, DC 20250-9410 or call 1-800-795-3272 (voice), or (202) 720-6382 (TDD). USDA is an equal opportunity provider and employer."



Do you currently have a pet? Yes____ No____

If yes, what type_____

B. Household Composition

List ALL persons who will live in the apartment. List Head of Household first.

Name	Relationship (Head)	Date of Birth	Social Security Number

Is there any member 18 or older that is a full time student? Yes____ No____

If yes, who? _____

School Attending _____

Does anyone live with you now who is not listed above? Yes____ No____

If yes, explain_____

Do you plan to have anyone living with you in the future who is not listed above?

Yes____ No____ If yes, explain _____

Does applicant require either a disability adjustment to income or an accessible unit or both? Yes____ No____ Both____

(If you meet the definition of a person with a disability as defined in Section 501 (b) of the Housing Act of 1949, the Fair Housing Act, the Americans with Disabilities Act, or Section 504 of the Rehabilitation Act of 1973, you have the right to request a reasonable accommodation to provide you with equal opportunity to participate in and enjoy the benefits of Rural Development financed housing.)

Bedroom size needed: One Bedroom___ Two Bedroom___ Three Bedroom___
Accessible Unit_____

C. Household Income Sources

List all income sources for all household members who will occupy the apartment. This includes, but is not limited to, full and/or part-time employment, all income from welfare agencies, social security, pension, SSI, disability, armed forces reserves, unemployment compensation, child care, alimony, child support, scholarships and grants, contract for

deed, interest on assets, dividends, annuities, and regular contributions from people not residing with you.

Family Member Name

Source of Income

_____ A. Social Security-Monthly Amount \$ _____
 _____ Social Security-Monthly Amount \$ _____
 _____ B. Pension-Monthly Amount \$ _____
 _____ Pension-Monthly Amount \$ _____
 _____ Source of Pension(s) _____
 _____ C. Veterans Benefits-Monthly Amount \$ _____
 _____ Claim # _____
 _____ D. SSI Benefits-Monthly Amount \$ _____
 _____ SSI Benefits-Monthly Amount \$ _____
 _____ E. Unemployment Comp.-Monthly Amount \$ _____
 _____ Unemployment Comp-Monthly Amount \$ _____
 _____ F. TANF-Monthly Amount \$ _____
 _____ G. Wages/Salaries-GROSS Monthly Amount \$ _____
 _____ Employer Name/Address _____
 _____ Position Held _____ How long employed? _____
 _____ H. Full time Student Income (Only if 18yrs. Or older)
 _____ Monthly Amount \$ _____
 _____ I. Earned Income Tax Credit-Annual Amount \$ _____
 _____ J. Alimony-Monthly Amount \$ _____
 _____ K. Child Support-Monthly Amount \$ _____
 _____ L. Interest Income-Monthly Amount \$ _____
 _____ (Include interest in IRAs accrued, but not taken-also on
 _____ Savings bonds)
 _____ M. Other Income-Monthly Amount \$ _____
 _____ Source _____

TOTAL GROSS ANNUAL INCOME (Multiply all monthly amounts by 12)

\$ _____

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

If yes, explain _____

D. Net Family Assets

	Account #	Bank	Balance/Value
Checking Account(s)	_____	_____	_____
Savings Account(s)	_____	_____	_____
Trust Account(s)	_____	_____	_____
Certificates	_____	_____	_____
Credit Union Saving Bond(s)	_____	_____	_____
Life Insurance Policy	_____	_____	_____

Real Property: Do you own any property? Yes___ No___
If yes, type of property _____
Location _____
Appraised Market Value \$_____ Mortgage Amount \$ _____
Annual Ins. Premium \$_____ Most Recent Tax Bill \$ _____

Have you sold/disposed of any property in the last two years? (Example: Given away money to relatives, set up irrevocable trust accounts, etc.) Yes___ No___
If yes, describe asset _____
Date of disposition _____
Amount disposed \$ _____

Do you have any other assets not listed above? (Excluding personal property)
Yes___ No___
If yes, list type and value _____

E. Childcare expenses: (Complete only for children age 12 and younger)

Name of children cared for _____ Age _____
_____ Age _____
_____ Age _____

Name and address of person or agency caring for children:

Weekly cost for childcare due to employment \$ _____
Weekly cost for childcare due to education \$ _____
Is childcare cost covered by TANF or any other source? Yes___ No ___
If yes, explain _____

F. Disability Expenses (Complete only if disabled expenses allow a household member to work.)

Amount of weekly expense \$ _____

Indicate the name and age of the individual for which you pay disability assistance expenses: Name _____ Age _____

List the name and address of the individual providing the disability assistance:
Name _____
Address _____

G. Medical Expenses

Medical Costs: Complete this part only if Tenant of Co-Tenant is 62 or older, or disabled.
Do you have medicare? _____ Do you have other medical insurance? _____
If yes, indicate Medicare premiums: Amount per month per household \$ _____

Medical Insurance Coverage – Name of Insurance Company and Address:

Monthly Cost \$ _____

Are you receiving medical assistance through welfare that you have to pay out of pocket for? Yes _____ No _____

Are you seeing a physician regularly? _____

If so, physician's name and address

Projected costs not covered by insurance nor reimbursed for the next 12 months

\$ _____

If your medical condition is permanent and you routinely have medical expenses that are **not** covered by Medicare, Medicaid (MaineCare) or medical insurance, please indicate the type of medical expense, the frequency of the expense, and the amount of the expenses.

Type _____ Frequency _____ Amount _____

Type _____ Frequency _____ Amount _____

Type _____ Frequency _____ Amount _____

H. Reference Information

Previous Landlord:

(The equivalent of five years rental history)

1. Name _____ 2. Name _____

Address _____ Address _____

Telephone _____ Telephone _____

3. Name _____ 4. Name _____

Address _____ Address _____

Telephone _____ Telephone _____

Personal References (List at least three that are not related for both Head of Household and Co-Tenant (spouse) Provide Name, address, and a phone number they can be reached at during the day)

Head of Household

1. _____

2. _____

3. _____

Co-Tenant (Spouse)

1. _____

2. _____

3. _____

Have you ever been convicted for the illegal manufacture, distribution or possession of a controlled substance? YES NO

If YES, Please Explain _____

Have you ever been convicted of a felony? YES NO

If YES, Please Explain _____

I. Other Information

List any cars, trucks or other vehicles owned. You will need to make arrangements with management agent regarding parking of vehicle(s).

Type of vehicle _____ Year/Make _____ Color _____
License Plate # _____

Type of vehicle _____ Year/Make _____ Color _____
License Plate # _____

Person to contact in case of Emergency:

Name _____ Phone (____) _____

Address _____

Relationship _____

I/We authorize the management agent to investigate my/our credit and verify all information and references given. The information obtained will be used for management purposes only and will be held in confidence.

I/We hereby certify that I/We do/will not maintain a separate subsidized rental unit in another location. I/We further certify that this will be my/our permanent residence. I/We understand that eligibility for housing will be based on Rural Developments income limits and by the written selection criteria and occupancy limits of the housing owner. I/We certify that all information in this application is true to the best of my/our 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 IS SUBJECT TO APPROVAL AND DOES NOT CONSTITUTE AN AGREEMENT TO LEASE: ALL INFORMATION MUST BE VERIFIED BEFORE THIS APPLICATION CAN BE PROCESSED. THERE WILL BE A \$10.00 PER ADULT APPLICANT PROCESSING FEE AT THE TIME OF YOUR MOVE IN.

Applicant

Date

Co-Applicant

Date

J. Bedbug Infestation Disclosure

To the best of your knowledge, have any of the residential units you have resided in throughout the past twelve months been infested with, or are being treated for bedbugs?
Yes_____ No_____

If yes, please provide more information, i.e. dates: _____

Disclosure Statement

The information regarding race, ethnicity, and sex designation solicited on this application is requested in order to assure the Federal Government, acting through the Rural Housing Service, that Federal Laws prohibiting discrimination against tenant applications on the basis of race, color, national origin, religion, sex, familial status, sexual orientation, 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, the agent is required to note the race/ethnicity and sex of individual applicants on the basis of visual observation or surname.

Ethnicity: ___ Hispanic or Latino ___ Not Hispanic or Latino
(National Origin)

Race:___ American Indian or Alaskan Native ___Asian ___Black or African American
___Native Hawaiian or Other Pacific Islander ___White

Sex ___ Male ___ Female

Information supplied by: Applicant _____ Management_____ (Initials)