

Mail this application to:

The name of the waitlist I'm applying for is: _____

Some waitlists are closed: Before sending this application, check <http://www.housingworks.net/> to see what is open

You **must** answer every question on this application: respond to questions that are not applicable by writing "N/A".
Incomplete applications may be returned or discarded.

Name of HoH: _____

Long-Term Mailing Address _____

City/State/Zip: _____
(this address should ideally work for the next 3-5 years):

Phone(s): _____ - _____ - _____ _____ - _____ - _____

Email: _____

The **SSN** for the head of household is: _____

Does the HoH have a **Social Security Number (SSN)**? ☐ Yes ☐ No *If "Yes" you must provide it above).*

What is your **date of birth**? _____ What is your **gender**? _____

Race (white, black, asian, etc)? _____

What was your **mother's last name** when she was born? *Protects your privacy*) _____

How many people will be living in the unit? _____ people. What **unit size** are you seeking? _____ BR

Describe your **Income Sources** (Job, Food Stamps, SSI, TAFDC, etc.) _____

What is your family's **ANNUAL** income? \$ _____ (do NOT write an hourly, weekly, or monthly amount!)

☐ YES ☐ NO Do you have a **rental voucher** or **some other form of regular rental assistance**?

Specify: ☐ Section 8 ☐ MRVP ☐ AHVP ☐ Homebase ☐ _____

☐ YES ☐ NO Do you need a **wheelchair accessible unit** (or a "no-steps" unit)?

☐ YES ☐ NO Do you need **reasonable accommodations** due to a disability, either during the application period or tenancy? _____

☐ YES ☐ NO Are you or any member of your household subject to a lifetime registration requirement under a **State Sex Offender Registration** program?

☐ YES ☐ NO **Priority/Preference Status:** If there is a section in this application that asks about priorities and preferences, did you claim any?

Office Only: Date/Time Stamp



WESTBROOK GARDENS

SCREENING

Dear Apartment Applicant:

We take pride in our management and in our apartment communities. We actively seek good residents to make their homes with us, and we strive to provide the best services we possibly can while they live in the communities we manage.

We screen our applicants very carefully, and we completely verify all information provided to us on the rental application you complete, and from other sources available to us. We review credit and criminal information, we verify employment, and we check previous rental history.

The screening and verification process is used for every applicant the same way - fairly, consistently, uniformly. We work very diligently to observe both the spirit and the letter of the fair housing laws - not just because they are the law of the land, but because we sincerely believe, personally and as a company, in fair housing and equal opportunity in fair housing for everyone.

An applicant who passes the screening criteria is offered an apartment when a suitable apartment is available. An applicant who does not satisfy the screening criteria is not accepted as a resident.

By making application for an apartment in one of our communities, you acknowledge that these checks and verifications will be done, and give your permission for us to do so.

Please completely fill in our application. If you do not provide us with complete information, we will not be able to process the application successfully. If there is any item on the application that you do not understand, please ask for assistance from the Manager. If there is additional information that you feel might be of assistance to us in processing your application, please let us know. We are here to be of service to you and to others seeking housing.

We welcome your suggestions as to how we might do that task better and more efficiently. We will do our best to process your application quickly and give you an answer within a reasonable time.

Please sign and date this letter where indicated below, and give it to the Manager. The Manager has additional copies if you would like to keep a copy for your files. Thank you for making an application at our community; we sincerely hope that you will be a long-term resident with us.

Very truly yours,

Senior Property Manager

Applicant: _____ Date _____

Screenap.frm

NOTICE TO ALL APPLICANTS
INFORMATION NEEDED TO DETERMINE ELIGIBILITY
FOR OCCUPANCY AT WESTBROOK GARDENS

Spear Management Group, Inc. is a **private** company that **provides affordable** housing for eligible families, elderly, or individuals with handicaps or disabilities. Spear Management Group, Inc. does not discriminate against applicants on the basis of their race, color, religion, national origin or ancestry, sex, familial status, status with regard to public assistance, affectional preference, disability, handicap, age, or political affiliation.

In order for Spear Management Group, Inc. to determine if you are eligible to live in its housing, our staff will need your assistance in completing forms and other paperwork. This step is called the applicant screening verification process.

The screening and verification process is necessary because Spear Management Group, Inc. is required by law to admit only qualified applicants who can be verified as able to comply with the essential obligations of a lease. Spear Management Group, Inc. is also required to maintain information relative to the acceptance or rejection of an applicant for housing. The forms you complete will be part of that documentation.

During this process, you will be asked to complete and sign various release and consent for information forms. Spear Management Group, Inc. will offer assistance to you in completing this process. Help is available if you have a handicap or disability, including assistance if you are mobility, vision, or hearing impaired.

Additionally, Spear Management Group, Inc. will make a reasonable accommodation to applicants if they or any family members have disability or handicap. A reasonable accommodation is some modification or change Spear Management Group, Inc. can make to its apartments or programs that assist an otherwise eligible applicant with a disability to take advantage of Spear Management Group, Inc. programs.

An applicant family that has a member with a disability must still be able to meet the essential obligations of tenancy. They must be able to pay rent, to care for their unit (keep it clean, sanitary and hazard free), to report required information to Spear Management Group, Inc. (such as income/status change), to avoid disturbing their neighbors or destroying the property, to avoid criminal activity, and to otherwise comply with the terms of the lease.

If you or a member of your family have a disability or handicap and think you might need a reasonable accommodation, you may request it at any time in the application screening and verification process, or after admission. This is up to you. If you would prefer not to discuss this with Spear Management inc., that is your right as well.



Housing Application

Property Name	Reference # _____
	Applicant Name _____
	Interviewer _____
Address	Date Received _____
	Time Received _____
	Date Interviewed _____
	Action _____
Telephone	Preference _____
	Bedroom _____
<i>Office use only</i>	

Instructions for Head of Household

Answer all questions on this application. Enter "None" or "N/A" for those questions which do not apply to you or which you choose not to answer, Applications will not be considered unless they are fully completed

For financial information, please use pages 8 and 9 to write the names and addresses of people who can verify the information you provide. (For example, for employment income, write your employer's address; for a medical expense, write the address of your doctor). Please use the backs of the pages to record additional information if there isn't enough room for an entry.

Before we offer you a unit we will give you a Consent Form ("Authorization for Release of Information"); this Authorization for Release of Information"; this lets us check the information you give us. Have each adult family member sign this form and return it to us as soon as possible. Until you return the Consent Form to us, we cannot offer you a unit.

General Family Information

Complete this information once for the entire family.

1) Name of Head of Household _____

2) What is your present address? _____

Telephone Number _____ is this your phone? ☐ Yes ☐ No

Work Telephone - _____ Message/Emergency Phone _____

3) Do you have any pets? ☐ Yes ☐ No

If Yes, what kind? _____ Weight _____ Height _____

4) Do you live or have you ever lived in subsidized housing? ☐ Yes ☐ No

If Yes, where? _____

When? _____ From _____ To _____

Were you evicted? ☐ Yes ☐ No If Yes, did you owe rent? ☐ Yes ☐ No

If Yes, how much did you owe? \$ _____

5) How many vehicles does the family own? _____

List make, color, year, license plate number and state for each:

Drivers License Numbers for all adults in household:

6) If a live-in attendant is required for elderly, handicapped, or disabled member, please enter the name **of** the attendant and the name and address of a doctor who can verify the need for the attendant:

Name of attendant _____

Name and address of doctor

7) How many people live in your household now? _____

Will any of these people live anywhere except the unit you are applying for? ☐ Yes ☐ No

If Yes, please explain _____

Will anyone else live in the apartment on either a full-time or part-time basis? ☐ Yes ☐ No

If Yes, please explain _____

Do you expect any of the above to change in the future ☐ Yes ☐ No

If Yes, please explain _____

8) If you are now renting, who is your landlord?

Name _____

Address _____

Telephone number _____

Current rent \$ _____ Security Deposit \$ _____

If you are not renting, please explain your current living arrangements _____

9) If you have moved within the past five years, give the name, address, and phone number of your previous landlords and the dates you lived there. Use the back of the page if you need more space.

Name of Landlord	Addresss	Phone	Dates you lived there From To

10) Have you or any member of your household ever been convicted of a felony; or a misdemeanor other than a traffic violation? ☐ Yes ☐ No If *Yes*, please explain _____

11) Do you or any member of your household use an illegal drug or other illegal controlled substance?
☐ Yes ☐ No If *Yes*, please explain _____

12) Have you or any member of your household everbeen convicted of the illegal distribution or manufacture of an illegal drug or other illegal controlled substance? ☐ Yes ☐ No If *Yes*, please explain _____

13) Have you or your spouse/co-applicant ever used different names from the names given in this application?
☐ Yes ☐ No If *Yes*, please explain _____

14) Have you or any members of your household ever used social security numbers different from those listed in this application? ☐ Yes ☐ No If *Yes*, please explain _____

15) Have you, or your spouse/co-applicant, ever been evicted or otherwise involuntarily removed from rental housing due to fraud, non-payment of rent, failure to cooperate with recertification procedures, or for any other reason?
☐ Yes ☐ No If *Yes*, please explain _____

16) How did you hear about this rental property, e.g., newspaper, word of mouth, etc.?

17) Please give three (3) references (other than family). Use the back of this page if you need more space.

Name	Address	Phone

18) Please check any categories below that apply to you and your family. If you check any of the categories, you must include verification with this application, e.g., three cancelled rent checks, a letter from the landlord denying a lease renewal, or a letter from a government agency indicating unfit housing. Without this information, you will not be able to qualify for a Federal Preference.

Our current dwelling is substandard because:

- ☐ it is dilapidated.
- ☐ it doesn't have indoor plumbing that works. it doesn't have a usable flush toilet inside the unit that is only for the use of our family.
- ☐ it doesn't have a usable bathtub or shower inside the unit that is only for the use of our family.
- ☐ it doesn't have electricity.
- ☐ the electrical service is unsafe or inadequate.
- ☐ it doesn't have a safe or adequate source of heat.
- ☐ it doesn't have a kitchen.
- ☐ it has been declared unfit for habitation by a government agency.

We are homeless and don't have fixed, regular, or adequate nighttime residence. We currently live in.

- ☐ a supervised public or private shelter.
- ☐ an institution that provides a temporary residence for individuals intended to be institutionalized.
- ☐ a place not designed for, or normally used for sleep~ng. .

We have been forced to leave our home because of: - . -

- ☐ a disaster such as a fire or flood.
- ☐ a government action.
- ☐ action by a private owner that I, the tenant, could not control or prevent (does not include a rent increase).
- ☐ the landlord-did not renew the lease.

We are paying more than 50 percent of our gross family income for rent and utilities.

☐ Yes ☐ No If Yes, please enter your current housing expenses:

Rent	\$ _____ per month	Taxes	\$ _____ per _____
Heat	\$ _____ per month	Insurance	\$ _____ per _____
Gas	\$ _____ per month	Water/Sewer	\$ _____ per _____
Electricity	\$ _____ per month	Other (Specify)	\$ _____ per _____

Applicant Signature and Certification

We understand the information in this application will be used to determine eligibility for a unit and that this information will be checked. We understand that any false information may make us ineligible for a unit.

We certify that all information given in this application and in the attached member, financial, and verification forms is true, complete and accurate. We understand that if any of this information is false, misleading or incomplete, management may decline our application or, if move-in has occurred, terminate our Rental Agreement.

We ~authorize management to make any and all inquiries to verify this information, directly or through information exchanged now or later with rental and credit screening services, and to contact previous and current landlords or other sources for credit and verification information which may be released to appropriate Federal, State or Local agencies.

If our application is approved, and move-in occurs, we certify that only those persons listed in this application will occupy the apartment, that they will maintain no other place of residence, and that there are no other persons for whom we have, or expect to have, responsibility to provide housing.

We agree to notify management in writing regarding any changes in household address, telephone numbers, income, and household composition.

We have read and understand the information in this application, in particular the information in the Instructions for Head of Household on page 1, and we agree to comply with such information.

We authorize management to obtain one or more consumer reports as defined in the Fair Credit Reporting Act, 15 U.S.C. Section 1681d), seeking information on our credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living.

If this application is for a household of more than one person, we consider ourselves a stable household, and all of our income is available to the household for its needs.

We also understand that all adult members of the household must sign the HUD required Consent Form ("Authorization for Release of Information") before we can be offered a unit.

WARNING: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentation of any material fact involving the use of or obtaining federal funds.

_____ Signature of Head of Household	_____ Date	_____ Signature of Co-applicant	_____ Date
_____ Signature of Co-applicant	_____ Date	_____ Signature of Co-applicant	_____ Date
_____ Signature of Co-applicant	_____ Date	_____ Signature of Co-applicant	_____ Date

Member Information

Please list each member who will live in the unit. The bottom of this page explains what to put in each column.

Member Name (Last, first, Initial)	Social Security Number	Date of Birth	Relationship	Sex	Race (See Below)	(Hispanic (Y/N)	Occupation	Full-Time Student (Y/N)	Pregnant/Adopting /Legal Guardianship (Y/N)	Handicap/Disabled (Y/N)
			Head							

Explanation of columns: ..

Member's Name:

Social Security Number:

Data of Birth:

Sex:

Race:

Hispanic:

Occupation:

Enter the last name, first name, and then the middle initial.

If a member has a social security number you must enter it if the member in age 6 or older or ii the member has any income. ha member does not have a social security number, but has an alien number, enter the alien number. ha member has neither a social .security number nor an alien number, write *None*.

Enter the month, day and year. Example: 6/13/55 Relationship to Head: Indicate how this member is related to the Head. Examples: Spouse, Co-head, Son, Daughter, Foster-child.

Enter M for male or *F* for female.

Enter one of the following:

1. White

2. Black

3. Asian/Pacific Islander

4. American Indian/Alaskan Native

(This information is for statistical purposes only; you are not required to answer, nor times your answer affect your position on our waiting lists or your chances of getting a unit.)

Enter *Yes* or *No*. (This information is for statistical purposes only; you are not required to answer, nor does your answer affect your position on our waiting list or sour Chances of getting a unit.)

Enter the occupations of the Head, Spouse, and all members over age 18.

Full-Time Student:

Pregnant/Adopting/Legal Guardianship:

Handicapped/Disabled:

Examples: Clerk, Nurse, Truck driver. If an adult member does not work, enter *N/A*.

Answer this only for members who are 18 and older. Enter *Yes* if the member is a full-time student and *No* if the member is not. If you answer Yes, provide the required information on the *Verification Information* sheet.

If a member is pregnant or in the legal process of adopting or becoming a legal guardian, enter the number of additional members expected because of the pregnancy or adoption or legal guardianship. Typically if someone is pregnant or adopting, you would answer 1; you would answer 2 if a person were pregnant with twins or if 2 children were being adopted. Leave this entry blank if it doesn't apply to this member. If you do enter a number, complete the corresponding information on the *Verification Information* sheet.

You don't have to claim handicapped/disabled status for any member, but doing so may place you in a higher position on some waiting lists or give you a lower rent if you are accepted as a tenant. If you wish to be considered for these preferences and you indicate that a member is handicapped or disabled, please complete the corresponding information on the *Verification Information* sheet.

Verification Information

Complete this page for each individual who will live in the unit who is a full-time student, handicapped, disabled, pregnant, or in the legal process of adopting or becoming a legal guardian. If none of the categories on this page apply to any household member, it is not necessary to complete this page. Simply enter N/A here _____, initial the upper right-hand corner of the page, and proceed to the next page

Full-Time Student Information	
Member Name Last, First, Initial	Name and Address of the School Or Vocational Facility

Pregnancy or Adoption Information	
Member Name Last, First, Initial	Name and Address of Doctor or Organization who can verify the information.

Handicap or Disability Information: This information is voluntary. However, there are certain program benefits which are available to applicants and residents who are handicapped or disabled. If you do not wish to be considered for these benefits, or they do not apply to you, please enter N/A here _____ and initial the upper right-hand corner of the page and proceed to the next page.

Member Name Last, First, Initial	Handicap or Disability (optional) (If claiming, select definition from below)

Does any member have special housing needs which require any of the following? (check applicable items)	Name and Address of Doctor or Organization who can verify the information.
<input type="checkbox"/> Separate Bedroom <input type="checkbox"/> Unit for vision impaired <input type="checkbox"/> Barrier-free apartment <input type="checkbox"/> Unit for hearing impaired <input type="checkbox"/> One-level unit <input type="checkbox"/> Unit for mobility	
impaired	

Explanations:
Handicapped:

A physical, mental, or emotional impairment that is expected to be of long-continued and indefinite duration; substantially impedes the person's ability to live independently; and is such that the persons ability to live independently could be improved by more suitable housing conditions.

Chronic Mental Illness:

A severe and persistent mental or emotional impairment that seriously limits ability to live independently, and that could be improved by more

Disabled, USC:

A physical or mental impairment that manifested itself before age 22 and that results in functional living limitations and that requires some type of individually planned care or special services.

Disabled, SSA:

A physical or mental impairment that makes the person unable to participate in a substantially gainful activity that he or she was able to do before. If the disability is blindness, the person must be 55 years old or older to qualify under this definition.

Financial Information

Complete these pages for each member who will live in the unit who has any income or assets, or who causes any medical, handicap, or child-care expenses. **You do not need to complete these pages for a live-in attendant.** You may photocopy these pages if necessary.

Income: List all employment and non-employment income for all household members. Include Salary and Wages (Gross Amount), Social Security (Green Check), Supplemental Security Income (Gold Check), IRA, Keogh, V.A. Pension, other pensions or annuities, General Assistance (Welfare), ANFC, Child Support, and any other source of income.

Member Name (Last, First, Initial)	Type of Income and Who Pays It	Est. Total Income (circle one)	Address of Income Source	Contact Person Name and Telephone

Assets: List assets of all household members, including savings and checking accounts, certificates of deposit, stocks, bonds, mutual funds, credit unit shares, land, real estate (including your home, if you own it), and any other assets.

Member Name (Last, First, Initial)	Account Number	Description of Asset	Current Value of Asset	Interest Rate or Annual Income	Bank/Credit Union/Appraiser	Address

Financial Information (continued)

Expenses: List any medical, handicap, or child-care expenses that are paid because of this household member. (For example, list child-care expenses for the child who needs the care, not for the person who pays for the care.)

Member Name (Last, First, Initial)	Type of Expense		Est. Total Expense (Circle One)	Name and Address of Doctor or Provider who can verify information
	M (Medical) H (Handicap)	C (Child Care) (circle one)		
		1. Working 2. Looking for work 3. School	\$ _____ per wk. mo.	
		1. Working 2. Looking for work 3. School	\$ _____ per wk. mo.	
		1. Working 2. Looking for work 3. School	\$ _____ per wk. mo.	
		1. Working 2. Looking for work 3. School	\$ _____ per wk. mo.	
		1. Working 2. Looking for work 3. School	\$ _____ per wk. mo.	
		1. Working 2. Looking for work 3. School	\$ _____ per wk. mo.	

List any assets that you have disposed of, transformed, given away, or sold for less than the market value during the last 2 years, e.g. a house, car, or cash.

Description of Asset	Date Disposed of	Fair Market Value	Amount Received	Name and Address of Bank, Institution, Real Estate Agency or Appraiser who can verify

Do you expect any changes in your income, assets, or expenses during the next twelve months? ☐ Yes ☐ No

If Yes, please explain (use the back if necessary). _____



PET AGREEMENT

I/We, _____
do understand that I/we will not be allowed to have any type of animal
living or staying with me at Westbrook Gardens during my residency at
unit number _____

This restriction is in accordance with the terms of my lease .
Signature

Signature

Date

Signature

Date

41 Westbrook Gardens
Westbrook, ME 04092
207-856-6338
VOICE/TDD 207-854-2544
FAX 207-856-6339

Housing History, Page 1

Note: you can often locate landlord information by using the Tax Assessor's website in each town (or by calling the Tax Assessor's phone number in most towns): To determine if there is an online Tax Assessor page for a town search the web like this: "Tax Assessor, Boston MA" or "Property Assessment, Dallas TX".

CURRENT RESIDENCE

DATES YOU LIVED THERE:

Name on the lease _____ to: _____ or present

Address you lived at: _____
Street and Apt# City State Zip

Landlord's Name and Address _____

Landlord Tel: _____

Did this landlord bring any court action against the leaseholder or you? ☐ Yes ☐ No

Did this landlord return your security deposit? (check one) ☐ Yes ☐ No ☐ N/A

PRIOR RESIDENCE

DATES YOU LIVED THERE:

Name on the lease _____ to _____

Address you lived at: _____
Street and Apt# City State Zip

Landlord's Name and Address _____

Landlord Tel: _____

Did this landlord bring any court action against the leaseholder or you? ☐ Yes ☐ No

Did this landlord return your security deposit? (check one) ☐ Yes ☐ No ☐ N/A

RESIDENCE BEFORE THAT

DATES YOU LIVED THERE:

Name on the lease _____ to _____

Address you lived at: _____
Street and Apt# City State Zip

Landlord's Name and Address _____

Landlord Tel: _____

Did this landlord bring any court action against the leaseholder or you? ☐ Yes ☐ No

Did this landlord return your security deposit? (check one) ☐ Yes ☐ No ☐ N/A

Housing History, Page 2

RESIDENCE BEFORE THAT

DATES YOU LIVED THERE:

Name on the lease _____ to _____

Address you lived at: _____
Street and Apt# City State Zip

Landlord's Name and Address _____

Landlord Tel: _____

Did this landlord bring any court action against the leaseholder or you? ☐ Yes ☐ No

Did this landlord return your security deposit? (check one) ☐ Yes ☐ No ☐ N/A

RESIDENCE BEFORE THAT

DATES YOU LIVED THERE:

Name on the lease _____ to _____

Address you lived at: _____
Street and Apt# City State Zip

Landlord's Name and Address _____

Landlord Tel: _____

Did this landlord bring any court action against the leaseholder or you? ☐ Yes ☐ No

Did this landlord return your security deposit? (check one) ☐ Yes ☐ No ☐ N/A

RESIDENCE BEFORE THAT

DATES YOU LIVED THERE:

Name on the lease _____ to _____

Address you lived at: _____
Street and Apt# City State Zip

Landlord's Name and Address _____

Landlord Tel: _____

Did this landlord bring any court action against the leaseholder or you? ☐ Yes ☐ No

Did this landlord return your security deposit? (check one) ☐ Yes ☐ No ☐ N/A

Housing History, Page 3

RESIDENCE BEFORE THAT

DATES YOU LIVED THERE:

Name on the lease _____ to _____

Address you lived at: _____
Street and Apt# City State Zip

Landlord's Name and Address _____

Landlord Tel: _____

Did this landlord bring any court action against the leaseholder or you? ☐ Yes ☐ No

Did this landlord return your security deposit? (check one) ☐ Yes ☐ No ☐ N/A

RESIDENCE BEFORE THAT

DATES YOU LIVED THERE:

Name on the lease _____ to _____

Address you lived at: _____
Street and Apt# City State Zip

Landlord's Name and Address _____

Landlord Tel: _____

Did this landlord bring any court action against the leaseholder or you? ☐ Yes ☐ No

Did this landlord return your security deposit? (check one) ☐ Yes ☐ No ☐ N/A

RESIDENCE BEFORE THAT

DATES YOU LIVED THERE:

Name on the lease _____ to _____

Address you lived at: _____
Street and Apt# City State Zip

Landlord's Name and Address _____

Landlord Tel: _____

Did this landlord bring any court action against the leaseholder or you? ☐ Yes ☐ No

Did this landlord return your security deposit? (check one) ☐ Yes ☐ No ☐ N/A