Don't staple the pages of this application together!

- 1. Some providers *scan* the application, and if you staple, that means removing staples from 1000 applications every week or month.
- 2. If you include a letter, don't staple that either: providers need to quickly get to your waitlist data and your cover page just gets in the way.

window envelopes.
Fold on the line, and addresses will fit in the windows.

Dear

I am applying to the following waitlist, which I believe is open:

App Generated:

Housing Authority or Management Office Only

Is this waitlist closed? Any other questions or concerns? Fill in the appropriate circle(s) below and fax this page to HousingWorks at the number below – and we will correct the problem. Hundreds of thousands of applicants check our free website to see what lists are open! Keeping us updated will save you many phone calls, reduces frivolous applications - and takes only 10 minutes a year.

)	This particular waitlist is closed: The only open waitlists we have at present are:
	This is not the correct application. The correct application is available by/from:
	Any other info you wish to tell HousingWorks?
	Your position or title at this housing program:
	Your signature:



HousingWorks Fax: 617-536-8516

0	Head of Household's FIRST Name
	Head of Household's MIDDLE Name
0	Head of Household's LAST Name
0	
	HoH's SOCIAL SECURITY NUMBER GENDER HoH's DATE OF BIRTH
0	
	ETHNICITY RACE: Asian , Black, White, Native American, Pacific Islander, Multi-racial Also provide your race at right! Do <u>NOT</u> write Spanish, Hispanic, Latino here – and do <u>NOT</u> write your country!
0	0
0	YOUR MOTHER'S MAIDEN NAME
	YOUR HOME TELEPHONE SECOND TELEPHONE
0	YOUR EMAIL ADDRESS
0	
	CURRENT ADDRESS OR LONG-TERM CONTACT ADDRESS
0	This is:
0	
	SECOND CONTACT ADDRESS This is:
0	
0	
	TOTAL HOUSEHOLD SIZE # BEDROOMS How much money does your family receive in a year?
0	# Adults # Children Total # O O O
	INCOME SOURCES
0	
_	MOBILE RENTAL ASSISTANCE, if any
0	
0	REQUESTED ACCOMMODATIONS
	SPECIAL CIRCUMSTANCES THAT <u>SOME</u> PROGRAMS MAY USE TO ASSIGN PRIORITY OR PREFERENCE
0	

For Office Use Only: Date & Time Completed Application Received:	



Application for Market-Rate Apartments Only: NOT SUBSIDIZED

HOW DID YOU HEAD AROUT WESTROOK HOUSING'S DRODERTIES?

Please complete this application and return it to Westbrook Housing at the address listed below. After we receive your completed application, we will send you a letter explaining the next steps. If you have any questions, call our office Monday through Friday 8 a.m.–4 p.m. at 207-854-9779 and ask for a member of the Property Management department.

Please note: Smoking is forbidden in all Westbrook Housing properties.

Craigslist:	Radio:	
Facebook/other:	Sign—Where?:	
Publication Name:	<u> </u>	
Westbrook Housing we	ebsite (www.westbrookhousing.org):	
	Word-of-mouth:	
B. GENERAL INFORMATION		
Applicant:		
	Telephone #	
Email:		
Other Applicant:		
	Telephone #	
Email:		
Mailing		
Address	Apt.#	



City/Town



State

CHOOSE A MARKET-RATE APARTMENT

Building	Age Limits & Facilities	Rent & Utilities	✓
783/789 Main Street 783/789 Main Street Westbrook ME 04092 Renovated: 2005 Manager: Joyce Goff 207-854-6828	All agesOne- & two-bedroomsOn-site storage & parkingWasher/dryer hookups	\$850-\$1030Utilities: heat & hot water included	
Larrabee Heights 20 Liza Harmon Drive Westbrook ME 04092 Built: 1988 Manager: Patraic Hodgson 207-854-6832	62+ years communityTwo-bedroomsAttached one-car garageWasher/dryer hookups	 Two-bedrooms: \$930 Utilities: <i>not</i> included Income maximum (for 2): \$49,500-\$64,400 	
Mill Brook Estates 300 East Bridge Street Westbrook ME 04092 Built: 1991 Manager: Joyce Goff 207-854-6828	55+ years communityOne-bedroomOn-site parking	One-bedroom: \$850Utilities: included	

C. FAMILY/HOUSEHOLD COMPOSITION

List **ALL** persons who will live in the apartment beginning with the applicant's name. If you need more space, please use a separate sheet of paper.

<u>Name</u>	<u>M/F</u>	<u>Birthdate</u>	Place of Birth	Social Security #
You:				
2.				
3.				
4.				
Accommodation? If you or anyone in your order to fully utilize of				ecific accommodation in





D. INCOME

<u>Name</u>	<u>Sc</u>	ource of Income	<u>(</u>	<u> Gross Amounts</u>
	a.	Social Security w/Medicare	Monthly	\$Yearly \$
		Social Security w/Medicare	Monthly	\$Yearly \$
	b.	Pension	Monthly	\$Yearly \$
		Source of pension:		
	c.	Veterans Benefits	Monthly	\$Yearly \$
	d.	SSI Benefits	Monthly	\$Yearly \$
	e.	Unemployment Compensation	Monthly	\$Yearly \$
-	f.	Wages	Monthly	\$Yearly \$
		Employer:		
		Wages	Monthly	\$Yearly \$
		Employer:		
	_	Interest/Dividend Income	·	\$Yearly \$
	h.	Other Income	Monthly	\$Yearly \$
		come: \$es in this income in the near fu	ture?	YES NO
3. Do you If yes, p4. Do you	anticipate any change please explain: regularly receive mo	es in this income in the near fu	butions (for e	
3. Do you If yes, p4. Do you someoneE. ASSET	anticipate any change please explain: regularly receive mo e pays your utilities?)	netary gifts or non-cash contributes No.	butions (for ex	xample, food, clothing,
 3. Do you If yes, p 4. Do you someone E. ASSET 1. List all a 	anticipate any change please explain: regularly receive more pays your utilities?) TS assets from all adult a	netary gifts or non-cash contributes of the near function of the near fu	butions (for expose of the policy of the pol	xample, food, clothing, se a separate sheet of pape
3. Do you If yes, p4. Do you someoneE. ASSET	anticipate any change please explain: regularly receive more pays your utilities?) TS assets from all adult a	netary gifts or non-cash contributes No.	butions (for expose of the policy of the pol	xample, food, clothing, se a separate sheet of pape
 3. Do you If yes, p 4. Do you someone E. ASSET 1. List all a 	anticipate any change please explain: regularly receive more pays your utilities?) TS assets from all adult a	netary gifts or non-cash contributes of the near function of the near fu	butions (for exposed pace, please us Balance \$	xample, food, clothing, se a separate sheet of pape Interest Rate
 3. Do you If yes, p 4. Do you someone E. ASSET 1. List all a 	anticipate any change please explain: regularly receive more pays your utilities?) TS assets from all adult a # # # #	netary gifts or non-cash contributes YES Applicants. If you need more sp Bank Bank E	butions (for exposer of the pace, please uses alance \$	xample, food, clothing, se a separate sheet of pape Interest Rate Interest Rate
3. Do you If yes, p4. Do you someoneE. ASSET1. List all a Checking	anticipate any change please explain: regularly receive more pays your utilities?) TS assets from all adult a # # #	netary gifts or non-cash contributes of the near full states of the near full	butions (for exposer of the pace, please use) Balance \$ Balance \$	xample, food, clothing, se a separate sheet of pape Interest Rate Interest Rate Interest Rate
3. Do you If yes, p4. Do you someoneE. ASSET1. List all a Checking	anticipate any change please explain: regularly receive more pays your utilities?) TS assets from all adult a #	netary gifts or non-cash contributes in this income in the near function of the property of th	butions (for exposers) pace, please us Balance \$ Balance \$ Balance \$	xample, food, clothing, se a separate sheet of pape Interest Rate Interest Rate Interest Rate Interest Rate





Trust Account #	<u></u>	Bank		Balance \$	Interest Rate%
Stocks Compan	у			_# of Shares	Value \$
Compan	у			_# of Shares	Value \$
Savings Bonds	Serial #			_ Date Issued	Value \$
	Serial #			Date Issued	Value \$
Mutual Funds/II	RA/401K/Keogh:				
Whole Life/Uni	versal Life Insurar	nce Policy:			Cash Value \$
2. Do you own	any property?	YES	NO		
If yes, ty	rpe of property:				
Market V	Value \$		Morto	age Balance Due \$	





F.	REFFERALS					
Cι	ırrent Landlord:	Name		_		
		Address		=		
		Telephone		_		
		Date you moved in:				
	evious Landlord(est five years):	(s) Name				
		Address		=		
		Telephone		_		
		Dates you lived here:				
G.	OTHER REQUI	RED INFORMATION				
1.	_	e name of a character reference (not a relative) whom you have			five	
2.	Parking is provid	ed for one vehicle. Special arrangements are necessary for mo	ore than	one v	vehicle.	
	Type/Year/Make/	Model Plate#		_		
3.	small caged anim	ng permits one small pet per apartment: one cat, one dog (up al. <i>Please note:</i> We require a pet security deposit of \$300, after an initial payment of \$50.				
	What type of pet	do you own:	_			
4.	Do you owe mon	ey to this housing authority or any other housing authority?	YES		NO	
	•	gency:	_			
Н.	DISCLOSURES	3				
Cr	iminal Disclosure					
1.	Have you or anyo	one in your household been convicted of a criminal activity?	YES		NO	
	If yes, explain:_			=		
2.	Are you or anyor	e in your household using or manufacturing an illegal substan	nce?	YES	NO	
3.	Are you or anyor YES NO	e in your household required to report as a Life-Time Registe	ered Sex	κ-Offe	ender?	
	If yes, explain:					





Bed-Bug Disclosure

Have any premises that you have lived in during the If so, for each infested property, please state		•
	the address of the premises an	•
Race, Ethnicity, and Gender		
The information solicited on this application is requested acting through HUD, that Federal Laws prohibiting discritional origin, religion, sex, marital status, age, and handic mation, but are encouraged to do so. This information wi against you in any way. However, if you choose not to further of the individual applicants on the basis of visual observations.	imination against tenant/applicants or cap are compiled with. You are not rec ll not be used in evaluating your appl rnish it, the owner is required to note	n the basis of race, color, na- quired to furnish this infor- ication or to discriminate
American Indian/Alaska Native	Black/African American	Asian
Native Hawaiian/Other Pacific Islander	Hispanic	White (non-Hispanic)
Sex:	_	
Completed by:	Employee's Ir	nitials:
I do hereby attest that I have answered all the questions of false statements in order to obtain Federal Housing Assis		l it is an illegal act to make
I further certify that the above information is true to the becommit fraud by submitting false or incomplete informat paid rental assistance I received, fined up to \$10,000, impance.	ion, I may be evicted from my apartn	nent, required to repay all over-
I understand that this application does not obligate me to mation herein is to be treated as Confidential.	the Manager/Owner in any way. I fur	ther understand that the infor-
I hereby authorize Westbrook Housing to process this app ployer, or any other source as may be required by you to		
Signature Applicant:		Date
Signature Other Adult:		Date
Signature Power of Attorney:		Date





I. POLICE/CREDIT AUTHORIZATION FORM/INTERNAL REVENUE SERVICE RELEASE

You must sign this page or we cannot accept your application. Also, please keep us informed in writing of any address or name change. Otherwise, we could drop your name from our waiting list.

• •				
Last	First	Initial	Date of Birth	Social Security #
Maiden Name:			Former Married Name(s):
Other Adult App	olicant:			
Last	First	Initial	Date of Birth	Social Security #
Maiden Name: _			Former Married Name(s):
Current Address	s:			
Street			Landlord Name	
City	State	Zip	Street	
Years there	Te	elephone #	City State	Zip
Previous Addre	ss:			
Street			Landlord Name	
City	State	Zip	Street	
Years resided	Telephone #	‡	City State	Zip
Employer:			Employer:	
Address:			Address:	
Telephone:			Telephone:	
MENTS OF MISREPRI TER WITHIN ITS JURI INCOME, AND CREDI AUTHORITY TO CHEC AND STATE GOVERN SO AUTHORIZE THE I TO DETER-MINE SUIT OBTAIN OTHER SOUI SUANT TO TITLE 30-4	ESENTATION TO A SDICATION. I FUR T REFERENCES A CK AND REVIEW P MENTAL AGENCIE HOUSING AUTHOF ABILITY FOR HOLRCES OF INFORMA M. R. S. A. § 4706	INY DEPARTMENT OF THER AUTHORIZE TO SEEMED NECESS TO LICE REPORTS AT THE PART OF THE PART	MAKES IT A CRIMINAL OFFENSE TO REAGENCY OF THE UNITED STATES HE HOUSING AUTHORITY OF THE OWNER BY THE HOUSING AUTHORITY. DECRES TOGETHER BE APPLICANT'S AND TENANT'S SUIT REPORTS AND TO VERIFY PREYMENT HISTORY. WE ALSO AUTHORICESSARY TO VERIFY THE ACCURE OF THE FOREGOING INFORMATIANNE HOUSING AUTHORITIES ACT.	GOVERNMENT AS TO ANY MAT- ITY OF WESTBROOK TO VERIFY I ALSO AUTHORIZE THE HOUSING WITH THE RECORDS OF FEDERAI JITABILITY FOR HOUSING. WE AL- VIOUS LANDLORD REFERENCES RIZE THE HOUSING AUTHORITY TO JRACY OF THE FOREGOING. PUR- ON AND DATA CONSTITUTES A
Signature of Adult App	licant	Date	Signature of Other Adult Applic	cant Date



Applicant:



Contact Notes (Office Use Only)

Date	Outcome of Contact/Action



