

Maine Development Associates

Mailing: P.O. Box 2219, Bangor, Maine 04402-2219 / **Email:** info@mainedevelopment.com

Phone: (207) 947-6795 / **TTY:** Dial 711 or 1-800-437-1220

Fax: (207) 990-1401 / **Website:** <https://mainedevelopment.com>

Equal Housing Opportunity

Dear applicant,

Enclosed is the application for housing which you requested from our office. Please complete and return this application so that we may determine your eligibility for immediate placement on the requested waiting list.

In addition, a copy of each household member's Social Security card and birth certificate will be required to process your application, please provide these documents at your earliest convenience.

Thank you for your interest in our housing. Should you have any questions, please do not hesitate to call our office.

Sincerely,

Maine Development Associates

Mail completed applications to:

Maine Development Associates

P.O. Box 2219

Bangor, ME 04402-2219

Email completed applications to:

info@mainedevelopment.com

Rural Development Properties: If you wish to file a Civil Rights program complaint of discrimination, complete the [USDA Program Discrimination Complaint 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. 11-7-14



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• Application for HUD Section 8, 202, and Rural Development Properties •

Write the name of the housing complex(es) you are applying for. **Do not write "ANYWHERE" or a town**

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

of Bedrooms Requested: ___ 1 ___ 2 ___ 3 - Family Only ___ 4 - Hestia Heights Only (In Houlton)

Applicant name(s): _____

Please list any prior names: _____

Physical address: _____ City: _____ State: _____ ZIP: _____

Is your mailing address the same as your physical address? ___ Yes ___ No

Mailing address: _____ City: _____ State: _____ ZIP: _____

Home / Cell #: _____ Email: _____

How long have you lived at the above address and what was your move-in date? _____

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

Owned by (**check one**): ___ Landlord ___ Friend ___ Family ___ Myself

Full name: _____ Telephone #: _____

Mailing address: _____

Provide contact info for someone we can discuss your application with if we cannot reach you:

Full name: _____ Telephone #: _____

Is this person your case worker / aide? ___ Yes ___ No Occupation: _____

FAMILY COMPOSITION: List **ALL** people who will occupy the apartment with the Head of Household first.

LEGAL NAME (First, Middle, Last)	DATE OF BIRTH	RELATIONSHIP	SOCIAL SECURITY #	US MILITARY VETERAN (Y/N)
1. _____	_____	<u>Head of Household</u>	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____
5. _____	_____	_____	_____	_____
6. _____	_____	_____	_____	_____

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

If yes, please explain: _____

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

Do you have any pets? ___ Yes ___ No If yes, type of pet: _____

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

Household member: _____ Full or 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: _____

For Rural Development Properties: In accordance with Federal law and U.S. Department of Agriculture 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 USDA, Director, Office of Civil Rights, 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.



Equal Housing Opportunity



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: _____ Telephone #: _____
 Address: _____

_____ Wages/Salaries: **GROSS AMOUNT** Weekly \$_____ **OR** Bi-Weekly \$_____
EMPLOYER Name: _____ Telephone #: _____
 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.** Bank name & address: _____

_____ **C.D.** Bank name & address: _____

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

Insurance Company/Address: _____

Do you have an 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

If yes, please provide its physical address: _____

Have you sold/disposed of any assets in the past two years? ___ Yes ___ No

(Example: Given away money, sold property, etc.)

Type: _____ Transaction date: _____

Amount sold/disposed for: \$_____ Actual cash received: \$_____

EXPENSES:

Do you pay for childcare for children 12 years old or under due to your work and/or education? Yes No

If yes, provide the amount paid per week: \$_____ Full name of care provider: _____

Address: _____ Telephone #: _____

Are you applying for status as an "Elderly Household" where the Applicant 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 (e.g. physician, social worker, psychiatrist) that will verify that you are disabled:

Full name: _____ Profession: _____

Address: _____

Telephone #: _____ Email (optional): _____

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

If yes, provide the anticipated annual cost for 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 impaired
- Live-in aide Unit for hearing impaired
- First floor unit Other accessibility needs **(please specify below)**

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

If yes, where: _____ When: _____

Describe reasons: _____

3. Section 8, 236, and 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 **[You must 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 member 18 and older has lived in: _____

6. If you were age 62 or older as of January 31, 2010, and do not have an SSN, were you receiving rental assistance at another location on January 31, 2010? Yes No

REFERENCES:

PREVIOUS ADDRESS: List former physical addresses for a minimum of the past ten years. *Any information received from any source 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 APPLICATIONS WILL NOT BE PROCESSED.

Head of Household:

Previous street address: _____
Owned by (check one): Landlord Friend Family Myself
Full name: _____ Telephone #: _____
Mailing address: _____
From _____, 20____ to _____, 20____.

Previous street address: _____
Owned by (check one): Landlord Friend Family Myself
Full name: _____ Telephone #: _____
Mailing address: _____
From _____, 20____ to _____, 20____.

Previous street address: _____
Owned by (check one): Landlord Friend Family Myself
Full name: _____ Telephone #: _____
Mailing address: _____
From _____, 20____ to _____, 20____.

Co-Applicant:

Previous street address: _____
Owned by (check one): Landlord Friend Family Myself
Full name: _____ Telephone #: _____
Mailing address: _____
From _____, 20____ to _____, 20____.

Previous street address: _____
Owned by (check one): Landlord Friend Family Myself
Full name: _____ Telephone #: _____
Mailing address: _____
From _____, 20____ to _____, 20____.

If necessary, please attach an additional page to provide a complete history of where you have resided the past 10 years. Do not leave any gaps between dates.

PROFESSIONAL REFERENCES: NO family members - 2 per adult household member (Examples: current or former employer, co-worker, counselor, teacher, clergy, etc.)

Head of Household: 1. Full name: _____ Telephone #: _____
2. Full name: _____ Telephone #: _____

Co-Applicant: 1. Full name: _____ Telephone #: _____
2. Full 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 beliefs, 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 not to furnish it and you are applying for a 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**

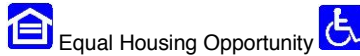
Race (Mark one or more): **American Indian or Alaska Native** **Asian** **White**
 Black or African **Native Hawaiian or Other Pacific Islander**

Gender: **Male** **Female**

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

Rural Development Properties: If you wish to file a Civil Rights program complaint of discrimination, complete the [USDA Program Discrimination Complaint 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. 11-7-14

HUD Properties: Discrimination is prohibited by Federal law. Complaints of discrimination may be filed with the Boston Regional Office of FHEO US Dept. of Housing and Urban Development, Federal Building, 10 Causeway St., Rm 321, Boston, MA 02222-1092



CRIMINAL & SEX OFFENDER BACKGROUND INFORMATION:

Federal law requires us to get drug and criminal background as well as 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

Co-Applicant Signature

Date

Co-Applicant Signature

Date

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 MDA 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 if I/we move into a property that allows a pet, we will be required to pay a pet deposit.

For applicants applying for housing at: Academy Park II, The Ambassador II, Boynton Manor II, North Ridge, Pleasant Heights II, and Quoddy Farms: I/we understand that my eligibility for housing will be based on Tax Credit guidelines per Section 42 of the Internal Revenue Code.

***Family Housing (Rural Development): Blue Hill Terrace, Bridge Hill, Eastland Park, Hillside Park, Hunnewell Apartments, Mariner Woods, Mars Hill Manor, Pine Grove Apartments, and Quoddy Farms.** I/we understand that pets are not allowed. Therefore, I/we will not keep any pets on the premises. This does not apply to households who require a service animal to achieve normal function.

***Elderly Housing (Rural Development): Freeman Forest, Glenridge, Lincoln Court, Northland Park, Salmon Falls, and Sand Hill Apartments.** 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 agreement agreeing to all that it contains. This does not apply to households who require a service animal to achieve normal function. However, I/we will not keep any pets on the premises unless I/we receive prior written permission from Management.

***Family Housing (HUD): Garfield Street, Hestia Heights, Mountainview II, Stonington Manor II, Sunrise Village, and Sunset Meadows.** I/we understand that pets are not allowed (does not apply to households who require a service animal to achieve normal function) except at **North Ridge** one cat is allowed per household. North Ridge residents must receive prior written permission from Management and enter into a pet agreement agreeing to all that it contains. Therefore, I/we will not keep any pets on the premises.

***Elderly Housing (HUD): Academy Park II, The Ambassador II, Boynton Manor II, Concorde, Gardner Commons, Hillside Manor, Lincoln Manor, Lincoln Manor West, Newport Inn, Northern House, Observatory, Pleasant Heights, Riverside, Riverbend, Stonington Manor, and Woodland Manor.** 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 without prior written permission from Management and entering into a pet agreement agreeing to all that it contains. This 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 Maine Development Associates.

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

SIGNATURES:

Applicant Signature

Print Applicant Name

Date

Co-Applicant Signature

Print Co-Applicant Name

Date

Co-Applicant Signature

Print Co-Applicant Name

Date

Co-Applicant Signature

Print Co-Applicant Name

Date

AUTHORIZATION

I/We do hereby authorize Maine Development Associates 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 Maine Development Associates. This information may be exchanged by means of mail, email or by facsimile. I/We further authorize Maine Development Associates 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 Maine Development Associates to use all sources of information received from all 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 Maine Development Associates 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 Maine Development Associates, its staff, authorized representatives, or to an agency contracted by Maine Development Associates to conduct criminal background checks.

As part of making application with Maine Development Associates for properties managed by them, I/we hereby authorize Maine Development Associates 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 Maine Development Associates, I/we hereby authorize Maine Development Associates 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 Maine Development Associates.

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 Maine Development Associates. This information will be used to confirm any information I/we provide to Maine Development Associates and/or that is reported on the Tenant Certification form.

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

SIGNATURES:

<hr/> Applicant Signature	<hr/> Print Applicant Name	<hr/> Date
<hr/> Co-Applicant Signature	<hr/> Print Co-Applicant Name	<hr/> Date
<hr/> Co-Applicant Signature	<hr/> Print Co-Applicant Name	<hr/> Date
<hr/> Co-Applicant Signature	<hr/> Print Co-Applicant Name	<hr/> Date