



APPLICATION FOR HOUSING

Please check the community you would like to apply for:

- Brookside Village Oakleaf Terrace Oakleaf 2
 50 Bow Street Maplewood Terrace
 Varney Square Village View

FOR OFFICE USE ONLY

Date / Time Application Received:

____/____/____ ____:____ AM / PM
 Received by (Initials): _____

Preferred unit size: 0 BR / Studio 1BR 2BR 3BR 4BR

You MUST answer ALL questions. Do not leave any spaces blank: write "none" or "n/a" where appropriate.

APPLICANT INFORMATION

LAST NAME		FIRST NAME		MIDDLE INITIAL	DATE OF BIRTH	GENDER
SOCIAL SECURITY NUMBER	PREVIOUS / MAIDEN NAME		MARITAL STATUS		STUDENT STATUS	
			<input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed		<input type="checkbox"/> Separated F/T P/T N/A	
MAILING ADDRESS						
CURRENT ADDRESS IF DIFFERENT FROM MAILING ADDRESS						
DAYTIME PHONE NUMBER		EVENING PHONE NUMBER		EMAIL ADDRESS		

CO-APPLICANT INFORMATION

LAST NAME		FIRST NAME		MIDDLE INITIAL	DATE OF BIRTH	GENDER
SOCIAL SECURITY NUMBER	PREVIOUS / MAIDEN NAME		MARITAL STATUS		STUDENT STATUS	
			<input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed		<input type="checkbox"/> Separated F/T P/T N/A	

OTHER OCCUPANTS

List all other persons who will live in the unit, including unborn children. No person is to live with you who is not listed.

NAME	DATE OF BIRTH	SOCIAL SECURITY NUMBER	GENDER	RELATIONSHIP	STUDENT	
					YES	NO

CURRENT HOUSING

Your current housing situation is best described as:

<input type="checkbox"/> Standard	<input type="checkbox"/> Substandard	<input type="checkbox"/> Without or Soon to Be Without Housing
<input type="checkbox"/> Conventional Public Housing	<input type="checkbox"/> Lacking a fixed nighttime residence	<input type="checkbox"/> Fleeing / Attempting to Flee Violence

EMERGENCY CONTACT

List someone in the area not on this application that we can contact in the case of an emergency.

NAME	ADDRESS	RELATIONSHIP
PHONE NUMBER	ALTERNATE PHONE NUMBER	

HOUSEHOLD AND BACKGROUND INFORMATION

Are you displaced by government action or a Federally Declared disaster?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you or any adult members of your household worked more than 30 hours per week for the last 6 months?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you anticipate any additional persons residing in the unit during the next 12 months?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Explanation:	
Is there anyone living with you now who will not be living at the property?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Explanation:	
Do you have full custody of your child(ren)? (if applicable)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Explanation:	
Have you or any members of your household ever had your lease terminated or been evicted?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does your household have or anticipate having any pets other than service animals?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Type / Breed / Weight:	
Are all members of your household United States Citizens or eligible to receive benefits?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If you or a member of your household was 62 or older on 1/31/10 and do not have a Social Security Number, were you/they receiving HUD rental assistance somewhere else?	<input type="checkbox"/> Yes <input type="checkbox"/> No

RESIDENTIAL HISTORY: MINIMUM OF FIVE YEARS REQUIRED! Attach additional pages if necessary.

If no rental history is available, please provide three personal references not related to you or anyone in your household on the back of this page.

CURRENT ADDRESS

Do you currently receive Subsidized Housing?			<input type="checkbox"/> Yes <input type="checkbox"/> No
STREET ADDRESS		CITY	STATE ZIP
HOW LONG AT ADDRESS?	<input type="checkbox"/> RENT <input type="checkbox"/> OWN	MONTHLY RENT AMOUNT	REASON FOR MOVING
LANDLORD NAME	LANDLORD ADDRESS	LANDLORD PHONE NUMBER	

PREVIOUS ADDRESS

STREET ADDRESS		CITY	STATE ZIP
HOW LONG AT ADDRESS?	<input type="checkbox"/> RENT <input type="checkbox"/> OWN	MONTHLY RENT AMOUNT	REASON FOR MOVING
LANDLORD NAME	LANDLORD ADDRESS	LANDLORD PHONE NUMBER	

Have you or anyone on the application been evicted from a rental unit, public housing of any kind, including an apartment, home, mobile home, or trailer, or been terminated from a Section 8 rental assistance program?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Explanation	
Will you be receiving rental subsidy at the time of move in?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If YES	AGENCY NAME CONTACT PERSON PHONE NUMBER

HOUSEHOLD HISTORY Please circle ALL STATES where you or any members of your household have lived.

ALABAMA	GEORGIA	MAINE	NEVADA	OREGON	VIRGINIA
ALASKA	HAWAII	MARYLAND	NEW HAMPSHIRE	PENNSYLVANIA	WASHINGTON
ARIZONA	IDAHO	MASSACHUSETTS	NEW JERSEY	RHODE ISLAND	WEST VIRGINIA
ARKANSAS	ILLINOIS	MICHIGAN	NEW MEXICO	SOUTH CAROLINA	WISCONSIN
CALIFORNIA	INDIANA	MINNESOTA	NEW YORK	SOUTH DAKOTA	WYOMING
COLORADO	IOWA	MISSISSIPPI	NORTH CAROLINA	TENNESSEE	DISTRICT OF COLUMBIA
CONNECTICUT	KANSAS	MISSOURI	NORTH DAKOTA	TEXAS	PUERTO RICO
DELAWARE	KENTUCKY	MONTANA	OHIO	UTAH	
FLORIDA	LOUISIANA	NEBRASKA	OKLAHOMA	VERMONT	

CRIMINAL HISTORY

Are you or any members of your household subject to a State lifetime sex offender registration?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Explanation:	

Using the numbers below, indicate whether you or any members of your household have been arrested for or convicted of any crimes listed below:

- | | | |
|--|---|-----------------------------------|
| 1. Homicide / Murder | 6. Assault / Fighting | 11. Fraud |
| 2. Rape or Child Molesting | 7. Drug Trafficking / Use / Possession | 12. Prostitution |
| 3. Burglary / Robbery / Larceny | 8. Child Abuse / Domestic Violence | 13. Disorderly Conduct |
| 4. Threats or Harassment | 9. Public Intoxication / Drunk & Disorderly | 14. Other (please explain): _____ |
| 5. Destruction of Property / Vandalism | 10. Receiving Stolen Goods | |

MEMBER NAME	CRIME(S) #	STATUS/DISPOSITION
MEMBER NAME	CRIME(S) #	STATUS/DISPOSITION

SPECIAL UNIT REQUIREMENT(S) QUESTIONNAIRE

All applicants with a disability may qualify for a reasonable accommodation in order to participate in the application process and they have the right to request such an accommodation.

Do you or any members of your household have a condition that requires:

- | | | |
|--|--|--|
| <input type="checkbox"/> A Separate Bedroom | <input type="checkbox"/> Unit for Vision-Impaired | <input type="checkbox"/> Physical Modification to a Typical Unit |
| <input type="checkbox"/> A Barrier Free Unit | <input type="checkbox"/> Unit for Hearing-Impaired | <input type="checkbox"/> Any Other Accommodation |

If you checked any of the above listed categories of units, please explain exactly what you need to accommodate your situation

Who should be contacted to verify your need for the features you have identified above?

NAME	PHONE
ADDRESS	

STUDENT STATUS

Are you or anyone in your household a student?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are ALL household members full-time students? *	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are any students under 24 AND enrolled in an institute of higher learning? **	<input type="checkbox"/> Yes <input type="checkbox"/> No

*Exemptions must be met to qualify for a Tax Credit Unit

**Exemptions must be met to qualify for rental assistance as HUD S8 properties.

HOUSEHOLD MEMBER	INSTITUTION	STATUS
		<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time
		<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time

INCOME INFORMATION FOR ALL HOUSEHOLD MEMBERS

Over the next 12 months, do you or does anyone in your household expect to receive income from:

Employment / Wages / Salaries	<input type="checkbox"/> Yes <input type="checkbox"/> No
Overtime	<input type="checkbox"/> Yes <input type="checkbox"/> No
Self Employment	<input type="checkbox"/> Yes <input type="checkbox"/> No
Tips / Fees / Bonuses / Commissions	<input type="checkbox"/> Yes <input type="checkbox"/> No
Social Security / SSI / SSDI	<input type="checkbox"/> Yes <input type="checkbox"/> No
Regular payments from Pension / Retirement / Annuity, etc.	<input type="checkbox"/> Yes <input type="checkbox"/> No
State Supplemental Income	<input type="checkbox"/> Yes <input type="checkbox"/> No
Regular pay as a member of the Armed Forces or Military	<input type="checkbox"/> Yes <input type="checkbox"/> No
Veteran's Benefits	<input type="checkbox"/> Yes <input type="checkbox"/> No
Unemployment Benefits	<input type="checkbox"/> Yes <input type="checkbox"/> No
Worker's Compensation	<input type="checkbox"/> Yes <input type="checkbox"/> No
Public Assistance / TANF / AFDC / General Relief	<input type="checkbox"/> Yes <input type="checkbox"/> No
Child Support	<input type="checkbox"/> Yes <input type="checkbox"/> No
Alimony	<input type="checkbox"/> Yes <input type="checkbox"/> No
Regular payments from any type of Settlement	<input type="checkbox"/> Yes <input type="checkbox"/> No
Regular gifts or payments from anyone outside the household	<input type="checkbox"/> Yes <input type="checkbox"/> No
Regular payments from Lottery Winnings or Inheritances	<input type="checkbox"/> Yes <input type="checkbox"/> No
Regular payments from a Rental Property or other Real Estate	<input type="checkbox"/> Yes <input type="checkbox"/> No
Student Financial Aid	<input type="checkbox"/> Yes <input type="checkbox"/> No
Any other income not listed above	<input type="checkbox"/> Yes <input type="checkbox"/> No

List each source of income for all household members. Use gross amounts (before deductions)

INCOME / AMOUNTS FROM ALL SOURCES WILL BE VERIFIED.

HOUSEHOLD MEMBER NAME	EMPLOYER / SOURCE / TYPE	ANNUAL AMOUNT

If any adult household member is currently unemployed, please provide previous employment information:

HOUSEHOLD MEMBER NAME	PREVIOUS EMPLOYER	DATE OF TERMINATION

Are you or any adult household members claiming zero income?

HOUSEHOLD MEMBER NAME	EXPLANATION

Do you or any members of your household expect a change to your income in the next 12 months?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Explanation:	

ASSET INFORMATION FOR ALL HOUSEHOLD MEMBERS Do you or anyone in your household have or expect to have:

Savings Accounts	<input type="checkbox"/> Yes <input type="checkbox"/> No
Checking Accounts	<input type="checkbox"/> Yes <input type="checkbox"/> No
Certificates of Deposit	<input type="checkbox"/> Yes <input type="checkbox"/> No
Money Market or Mutual Funds	<input type="checkbox"/> Yes <input type="checkbox"/> No
IRA/ Keogh account / 401K / Retirement funds / etc.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Stocks	<input type="checkbox"/> Yes <input type="checkbox"/> No
Bonds	<input type="checkbox"/> Yes <input type="checkbox"/> No
Treasury Bills	<input type="checkbox"/> Yes <input type="checkbox"/> No
Trusts (If yes, is the trust irrevocable?) <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Real Estate (Land, Homes, Rental Property, Etc.)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Whole Life or Universal Life Insurance Policy	<input type="checkbox"/> Yes <input type="checkbox"/> No
Cash	<input type="checkbox"/> Yes <input type="checkbox"/> No
Prepaid Benefit / Debit / Direct Express / Other Card	<input type="checkbox"/> Yes <input type="checkbox"/> No
Annuities	<input type="checkbox"/> Yes <input type="checkbox"/> No
Safe Deposit Box	<input type="checkbox"/> Yes <input type="checkbox"/> No
Personal Property held as an investment (Antique cars, coins, etc.)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Lump Sum Receipts such as: Inheritance, Lottery Winnings, Settlements, etc.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other	<input type="checkbox"/> Yes <input type="checkbox"/> No

BANK ACCOUNTS

HOUSEHOLD MEMBER NAME	NAME OF BANK	TYPE OF ACCOUNT	ACCOUNT NUMBER	CURRENT BALANCE

REAL ESTATE

HOUSEHOLD MEMBER NAME	ADDRESS OF PROPERTY	VALUE

OTHER ASSETS

HOUSEHOLD MEMBER NAME	SOURCE / TYPE	ACCOUNT NUMBER	VALUE

Have you or anyone in your household disposed of any assets or given away any assets for LESS than Fair Market Value in the past two years? Yes No

HOUSEHOLD MEMBER	ITEM	AMOUNT RECIEVED	MARKET VALUE	DATE DISPOSED

CHILDCARE EXPENSES (for children under 13 years of age)

NAME OF CHILDCARE PROVIDER	ADDRESS OF CHILD CARE PROVIDER	CHILD CARE PROVIDER PHONE NUMBER
HOURS OF CARE	AMOUNT PAID \$ _____ per <input type="checkbox"/> Week <input type="checkbox"/> Month	REIMBURSED BY AN OUTSIDE SOURCE? <input type="checkbox"/> Yes <input type="checkbox"/> No

DISABLED HOUSEHOLDS

Persons who are disabled may qualify for a \$400 deduction to their annual income when determining rent contribution and certain other deductions. If you feel that you qualify and would like to request this adjustment to your income, please indicate: Yes No

If you have indicated your desire to request this adjustment, then we will need sufficient information (documentation) to confirm your qualification for this status. Failure to provide this information may result in the denial of these deductions.

Who should we contact to certify your disability?

PHYSICIAN NAME	PHONE
ADDRESS	

MEDICAL EXPENSE DEDUCTION

The following medical information applies **ONLY** to households whose applicant, spouse and/or co-applicant is elderly or disabled.

Do you have any out of pocket medical expenses?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please list below any medical expenses you anticipate during the next 12 months:		
HOUSEHOLD MEMBER NAME	NAME OF DOCTOR, PHARMACY, INSURANCE PROVIDER ETC.	ESTIMATED EXPENSE AND FREQUENCY

RACE AND ETHNICITY for statistical purposes only – this information will not affect tenant selection.

Head of Household (only)	Ethnicity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	Race: <input type="checkbox"/> American Indian / Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White
---------------------------------	---	---

The information solicited on this application is requested by the apartment owner in order to assure the Federal Government...that Federal Laws prohibiting discrimination against tenant applicants on the basis of race, color, national origin, religion, sex, age, handicap, disability, marital status, or sexual orientation 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 in any way.

Applications can be returned and inquiries directed to Preservation Management, Inc. offices at the following locations:

<p>For Brookside Village, Oakleaf Terrace & Oakleaf 2: 24 South Street, Suite B Freeport, ME 04032 Ph: (207) 865-1486 ~ Fax: (207) 865-1372</p>
--

<p>For Bow Street, Maplewood, Varney Square & Village View: 26 Village View Lane Freeport, ME 04032 Ph: (207) 865-9517 ~ Fax: (207) 865-9708</p>

SIGNATURE CLAUSE

I understand that management is relying on this information to prove my household's eligibility for HUD, Rural Development and/or LIHTC Program. I certify that all information and answers to the above questions are true and complete to the best of my knowledge. I consent to the release of the necessary information to determine my eligibility. I understand that providing false information or making false statements may be grounds for denial of my application. I also understand that such action may result in criminal penalties.

I authorize my consent to have management verify the information contained in this application for purposes of proving my eligibility for occupancy. I will provide all necessary information including source names, address, phone numbers, accounts numbers where applicable and other information required for expediting this process. I understand that my occupancy is contingent on meeting management, resident selection criteria and HUD, Rural Development and/or LIHTC Program requirements

ALL Household Members 18 and Older MUST Sign

HEAD OF HOUSEHOLD SIGNATURE	DATE
OTHER ADULT HOUSEHOLD MEMBER	DATE
OTHER ADULT HOUSEHOLD MEMBER	DATE
OTHER ADULT HOUSEHOLD MEMBER	DATE
OTHER ADULT HOUSEHOLD MEMBER	DATE

EIV FORM-1

To: Applicants • If you are submitting an application for residency at a HUD property, PMI will verify household data using the Secure HUD EIV System. This includes household income, including critical data (birth dates, names, and social security numbers). For additional information, please see the *EIV & You* brochure, which is available upon request.

Owner's Notice No. 1

Section 214 of the Housing and Community Development Act of 1980, as amended, prohibits the Secretary of HUD from making financial assistance available to persons other than U.S. citizens or nationals, or certain categories of eligible noncitizens, in the following HUD programs:

- Section 8 Housing Assistance Payments programs;
- Section 236 of the National Housing Act including Rental Assistance Payment (RAP); and
- Section 101/Rent Supplement Program.

You have applied, or are applying for, assistance under one of these programs; therefore, you are required to declare U.S. Citizenship or submit evidence of eligible immigration status for each of your family members for whom you are seeking housing assistance. You must do the following:

- Complete a Family Summary Sheet during the interview process.
- Each family member (including you) listed on the Family Summary Sheet must complete a ****Citizenship**** Declaration.
- Each family member must provide evidence of eligible immigration status.

This Section 214 review will be completed in conjunction with the verification of other aspects of eligibility for assistance. If you have any questions or difficulty in completing the attached items or determining the type of documentation required, please contact the Property Manager. He/she will be happy to assist you. Also, if you are unable to provide the required documentation with your application, you should immediately contact this office and request an extension, using the block provided on the ****Citizenship**** Declaration Format. Failure to provide this information or establish eligible status may result in your not being considered for housing assistance.

If this Section 214 review results in a determination of ineligibility, you will have an opportunity to appeal the decision. Also, if the final determination concludes that only certain members of your family are eligible for assistance, your family may be eligible for proration of assistance. That means that when assistance is available, a reduced amount may be provided for your family based on the number of members who are eligible.

If assistance becomes available and the other aspects of your eligibility review show that you are eligible for housing assistance, that assistance may be provided to you if at least one member of your household has submitted the required documentation. Following verification of the documentation submitted by all family members, assistance may be adjusted depending on the immigration status verified. You will be contacted as soon as we have further information regarding your eligibility for assistance.

AUTHORIZATION AND RELEASE OF INFORMATION

I / We Do Hereby Authorize Preservation Management, Inc., its staff or authorized representative to contact the below listed agencies, local police departments, offices, groups or organizations to obtain and verify any information or materials which are deemed necessary to determine my/our eligibility for housing in programs administered/managed by:

The Dept. of Housing and Urban Development
Rural Development (USDA)
Low Income Tax Credit Housing (IRS)
State or Local Housing Agencies

Title 18, Section 1001 of the U.S Code state that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD and any owner (or any employee of HUD or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above, Any person who knowingly or willingly requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages and seek other relief, as may be appropriate, against the officer or employee of HUD or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at 208 (a) (6), (7) and (8). Violation of these provisions are cited as violations of 42 U.S.C. 408 (a) (6), (7) and (8).

ONLY SOURCES LISTED BELOW FOR DETERMINING ELIGIBILITY OR ACCEPTABILITY FOR AN APARTMENT WILL BE CONTACTED.

SIGNATURE(S)

HEAD OF HOUSEHOLD SIGNATURE DATE

OTHER ADULT HOUSEHOLD MEMBER DATE

OTHER ADULT HOUSEHOLD MEMBER DATE

OTHER ADULT HOUSEHOLD MEMBER DATE

OTHER ADULT HOUSEHOLD MEMBER DATE

NOTE TO APPLICANT / TENANT: You do not have to sign this consent form if it is not clear who will provide the information or who will receive the information.