PRE-APPLICATION FOR HOUSING

99 Western

99 Western Ave, Box 100 Office
Augusta, ME 04330
Phone: 207-480-1559 TDD: 800-437-1220

FOR OFFICE USE ONLY
Date / Time Application Received:

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

PLEASE NOTE ANY PRE-APPLICATION NOT FULLY COMPLETED WILL BE RETURNED TO APPLICANT

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: Disclosure of SSNs for the applicant and for all members of the applicant's household are required, except those household members who do not contend eligible immigration status.

LAST NAME	FIRST NAME	MIDDLE INITIAL	DATE OF BIRTH	GENDER M ☐ F ☐ Decline to Disclose ☐
STREET	CITY		STATE	ZIP
SOCIAL SECURITY NUMBER	PREVIOUS / MAIDEN NAME	MARITAL STATUS ☐ Separated ☐ Decline to Disclose ☐ Married ☐ Single ☐ Divorced ☐ Widowed		STUDENT STATUS F/T ☐ P/T ☐ N/A ☐
DAYTIME PHONE NUMBER	EVENING PHONE NUMBER	EMAIL ADDRESS		

CO-APPLICANT INFORMATION

LAST NAME	FIRST NAME	MIDDLE INITIAL	DATE OF BIRTH	GENDER M ☐ F ☐ Decline to Disclose ☐
SOCIAL SECURITY NUMBER	PREVIOUS / MAIDEN NAME	MARITAL STATUS ☐ Separated ☐ Decline to Disclose ☐ Married ☐ Single ☐ Divorced ☐ Widowed		STUDENT STATUS 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 (First, Middle, Last)	DATE OF BIRTH	SOCIAL SECURITY NUMBER	GENDER	RELATIONSHIP	STUDENT YES	STUDENT NO
			M ☐ F ☐ Decline ☐		☐	☐
			M ☐ F ☐ Decline ☐		☐	☐
			M ☐ F ☐ Decline ☐		☐	☐
			M ☐ F ☐ Decline ☐		☐	☐

HOUSEHOLD AND BACKGROUND INFORMATION - CURRENT HOUSING

Your current housing situation is best described as:

☐ Standard ☐ Substandard ☐ Without or Soon to Be Without Housing
☐ Conventional Public Housing ☐ Lacking a fixed nighttime residence ☐ Fleeing / Attempting to Flee Violence

Do you currently receive subsidized housing?		☐ Yes ☐ No
Do you currently have a voucher?	Agency:	☐ Yes ☐ No
Are you displaced by government action or a Presidential Declared Disaster?		☐ Yes ☐ No
Do you have any pets other than a service animal: TYPE:		☐ Yes ☐ No
Is Head of Household, Spouse or Co-Head currently employed?		☐ Yes ☐ No
Are you a veteran?		☐ Yes ☐ No
SSN Disclosure/Exemption – Were you or a member of your household age 62 or older as of 1/31/2010, do not have an SSN and were receiving HUD rental assistance at another location prior to 1/31/2010?		☐ Yes ☐ No ☐ NA
Are you or any members of your household a current user of marijuana or other illegal drugs?		☐ Yes ☐ No
How did you hear about the property?	Source:	

CRIMINAL HISTORY

Are you or any members of your household subject to a State lifetime sex offender registration in any state?	☐Yes ☐No
Have you or any member of your household been convicted of any crimes listed below? (If no please skip below section)	☐Yes ☐No

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

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

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

Households in which the Head, Spouse or Co-Head is disabled or handicap, please indicate: If special unit requirements are needed please indicate below.	☐Yes ☐No

SPECIAL UNIT REQUIREMENT(S) QUESTIONNAIRE

All applicants in which a household member has a disability may qualify for a Reasonable Accommodation and they have the right to request such an accommodation.

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

☐ A Separate Bedroom
☐ A Barrier Free Unit
☐ A Mobility Impaired Unit
☐ Unit for Vision-Impaired
☐ Unit for Hearing-Impaired
☐ Physical Modification to a Typical Unit
☐ Any Other Accommodation

_____

_____

HOUSEHOLD INCOME

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

Over the next 12 months, do you or does anyone in your household expect to receive income from (check all that apply):

☐ Employment ☐ Self-Employment ☐ Military Pay ☐ Unemployment ☐ Worker's Compensation	☐ Social Security (SS/SSI/SSDI etc.) ☐ State Supplemental Income ☐ Veteran's Benefits ☐ Pension / Annuities ☐ Regular payments from Settlement ☐ Income from Trust ☐ Other Retirement Accounts
☐ TANF / Public Assistance ☐ Child Support ☐ Alimony	☐ Student Financial Aid ☐ Contribution from anyone outside of the household ☐ Income from Lottery Winnings or Inheritance ☐ Income from Rental Property or Real Estate ☐ Any other income not listed

HOUSEHOLD MEMBER NAME	SOURCE	ANNUAL/MONTHLY/WEEKLY

ASSET INFORMATION FOR ALL HOUSEHOLD MEMBERS Do you or anyone in your household have or expect to have any of the following within the next 12 months? (please check all that apply):

☐ Cash	☐ Direct Express	☐ Other Card	☐ Stocks
☐ Checking	☐ Benefit card (welfare/child support – NOT for FOODSTAMPS)	☐ 401K	☐ Bonds
☐ Savings		☐ IRA	☐ Life Ins. (whole or universal ONLY)
☐ Certificate of Deposit		☐ Mutual Funds	☐ Real Estate
☐ Money market	☐ Payroll card	☐ Other retirement funds	☐ Trusts
			☐ Any other assets

HOUSEHOLD MEMBER NAME	NAME OF BANK	TYPE OF ACCOUNT	CURRENT BALANCE

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

Head of Household (only)	**Ethnicity:**	**Race:**	
	☐Hispanic or Latino	☐ American Indian / Alaskan Native	☐ Asian
	☐ Not Hispanic or Latino	☐ Black or African American	☐ Asian Indian
	☐ Decline to Disclose	☐ White	☐ Japanese
		☐ Other	☐ Chinese
		☐ Native Hawaiian or Other Pacific Islander	☐ Korean
		☐ Native Hawaiian	☐ Filipino
		☐ Samoan	☐ Vietnamese
		☐ Guamanian/Chamorro	☐ Other Asian
		☐ Other Pacific Islander	☐ Decline to Disclose

Fair Housing Act

The Fair Housing Act prohibits discrimination in the sale, rental or financing of housing on the basis of race, color, religion, sex, handicap, familial status, or national origin., Additional state protected classes may include age, creed, ancestry, lawful source of income, veterans or members of the armed forces, weight, or height, and receipt of any type of federal, state or local public assistance. In compliance with HUD's Final Rule, Equal Access to Housing in HUD Programs, Regardless of Sexual Orientation or Gender Identity, it is our policy to ensure that this housing is open to all eligible individuals and families regardless of actual or perceived sexual orientation, gender identity, or marital status. Applicants for Section 8 or Rural Development housing may file any complaints of discrimination to the U S Department of Housing and Urban Development, Assistant Secretary for Fair Housing and Equal Opportunity, Washington, D.C. 20410. This property does not discriminate on the basis of disability status in the admission or access to, or treatment or employment in, its federally assisted programs and activities. The person named below has been designated to coordinate compliance with the nondiscrimination requirements contained in the Department of Housing and Urban Development's regulations implementing Section 504 (24CFR, part 8 dated June 2, 1988. Stephanie Albert, Preservation Management Inc, 261 Gorham Road, South Portland, ME 04106 Office: 207.774.0501 TDD: 1.800.437.1220

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 Pre-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 _____

SPOUSE OR CO-HEAD SIGNATURE _____ DATE _____

OTHER ADULT HOUSEHOLD MEMBER _____ DATE _____

OTHER ADULT HOUSEHOLD MEMBER _____ DATE _____

FOR OFFICE USE ONLY: Household qualifies for the following preferences: **(please reference your resident selection plan)**

☐ **Working Family**	☐ **Handicapped**	☐ **Government Declared Disaster**
☐ **Elderly**	☐ **Homeless**	☐ **Receiving Voucher Assistance**
☐ **Veteran**	☐ **Agency Referral**	☐ **Other:**_____
☐ **Domestic Violence**	☐ **Existing Tenant**	_____

Preservation Management Inc.
261 Gorham Road, South Portland, ME 04106
Phone: (207) 774-0501 - **TDD:** 800-437-1220 - **Fax:** (207) 879-0901 - **Website:** presmgmt.com

EMERGENCY CONTACT INFORMATION

Date this form completed: _____

Head of household: _____

Phone # (if cell, please indicate whose) _____

Alternate phone # (please indicate if work, home, cell, etc.) _____

Emergency Contact Information:

I, _____ hereby designate:

Name: _____ Name: _____

Address: _____ Address: _____

_____ _____

Relationship: _____ Relationship:_____

Daytime phone: _____ Daytime phone: _____

Other phone #: _____ Other phone #: _____

as the person(s) to be contacted in the case of a medical or other emergency. This person(s) would be able to remove perishables, care for children or pets, arrange for recertification of my income, or make other arrangements or decisions as are necessary when I cannot be reached.

_____ _____ _____ _____

Tenant Signature Date Co-Tenant Signature Date

Please remember to call the office if this information changes. Thank you!

The Fair Housing Act prohibits discrimination in the sale, rental or financing of housing on the basis of race, color, religion, sex, handicap, familial status, or national origin. Federal law also prohibits discrimination on the basis of age. Applicants for Section 8 or Rural Development housing may file any complaints of discrimination to the U S Department of Housing and Urban Development, Assistant Secretary for Fair Housing and Equal Opportunity, Washington, D.C. 20410.

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