



APPLICATION FOR HOUSING

Equinox

261 Gorham Road
 South Portland, ME 04106
 Phone: 207-800-7960 TDD: 800-437-1220

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: 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
SOCIAL SECURITY NUMBER		PREVIOUS / MAIDEN NAME		MARITAL STATUS <input type="checkbox"/> Separated <input type="checkbox"/> Decline to Disclose <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> 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 <input type="checkbox"/> Separated <input type="checkbox"/> Decline to Disclose <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> 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 M F Decline	RELATIONSHIP	STUDENT	
					YES	NO

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.

ONLY FILL OUT BELOW FOR HOUSEHOLD MEMBERS OVER 18

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

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 Presidential Declared Disaster?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Is Head of Household, Spouse or Co-Head currently employed?		<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 if Yes:		
Is there anyone living with you now who will not be living with you here?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Explanation if Yes:		
Do you have full custody of your child(ren)? (if applicable)		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Explanation if No:		
Are you a veteran?		<input type="checkbox"/> Yes <input type="checkbox"/> No
How did you hear about the property?	Source:	
Does any applicant anticipate having any pets other than service animals? TYPE:		<input type="checkbox"/> Yes <input type="checkbox"/> No
Are all members of your household United States Citizens or eligible to receive benefits?		<input type="checkbox"/> Yes <input type="checkbox"/> 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?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Are you or any members of your household a current user of marijuana or other illegal drugs?		<input type="checkbox"/> Yes <input type="checkbox"/> No
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 if Yes:		
Will you be receiving rental subsidy at the time of move in?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes list Agency & number:	Have you given the Agency a 30 day move out notice:	<input type="checkbox"/> Yes <input type="checkbox"/> No

RESIDENTIAL HISTORY: MINIMUM OF FIVE YEARS REQUIRED FOR ALL ADULT HOUSEHOLD MEMBERS! (ALL LANDLORDS INCLUDING FAMILY WILL BE CONTACTED FOR VERIFICATION)

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

CURRENT 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	Relative: <input type="checkbox"/> Yes <input type="checkbox"/> No	LANDLORD ADDRESS	LANDLORD PHONE NUMBER	

MAILING ADDRESS IF DIFFERENT FROM ABOVE

STREET ADDRESS		CITY	STATE	ZIP
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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	Relative: <input type="checkbox"/> Yes <input type="checkbox"/> No	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	Relative: <input type="checkbox"/> Yes <input type="checkbox"/> No	LANDLORD ADDRESS	LANDLORD PHONE NUMBER	

INCOME INFORMATION FOR ALL HOUSEHOLD MEMBERS

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

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

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

INCOME / AMOUNTS FROM ALL SOURCES WILL BE VERIFIED.

(Circle One)

HOUSEHOLD MEMBER NAME	EMPLOYER / SOURCE / TYPE	ANNUAL/MONTHLY/WEEKLY

If any adult household member is currently unemployed, please provide previous employment information for the past 12 months:

HOUSEHOLD MEMBER NAME	PREVIOUS EMPLOYER NAME AND ADDRESS	DATE OF TERMINATION

Are you or any adult household members claiming zero income?

Yes No

HOUSEHOLD MEMBER NAME	EXPLANATION

Do you or any members of your household expect a change to your income in the next 12 months?

Yes No

Explanation if Yes:

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)

<input type="checkbox"/> Cash	<input type="checkbox"/> Direct Express (soc. sec.)	<input type="checkbox"/> Other Card	<input type="checkbox"/> Stocks
<input type="checkbox"/> Checking	<input type="checkbox"/> Benefit card (welfare/cash/child support NOT for FOODSTAMPS)	<input type="checkbox"/> 401K	<input type="checkbox"/> Bonds
<input type="checkbox"/> Savings		<input type="checkbox"/> IRA	<input type="checkbox"/> Life Ins. (whole or universal ONLY)
<input type="checkbox"/> Certificate of Deposit	<input type="checkbox"/> Payroll card	<input type="checkbox"/> Mutual Funds	<input type="checkbox"/> Real Estate
<input type="checkbox"/> Money market		<input type="checkbox"/> Other retirement funds	<input type="checkbox"/> Trusts
			<input type="checkbox"/> Any other assets

LIST ALL ASSETS AND AMOUNTS

HOUSEHOLD MEMBER NAME	NAME OF BANK	TYPE OF ACCOUNT	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 RECEIVED	MARKET VALUE	DATE DISPOSED

DISABLED HOUSEHOLDS (ONLY APPLICABLE TO HUD/USDA PROGRAMS)

Households in which the Head, Spouse or Co-Head **UNDER AGE 62**, is 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

Who should we contact to certify your disability?

PHYSICIAN NAME	PHONE
ADDRESS	

MEDICAL EXPENSE DEDUCTION (ONLY APPLICABLE TO HUD/USDA PROGRAMS)

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? Yes No

Are you willing to provide the necessary documentation to verify these expenses? Yes 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

CHILDCARE EXPENSES (for children under 13 years of age) (ONLY APPLICABLE TO HUD/USDA PROGRAMS)

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

HOUSEHOLD HISTORY Please circle ALL STATES where the applicant and members of the applicant's household have resided.

ALABAMA	GEORGIA	MAINE	NEVADA	OREGON	VIRGINIA
ALASKA	HAWAII	MARYLAND	NEWHAMPSHIRE	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 in any state?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Explanation:	
Have you or any members of your household been convicted of any crime? (If no please skip section below)	<input type="checkbox"/> Yes <input type="checkbox"/> 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 | 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)

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:

- | | | |
|---|--|--|
| <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 |
| <input type="checkbox"/> A Mobility Impaired Unit | | |

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	

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

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

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, familial 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. 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.

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. Consent to verify is limited to verification of information from the last twelve months. 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
OTHER ADULT HOUSEHOLD MEMBER	DATE

PMI Staff-Person Conducting Interview MUST Sign. By signing below, I am confirming that I have interviewed the Applicant(s) and that the Application was reviewed in its entirety. If applicant is not available in person interview will be conducted via phone to confirm answers provided.

PMI Staff-Person SIGNATURE	DATE
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PMI Staff-Person PRINTED NAME & TITLE

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
SPOUSE OR CO-HEAD SIGNATURE	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.

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.

«Sitename» 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. «CUSTOM_CF504Coordinator», Preservation Management Inc, 261 Gorham Road, South Portland, ME 04106 Office: 207.774.0501 TDD: 1.800.437.1220

EIV FORM

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:

- a. Section 8 Housing Assistance Payments programs;
- b. Section 236 of the National Housing Act including Rental Assistance Payment (RAP); and
- c. 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:

1. Complete a Family Summary Sheet during the interview process.
2. Each family member (including you) listed on the Family Summary Sheet must complete a ****Citizenship**** Declaration.
3. 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.