

Full Name:
Address1:
Address2:
City State Zip:
Email:
Case Manager Email:

THIS SECTION FOR APPLICANT:

← Mail this form to the address at left.

Date Generated:

Fold on this line

Dear

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

THIS SECTION FOR WAITLIST ADMINISTRATOR:

IF REJECTING THIS APPLICATION, please email, mail, or fax the form below to HousingWorks. We will pass it on to the applicant. Include this page so we know who the application is for!

We will also update our system, so the changed status of your waitlists will reach many thousands of applicants and their housing advocates. Also, you will boost your Fair Housing and ADA compliance exponentially!

support@housingworks.net
HousingWorks
P.O. Box 231104
Boston, MA 02123
617-536-8561 fax

- ☐ This waitlist is closed. The only waitlists open at present are: _____
- ☐ This is not the right application. We have enclosed the correct application.
- ☐ You do not appear to qualify for this property, because: _____
- Name of Waitlist Administrator *optional* _____
- Phone of Waitlist Administrator *optional*: _____ - _____ - _____ X _____

Date Time Received. Application will be stamped to show when it was received:

DO NOT LEAVE ANY QUESTION UNANSWERED!



- ☐ HEAD OF HOUSEHOLD'S FIRST NAME
- ☐ HEAD OF HOUSEHOLD'S COMPLETE MIDDLE NAME
- ☐ HEAD OF HOUSEHOLD'S LAST NAME (EX: BAEZ GONZALEZ) ☐ SUFFIX
- ☐ YOUR MOTHER'S LAST NAME WHEN SHE WAS A CHILD

ANSWER THIS: ☐ Yes ☐ No Does the Head of Household have a Social Security Number? *If "Yes" you must provide the full SSN!*

- ☐ HEAD OF HOUSEHOLD'S SOCIAL SECURITY NUMBER ###-##-#### ☐ HEAD OF HOUSEHOLD'S DATE OF BIRTH mm/dd/yyyy ☐ GENDER M, F, T

- ☐ ETHNICITY: Hispanic/Latino Non-Hispanic/Non-Latino ☐ RACE: Asian, Black or African American, White, American Indian or Alaskan Native, Pacific Islander or Native Hawaiian, Other or Multi-Racial, Client Refused

- ☐ I am not claiming any Reasonable Accommodation or Special Circumstances at the moment (else, fill in any of the items below)
- ☐ Fully Accessible Wheelchair Unit ☐ Blind Accessible Unit ☐ Need an Interpreter – language
- ☐ No-Steps unit (elevator to any floor) ☐ Deaf Accessible Unit ☐ Domestic Violence Victim
- ☐ First-Floor unit only ☐ Unit for Environmental Allergies ☐ Personal Care Attendant

- ☐ HEAD OF HOUSEHOLD'S CAREER STAGE ☐ ANY VETERANS in HH? ☐ Yes ☐ No
- ☐ Employed ☐ Unemployed ☐ Retired ☐ FT Student ☐ PT Student

- ☐ PERMANENT MOBILE RENTAL ASSISTANCE, if any
- ☐ I do not have mobile rental assistance ☐ Mobile Section 8 voucher ☐ MRVP ☐ AHVP ☐ VASH or similar

- ☐ CRIMINAL RECORD AND SEX OFFENDER
- Head of Household: Any **Felony/Conviction**? ☐ Yes ☐ No Any **Misdemeanor Conviction**? ☐ Yes ☐ No
- Other Members: Any **Felony Convictions**? ☐ Yes ☐ No Any **Misdemeanor Conviction**? ☐ Yes ☐ No
- Is anyone in HH subject to a **lifetime sex offender registration** in any state? ☐ Yes ☐ No

- ☐ ANY PETS? ☐ Yes ☐ No Number of Pets: Describe:

- ☐ HOUSEHOLD SIZE AND COMPOSITION ☐ ANNUAL INCOME ☐ DOCUMENTED DISABILITY?
- ← # Adults ← # Children ← Total # in Household ☐ Yes ☐ No

- ☐ CURRENT HOUSING STATUS ☐ 1. Homeless ☐ 2. Housing Loss in 14 days ☐ 3. Homeless under other federal status
- ☐ 4. Homeless because Fleeing domestic violence ☐ 5. At risk of homelessness ☐ 6. Stably Housed

- ☐ HAVE YOU RECENTLY BEEN DISPLACED? ☐ No ☐ Accessibility or Personal Health Issues ☐ Cost of Living ☐ Domestic Violence or Sexual Assault
- ☐ Condemnation of Home, code violations ☐ Fire, flood, earthquake ☐ Pandemic ☐ Threat to Life or Safety ☐ Urban Development, eminent

- ☐ BEST TELEPHONE NUMBER TO USE ☐ SECOND TELEPHONE

- ☐ EMAIL ADDRESS

- ☐ WHERE YOU LIVE OR BACKUP ADDRESS ☒ Check this box if backup address is the same as best mailing address below.

Address Line 1

Apt # or "care of" name

City

State

Zip

- ☐ BEST MAILING ADDRESS

Address Line 1

Apt # or "care of" name

City

State

Zip

- ☐ UNIT SIZE

OTHER PRIORITIES AND PREFERENCES? It is important *to claim these if you can!*

BEDROOMS NEEDED

- ☐ Disability ☐ Elder ☐ Local Resident ☐ Local Employee ☐ Local Student ☐ Homeless Veteran
- ☐ Rent-burdened 40% ☐ Rent-burdened 50% ☐ HUD VAWA Certificate ☐ Community Based Housing



Projects:

Lakeview Apts. (16 Units)
 Old Main St. Apts. (8 Units)
 Summer St. Apts. (16 Units)
 Senior Citizens Center



P.O. Box 256, 4 Albert Street, Eagle Lake, Maine 04739-0256

Telephone: (207) 444-5015
 TDD: 1-800-437-1220

Rec'd @ ELDC

Date: _____ Time _____

RENTAL APPLICATION

This is an application for (circle one) Lakeview, Old Main, or Summer St. Projects.

Please complete this application and return to Eagle Lake Development Corporation at the address listed at the top of this page. Completed applications are placed in order of date and time received. An applicant may be interviewed only after the Management Agent receives the complete application.

A. GENERAL INFORMATION

Applicant Name(s) _____

Address: _____

Street Apt. # City/State Zip

Telephone # _____ No. of Bedrooms in current unit _____

Do You Own _____ or Rent _____. If Rental, amount of monthly rent \$ _____

Check Utilities Paid by You:

Heat _____ Gas _____

Electricity _____ Other _____

Approximate Monthly Cost of Utilities

Paid by you (excluding phone & cable

tv) \$ _____.

Bedroom Size Requested: _____ One Bedroom; _____ Two bedrooms;

_____ Handicap BR; _____ Wheelchair; _____ Visual/Hearing

ELDC is an Equal Housing Opportunity Provider and Employer, with projects in compliance with 504 and Fair Housing Regulations. ELDC shall accommodate any applicant who needs assistance in filling out this application.

The Fair Housing Act prohibits discrimination in the sale, rental or financing of housing on the basis of race, color, religion, sex, disability, familial status, or national origin. Federal law also prohibits discrimination on the basis of age. Complaints of discrimination may be forwarded to the USDA Director, Office of Civil Rights, 1400 Independence Avenue, S. W. Washington, DC 20250-9410 or Call (800) 795-3272 (voice), or (202) 720-6382 (TDD)

"Eagle Lake Development Corporation is an Equal Opportunity Provider and Employer"



"In accordance with Federal laws and U.S. Department of Agriculture policy, this institution is prohibited from discrimination on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, 1400 Independence Avenue, S.W. Washington, D.C. 20250-9410, or call (800) 795-3272 (voice), or (202) 720-6382 (TDD)"



EQUAL HOUSING
 OPPORTUNITY
 10890.01 07/03

**"Eagle Lake Development Corporation is an
 Equal Opportunity Provider and Employer"**

List ALL persons who will live in the apartment. List Head of Household First:

NAME	RELATIONSHIP	BIRTHDATE	AGE	SOCIAL SECURITY #
1. _____	HEAD	_____	_____	_____
2. _____				
3. _____				
4. _____				

Is anyone in this household a full time student: Yes No

Name(s) _____

B. INCOME: LIST ALL SOURCES OF INCOME AS REQUESTED BELOW

FAMILY MEMBER: SOURCE OF INCOME

_____	a. Social Security..Monthly Amount \$ _____
_____	Social Security..Monthly Amount \$ _____
_____	b. Pension.....Monthly Amount \$ _____
_____	Pension.....Monthly Amount \$ _____
_____	Source of Pension(s) _____
_____	c. Veterans Benefits
_____	Monthly Amount \$ _____ Claim # _____
_____	d. SSI Benefits.....Monthly Amount \$ _____
_____	SSI Benefits.....Monthly Amount \$ _____
_____	e. Unemployment Comp.Monthly Amount \$ _____
_____	Unemployment Comp.Monthly Amount \$ _____
_____	f. AFDC.....Monthly Amount \$ _____
_____	g. Wages.....Gross.....Monthly Amount \$ _____
_____	Employer _____
_____	Position held _____
_____	How long employed _____
_____	Wages _____ Gross. _____ Monthly Amount \$ _____
_____	Employer _____
_____	Position held _____
_____	How long employed _____
_____	h. Full Time Student Income (Only Full Time Students 18 and
_____	Monthly Amt \$ _____ Source _____
_____	i. Alimony..... Monthly Amt \$ _____ Source _____
_____	j. Child Support Monthly Amt \$ _____ Source _____
_____	k. Interest Income. Monthly Amt \$ _____ Source _____
_____	l. Other Income Monthly Amt \$ _____ Source _____
_____	m. Long Term Care Ins. Monthly .Amt \$ _____ Source _____

TOTAL GROSS ANNUAL INCOME (Base this on the monthly amounts listed above and multiply x 12)

\$ _____

Do you anticipate any changes in this income in the next 12 months? Yes _____ No _____
If Yes, please explain _____

C. ASSETS

(for checking, average 6 month daily balance)

Checking Account(s) # _____ Bank _____ Balance \$ _____
_____ Bank _____ Balance \$ _____
_____ Bank _____ Balance \$ _____

Trust Accounts # _____ Bank _____ Balance \$ _____
Certificates # _____ Bank _____ Balance \$ _____

Credit Union # _____ Bank _____ Balance \$ _____
_____ Bank _____ Balance \$ _____

Savings Bonds # _____ Maturity Date _____ Value \$ _____
_____ Maturity Date _____ Value \$ _____

Whole Life Insurance Policy# _____ Face Value \$ _____

Cash Value of Life Insurance Policy \$ _____

Real Property: Do you own any property? Yes _____ No _____

If Yes, type of property _____

Location: _____

Appraised Market Value \$ _____

Mortgage or Outstanding Loans Balance Due \$ _____

Amount of Annual Insurance Premium \$ _____

Amount of Most Recent Tax Bill \$ _____

Have you Sold/Disposed of Any Property in the Last 2 Years? Yes _____ No _____

If Yes, type of property _____

Market Value When Sold/Disposed of \$ _____

Amount Sold/Disposed of for \$ _____ Date of Transaction _____

1. Have you disposed of any other Assets in the last 2 years (example: Given away money to relatives, set up Irrevocable Trust Accounts)? Yes _____ No _____

If Yes, Describe Asset _____

Date of Disposition _____ Amount Disposed:\$ _____

2. Do you have any other Assets not listed above (excluding personal property)?

Yes _____ No _____

If Yes, list _____

D. MEDICAL/CHILDCARE/DISABLED ASSISTANCE EXPENSES

Medical Costs: Complete this part ONLY if Head of Household or Spouse is 62 or Older, Disabled or Handicapped.

1. Medicare Premiums.....Monthly Amount \$ _____
Monthly Amount \$ _____
2. Medical Insurance Coverage-Name of Insurance Company _____
Address: _____
Monthly Amount \$ _____
3. Anticipated Medical/Drug/Prescription/Non Prescription costs NOT covered by Insurance NOR reimbursed: Monthly Amount \$ _____
4. Medical bills our outstanding costs you are making Monthly Payments for :
Balance due \$ _____ Monthly Payments \$ _____
Payable to _____
5. Medical related travel costs \$ _____
Projected costs NOT covered by Insurance NOR reimbursed for the next 12 months \$ _____
6. Any other Medical expenses: List type and Amounts: _____ \$ _____
_____ \$ _____

Childcare Costs: Complete ONLY for children 12 and younger:

7. Name(s) of Children cared for _____ Age _____
_____ Age _____
8. Name & Address of person OR Agency caring for Children _____

9. Weekly cost for Childcare Due to Employment \$ _____
10. Weekly Cost for Childcare Due to Education \$ _____

Disabled Assistance Expenses: Attendant care and/or apparatus expense that enables Disabled applicants or others in the household to work. Complete ONLY if Disabled Expenses allow someone in the household to work.

11. List Type of Expenses, Weekly Amount, Paid to whom:

E. PROGRAM INFORMATION

Questions 1, 2 and 3 are optional

1. Are you displaced? Yes _____ No _____
If Yes, Displacement Agency _____
2. Is your current Unit Condemned/Substandard? Yes _____ No _____
If Yes, Describe _____
3. Are you paying more than 50% of your Gross Income for Rent and Utilities
Yes _____ No _____
4. Are you Applying for status as an "Elderly Household," where the tenant or co-tenant is 62 or older, handicapped or disabled as defined by RD? Yes _____ No _____
If Yes, do you realize you will be eligible for a \$400 and Medical deduction?
Please realize that your eligibility must be verified.
5. Would you or anyone in your household benefit from a wheelchair or other handicapped accessible unit: Yes _____ No _____
6. If so, would you like to request an adapted unit? Yes _____ No _____
7. Are you currently living in Subsidized Housing? Yes _____ No _____

E. PROGRAM INFORMATION (cont.)

8. Have you ever resided in a Project financed and/or Subsidized by the Government?
Yes _____ No _____ If Yes, Name & Address _____
9. Have you ever been evicted from Public Housing or any other Federal Housing Program? Yes _____ No _____
-
10. Have you ever been evicted from Other Housing? Yes _____ No _____
11. Have you ever been convicted of a felony? Yes _____ No _____
12. Are you currently using illegal drugs? Yes _____ No _____
13. Have you ever been convicted of sale, distribution, or possession of illegal drugs?
Yes _____ No _____
14. Are you now or will you become a part time or full time student prior to move-in?
Yes _____ No _____
15. How did you hear about this housing? _____
16. Will you take an Apartment when one is available? Yes _____ No _____
17. Briefly describe your reasons for applying _____
18. Are you a smoker? Yes _____ No _____
-

F. REFERENCE INFORMATION

Current Landlord: Name _____
Address _____
Home Phone _____ Business Phone _____

Previous Rental Information:

Prior Landlord _____
Address _____
Home Phone _____ Business Phone _____

Prior Landlord _____
Address _____
Home Phone _____ Business Phone _____

G. CREDIT REFERENCES

- | | |
|----------------------|----------------------|
| 1. Name _____ | 2. Name _____ |
| Address _____ | Address _____ |
| City/State/Zip _____ | City/State/Zip _____ |
| Phone _____ | Phone _____ |
| | |
| 3. Name _____ | |
| Address _____ | |
| City/State/Zip _____ | |
| Phone _____ | |

H. PERSONAL NON-RELATED REFERENCES

1. Name _____ Address _____
Phone _____

2. Name _____ Address _____
Phone _____

3. Name _____ Address _____
Phone _____

In Case of Emergency Notify _____
Address _____
Phone _____

I. OTHER REQUIRED INFORMATION

VEHICLES: List any cars, trucks or other vehicles owned. Parking will be provided for _____ one vehicle.
Arrangements with management is necessary for more than one vehicle.

Type of vehicle _____ Year/Make _____ Color _____
License Plate # _____ Driver's License # _____

Type of
vehicle _____ Year/Make _____ Color _____
License Plate # _____ Driver's License # _____

PETS: Do you own any pets? Yes _____ No _____

If Yes, describe _____

J. CERTIFICATION & AUTHORIZATION

CERTIFICATION

I/We hereby certify that I/we do/will not maintain a separate subsidized rental unit in another location. I/We further certify that this will be my/our permanent residence. I/We understand I/we must pay a security deposit for this apartment. I/We understand that my eligibility for housing will be based on Rural Development or Section 8 income limits and by EKDC selection criteria. I/We certify that all information in this application is true to the best of my/our knowledge and I/we understand that false statements or information are punishable by law and will lead to cancellation of this application or termination of tenancy after occupancy.

Applicant SIGNATURE: _____ Date: _____

Co-Applicant SIGNATURE: _____ Date: _____

J.
AUTHORIZATION

I/We do hereby authorize Eagle Lake Development Corporation and its staff or authorized representative to contact any agencies, local police departments, offices, groups or organizations to obtain and verify any information or materials which are deemed necessary to complete my/our application for housing in programs administered/managed by ELDC. I/We further authorize ELDC and its Management Agent to verify all information listed on this application.

SIGNATURE:

_____	_____
Print Name: _____	Print Name: _____
Dated _____	Dated _____

Please mail or fax your completed application to:

**Jocelyn Haley, Residential Manager
Eagle Lake Development Corporation
PO Box 256
Eagle Lake, ME 04739**

Fax: (207) 444-2878

**FOR RURAL DEVELOPMENT 515 PROGRAM
APPLICANTS ONLY**

FAMILY HOUSEHOLD COMPOSITION

“The information solicited on this application is requested by the apartment owner in order to assure the Federal Government, acting through Rural Development, that Federal Laws prohibiting discrimination against tenant applicants on the basis of race, color, national origin, religion, sex, marital status, age, and handicap are complied with. You are not required to furnish this information, but are encouraged to do so. This information will not be used in any way. However, if you choose not to furnish it, the owner is required to note the race/national origin and sex of the individual applicants on the basis of visual observation or surname.”

Race _____ Ethnic Group _____ Sex _____