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WINCLEMEN Wiscasset, ME 04578	PRESERVATION										
Phone: (207) 687-2175 TDD: 800-437-1220											
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Are you a veteran?											
	i			sing cill	<u>r</u> ,						
How did would have about the property $l = 1000$	How did you hear about the	o proporte?	Sour						- 103		0

Are you or any members of your household subject to a State lifetime sex offender registration in any state?						□No
Have you or any member of your household been convicted of any crimes listed below? (If no please skip below section)						□No
Using the numbers below, indicate who	ether you or any	members of your hou	usehold ha	ave been c	onvicted	d of any
crimes listed below:	5	5				5
	6. Assault / Fighting		11. Fraud			
	7. Drug Trafficking		12. Prostitution			
3. Burglary / Robbery / Larceny	8. Child Abuse / Do	mestic Violence	13. Disorderly Conduct			
	9. Public Intoxication	n / Drunk & Disorderly	14. Other (please explain):			
	10. Receiving Stolen	Goods				
MEMBER NAME	CRIME(S) #		STATUS/DISP(OSITION		
MEMBER NAME	CRIME(S) #		STATUS/DISPOSITION			
Households in which the Head, Spouse or Co-H If special unit requirements are needed please ir		andicap, please indicate:			□Yes	□No
SPECIAL UNIT REQUIREMENT(S) Q		F				
All applicants in which a household member ha such an accommodation.			ommodation	and they ha	ve the rigl	ht to request
Do you or any members of your house		-				
1	nit for Vision-Impa		-	ification to a	• •	Unit
A Barrier Free Unit	nit for Hearing-Imp	paired 🛛 🗆 An	y Other Ac	commodati	on	
\Box A Mobility Impaired Unit						
HOUSEHOLD INCOME						
List each source of income for all house		0				
Over the next 12 months, do you or does anyone	in your household e	xpect to receive income fro	m (check all	that apply):		
Employment	□ Social Security		-			
Self-Employment	□ State Supplem		ne			
Military Pay	Veteran's Ben					
	Pension / Ann					
Worker's Compensation	Regular payments from Settlement					
		□ Income from □				
		Other Retirem	ent Accour	nts		
		Ctudent Finan				
TANF / Public Assistance	Student Financial Aid September from several autoida of the base hold					
Child Support	 Contribution from anyone outside of the household Income from Lottery Winnings or Inheritance 					
Alimony			•	-		;
		Income from F	•	•	l Estate	
	Any other incomplete	ome not list	ea			
HOUSEHOLD MEMBER NAME		SOURCE		ANNITAT/	MONTHI	LY/WEEKLY
		JUDICE			.,	
	1			1		

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

the following within the next 12 months? (please check all that apply):								
	Cash		Direct Express		Other Card			Stocks
	Checking	Benefit card 401K					Bonds	
	Savings		(welfare/child support – NOT for		IRA			Life Ins. (whole or universal ONLY)
	Certificate of Deposit		FOODSTAMPS)		Mutual Funds			Real Estate
	Money market		Payroll card		Other retireme	nt funds		Trusts
								Any other assets
HOU	SEHOLD MEMBER NAME		NAME OF BA	NK		TYPE OF ACCOUNT		CURRENT BALANCE

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

Head of Household	Ethnicity:	Race:	
(only)	□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 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 US Department of Housing and Urban Development, Assistant Secretary for Fair Housing and Equal Opportunity, Washington, D.C. 20410. Sheepscot Bay 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
HEAD OF HOUSEHOLD SIGNATURE	DITE
SPOUSE OR CO-HEAD SIGNATURE	DATE
SFOUSE OR CO-MEAD SIGNATURE	DITTE
OTHER ADULT HOUSEHOLD MEMBER	DATE
OTHER ADULT HOUSEHOLD MEMBER	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					



EMERGENCY CONTACT INFORMATION

Date this form completed:		
Hand of household		
Phone # (if cell, please indicate whose) _		
Alternate phone # (please indicate if wor	k, home, cell, etc.)	
Emergency Contact Information:		
I,	hereby designate:	
Name:	Name:	
Address:	Address:	
Relationship:		
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.

Applewood Apartments 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. Geoff Green, Preservation Management Inc, 261 Gorham Road, South Portland, ME 04106 Office: 207.774.0501 TDD: 1.800.437.1220

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