

APPLICATION FOR HOUSING
 Low Income Housing Tax Credit Property

Please Print Clearly

This is an application for housing at:	Project: Bay Head Apartments Address: 2 East Avenue Belfast, Maine 04915
Please complete this application and return to:	Name: The Housing Foundation Address: 353 Main Street Orono, Maine 04473 Telephone: 207-866-4634 Toll Free: 1-866-394-2049

BAY HEAD APARTMENTS IS A SMOKE-FREE PROPERTY. PLEASE TAKE THIS INTO CONSIDERATION AS YOU COMPLETE THIS APPLICATION.

Applications are placed in order of date and time received. An applicant may be interviewed only after the receipt of this tenant application. **ALL QUESTIONS MUST BE ANSWERED. DO NOT LEAVE ANYTHING BLANK.**

PLEASE MAKE SURE ALL QUESTIONS ARE ANSWERED

General Information

Head of Household Name: _____

Current Mailing Address: _____

Current Physical Address (if different from mailing): _____

Daytime Phone: _____ Evening Phone: _____

No. of BR's in current housing: _____ Do you RENT or OWN (circle one)

Amount of current monthly rental or mortgage payment: \$ _____

Circle utilities paid by you: Heat Electricity Gas Other (specify) _____

Approximate monthly cost of utilities paid by you (excluding phone and cable) \$ _____

Bedroom size requested: One BR Two BR Three BR Handicap BR (circle one)

Household Composition

List ALL persons who will live in the apartment. List the head of household first.

	Name	Relationship to Head	Marital Status D-divorced S-single L-legal separation E-estranged	Birth Date	Age	SS #	Student Y/N
Head							
Co-T							
3.							
4.							
5.							
6.							
7.							
8.							

Do you anticipate any additions to the household in the next twelve months? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please explain	

Is there anyone living with you now who won't be living with you at this property? If so, name and relationship. Explanation:

Does your household have or anticipate having any pets other than those used as service animals? <i>Please note – pets are not allowed.</i> If so, please explain.

Will all of the persons in the household be or have been full-time students during five calendar months of this year or plan to be in the next calendar year at an education institution with regular faculty and students? <input type="checkbox"/> Yes <input type="checkbox"/> No

IF YES, ANSWER THE FOLLOWING QUESTIONS:

Are any full-time student(s) married and filing a joint tax return?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are any student(s) enrolled in a job-training program receiving assistance under the Job Training Partnership Act?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are any full-time student(s) a TANF or a title IV recipient?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are any full-time student(s) a single parent living with his/her minor child who is not a dependent on another's tax return?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Family History		
Have you or anyone else named on this application filed for bankruptcy? If so, please explain.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you or anyone else named on this application been convicted of a felony? If so, please explain.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you or anyone else named on this application been convicted for dealing or manufacturing illegal drugs? If so, please explain..	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you or anyone else named on this application been convicted of doing damage to property of others? If so, please explain.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you or anyone else named on this application been evicted from a rental unit of any type including an apartment, home, mobile home, or trailer? If so, please explain.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Briefly describe your reasons for applying:		

Housing References			
Provide landlord information for the past FIVE years beginning with your current landlord. IF NO LANDLORD(S), PLEASE LIST THE NAME, ADDRESS AND PHONE NUMBER(S) OF 3-5 PERSONAL NON-RELATED REFERENCES ON THE BACK OF THIS APPLICATION.			
Landlord's Name, Address and Phone #	Your Address	Own / Rent Include Monthly Amount	Dates From - To

Personal Reference		
List a personal reference other than a relative.		
Name, Address and Phone #	Relationship	Years Known

Vehicle Identification			
List vehicle information for all vehicles that are owned or operated by any household member			
	Tag/License Plate #	State Issued	Color/Make/Model/Year
Vehicle #1			
Vehicle #2			

Emergency Contact		
List someone in the area that is not already on the application that we should contact in case of an emergency.		
Name, Address and Phone #	Relationship	Years Known

Income Information			
Income is counted for anyone 18 or older (unless legally emancipated). However, if the income is unearned income such as a grant or benefit, it is counted for all household members including minors. PLEASE USE GROSS INCOME AMOUNTS.			
INCLUDE ALL INCOME ANICIPATED FOR THE NEXT 12 MONTHS			
Yes	No	Do YOU receive OR expect to receive income from:	Amount / Month
		Employment wages or salaries? Include overtime, tips, bonuses, commissions and payments received in cash. Name of company?	
		Self-employment? Include overtime, tips, bonuses, commissions and payments received in cash. Type of business?	
		Regular pay as a member of the Armed Forces? Base Name and Branch:	
		Unemployment benefits or worker's compensation? Contact Person:	
		Public Assistance, Temporary Assistance for Needy Families (TANF)? Contact Person:	
		Child Support or Alimony? (We must count court ordered support whether or not it is received unless legal action has been taken to remedy. We must also count support that is not court-ordered but rather received directly from payor.) Payor:	
		How is the support received? Child Support Enforcement Agency? List name of agency. Court of Law? List name of court. Directly from Individual? List name of person. Other? Explain.	

Income Information Continued			
Yes	No	Do YOU receive OR expect to receive income from:	Amount / Month
		If money is not actually received, are you taking legal action to receive it? Explain:	
		Social Security, SSI or any other payments from the Social Security Administration? SSA Office:	
		Regular payments from a Veteran's benefit, pension, retirement benefit or annuities? Source of Benefit:	
		Regular payments from a severance package? Source of Benefit:	
		Regular payments from any type of settlement. For example, insurance settlements. Source of Benefit:	
		Any other income sources or types not listed? Source of Benefit:	
		Do you or any other household members expect any changes to your income in the next 12 months? Explain:	

Asset Information				
Include all assets held and the income derived from the asset.				
INCLUDE ALL ASSETS HELD BY ALL HOUSEHOLD MEMBERS INCLUDING MINORS.				
Yes	No	Type of Asset	Source /Bank	Amount
		Checking Account?		
		Savings Account?		
		CD's, money market accounts or treasury bills?		
		Stocks, bonds, or securities?		
		Trust Funds?		
		Pensions, IRA's, Keogh or other retirement accounts?		
		Cash on hand over \$500?		
		Real estate, rental property, land contracts, contract for deeds or other real estate holdings? (This includes your personal residence, mobile homes, vacant land, farms, vacation homes, or commercial property.)		
		Personal property held as an investment? (This includes paintings, coin or stamp collections, artwork, collector or show cars, and antiques.)		

Asset Information Continued				
Yes	No	Type of Asset	Source / Bank	Amount
		A safe deposit box?		
		Annuities?		
		Capital Gains?		
		Mutual Funds?		
		Life Insurance Policy (Whole and Universal – list cash surrender value and dividends from prior year.)		
		Have you or any other household members disposed of or given away any asset (s) for LESS than fair market value within the past 2 years?		

Applicant Status		
The following questions pertain to specific eligibility requirements.		
Yes	No	
		Are you or any other ADULT household members claiming zero income? Please explain.
		Will you or any ADULT household member require a live-in care attendant to live independently? Name of Attendant: Relationship (if any):
		Will your household be receiving Section 8 rental assistance at time of move-in? Name of Agency: Contact Person:
		Are you or any member of your household currently on an active Public Housing or Section 8 Waiting List? Name of Agency: Contact Person:
		Will your household be eligible or are you applying to receive Section 8 rental assistance in the next 12 months? Expected date: Name of Agency: Contact Person:

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 I/We must pay a full security deposit for this apartment prior to occupancy. I understand that management is relying on this information to determine my household's eligibility for the Housing Credits 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 release the necessary information to prove my eligibility. I understand that providing false information, failing to disclose material information, or making false statements may be grounds for denial of my application or termination of tenancy after occupancy. 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, addresses, phone numbers, account numbers where applicable and any other information required for expediting this process. I understand that my occupancy is contingent on meeting management's resident selection criteria and the Housing Credit Program requirements.

ALL ADULT HOUSEHOLD MEMBERS MUST SIGN BELOW:

Signature Date

Signature Date

Signature Date