Avec COMMUNITY ACTION

771 Main St. Presque Isle, ME 04769
(207) 764-3721
info@avecmaine.org
www.avecmaine.org

Norman L. Fournier Place Apartments

Applicant Name(s):

_____ _____

Please list any prior names:

_____ _____

Please circle your preferred method of communication: **Phone Call** **Text** **Email**

Physical Address: _____ City _____State ____Zip _____

Mailing Address:_____ City _____State ____Zip_____

Home/Cell #:_____ Email:_____

Are you currently experiencing homelessness? **Yes** **No**
If yes, how long have you been homeless for? _____

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

Is 30 days' notice required to vacate these premises? **Yes** **No**

Owned by: (circle one) **Landlord** **Friend** **Family**

Name: _____Telephone #: _____

Mailing Address: _____

_____

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

Name: _____ Telephone No.: _____

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 #	Military (Y/N)
1.				
2.				

Is anyone in this household a smoker? **Yes** **No**

Do you have any Pets? **Yes** **No**

If Yes, type of Pet: _____

INCOME

List all sources of household income.

MEMBER:

_____ Social Security $_____ Monthly

_____ Maine State Supplement $_____Monthly

_____ Unemployment Compensation $_____ Weekly

_____ TANF $_____ Monthly

_____ Child Support $_____Monthly Source: _____

_____ Alimony $_____Monthly Source: _____

_____ Pension $_____Monthly ID #:_____

_____ V.A. $_____Monthly VA Claim #: _____

_____ Other $_____ Monthly Source: _____

EMPLOYMENT

Household Member 1:

_____Wages/Salary: Gross Amount Weekly $_____ or Bi-Weekly: _____

Employer Name: _____

Employer Address:_____

Household Member 1:

_____Wages/Salary: Gross Amount Weekly $_____ or Bi-Weekly: _____

Employer Name: _____

Employer Address:_____

ASSETS

State Amount of and Cash on hand or in Safety deposit box: $ _____

MEMBER:

_____ Checking Acct Bank Name & Address:

_____ Checking Acct Bank Name & Address:

_____ Savings Acct Bank Name & Address:

_____ Savings Acct Bank Name & Address:

_____ C.D. Bank Name & Address:

_____ C.D. Bank Name & Address:

_____ Life Insurance that has a cash value: Policy #_____

Insurance Company/Address:_____

Do you have a IRA, 401k, Securities, stocks, bonds or other investment accounts: **Yes** **No**

If yes, please list account type, account holder's name, account number, and address for verification:

_____

_____

Do you own any real estate? **Yes** **No**

Physical Location Address: _____

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

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

Amount Sold/Disposed For: $_____Actual Cash Received: $_____

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 _____Other accessibility needs (please specify)

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

If Yes, Where: _____ When: _____

Describe Reasons: _____

_____

_____

3. Section 8, 236 & 202/8 require you to be a citizen of the U.S. or have eligible immigration status. Do you have a 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.

6. How did you hear about this Housing? _____

7. Please list any other States any household member 18 and older has lived in:

_____

8. Are you of age 62 or older as of January 31, 2010, and who do not have a SSN, if they were receiving HUD rental assistance at another location on January 31, 2010.

Yes **No** **N/A**

- This information is needed in order for the owner to verify whether the applicant qualifies for the exemption from disclosing and providing verification of a SSN.

REFERENCE PAGE

Previous Addresses

Head of Household:

Previous Street Address: _____

Owned by (circle one): **Landlord** **Friend** **Family**

Name: _____ Telephone #: _____

Mailing Address: _____

From: _____, 20____ to_____ ,20 ___.

Previous Street Address: _____

Owned by (circle one): **Landlord** **Friend** **Family**

Name: _____ Telephone #: _____

Mailing Address: _____

From: _____, 20____ to_____ ,20 ___.

Co-Applicant:

Previous Street Address: _____

Owned by (circle one): **Landlord** **Friend** **Family**

Name: _____ Telephone #: _____

Mailing Address: _____

From: _____, 20____ to_____ ,20 ___.

Previous Street Address: _____

Owned by (circle one): **Landlord** **Friend** **Family**

Name: _____ Telephone #: _____

Mailing Address: _____

From: _____, 20____ to_____ ,20 ___.

PROFESSIONAL REFERENCES

2 per adult household member:
(Examples: 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 #: _____

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. Maine Development Associates 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 residency. 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 and older must sign below.

SIGNATURES:

_____ _____

Applicant Signature Date

_____ _____

Co-Applicant Signature Date

Certification

Please read and initial each line in agreeance and understanding to the certification page.

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 the 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 ACAP offer me housing and I/we refuse, my/our name(s) will be placed on the bottom of the waiting list. 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. _____

I/we understand that pets are not allowed. Therefore, I/we will not keep any pets on the property. (Does not apply to households who require a service animal to achieve normal function.) _____

By signing below, I/We also consent to be contacted by telephone at the numbers provided with this application with regard to the availability and acquisition of rental housing at properties managed by ACAP.

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

SIGNATURES:

_____ _____ _____

Applicant Signature **Print Applicant Name** **Date**

_____ _____ _____

Co-Applicant Signature **Print Applicant Name** **Date**

AUTHORIZATION

I/We do hereby authorize ACAP 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, assets or medical expenses (including office visits, prescription expenses, prescribed 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 administrated/managed by ACAP. This information may be exchanged by means of mail, email or by facsimile. I/We further authorize ACAP 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 ACAP to use all sources of information received from all of the above listed as well as any information received from any source during the application process in determining my/our eligibility for occupancy.

I/We further authorize ACAP 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 ACAP, its staff or authorized representatives, or to an agency contracted by ACAP to conduct criminal background checks.

As part of completing an application with ACAP for properties managed by them, I/we hereby authorize ACAP 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 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 ACAP I/we hereby authorize ACAP 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 ACAP.

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

SIGNATURES:

_____	_____	_____
Applicant Signature	**Print Applicant Name**	**Date**
_____	_____	_____
Co-Applicant Signature	**Print Applicant Name**	**Date**