

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.

Use #10 double 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:

 **ATTN: WAITLIST ADMINISTRATOR** 

**Is this waitlist closed? Anything else you want to tell the 900 Housing Advocates and the nearly 200,000 applicants using our system?**

**USE BLOCK PRINT to fill in the appropriate information below.** Save paper and ink by faxing only this one page to HousingWorks – we will immediately update your information! See fax number below.

**This particular waitlist is closed: At present, our only open waitlists are:**

\_\_\_\_\_

**This is not the correct application. The correct application is available in this way:**

\_\_\_\_\_

Your position or title at this housing program: \_\_\_\_\_

Your signature: \_\_\_\_\_

**HousingWorks Fax: 617-536-8561**

*If you direct applicants to try our free search to locate OTHER HOUSING OPTIONS, you reduce frivolous applications and eliminate possibly hundreds of phone calls:*

**[www.HousingWorks.net](http://www.HousingWorks.net)**



**HOUSINGWORKS**  
For Everyone

**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 HoH 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
- GENDER

- ETHNICITY
- RACE: Asian , Black, White, Native American, Pacific Islander, Multi-racial

- REQUESTED ACCOMMODATIONS Fill in the circle for anything you need:
  - Fully Accessible Wheelchair** Unit
  - Blind Accessible** Unit
  - Need an **Interpreter**
  - No-Steps unit** (elevator to any floor)
  - Deaf Accessible** Unit
  - Domestic Violence Victim**
  - First-Floor unit only**
  - Unit designed for **Environmental Allergies**

- HoH'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 Describe: \_\_\_\_\_

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

- CURRENT HOUSING STATUS  Homeless  Housing Loss in 14 days  Homeless under other federal status
  - Homeless because Fleeing domestic violence
  - At risk of homelessness
  - Stably Housed

- BEST TELEPHONE NUMBER TO USE  SECOND TELEPHONE

- EMAIL ADDRESS

- WHERE YOU LIVE OR BACKUP ADDRESS

- BEST MAILING ADDRESS

- # BEDROOMS NEEDED?  SPECIAL CIRCUMSTANCES? (*some programs may grant you priority status*)
  - Disability
  - Elder
  - Veteran
  - Fleeing Domestic Violence
  - Rent-burdened
  - Displaced by  Public Action  Sanitary Code  Natural Forces  Other \_\_\_\_\_

## Rental Housing *Preliminary* Application

Disabled applicants have the right to request reasonable accommodations. Please contact us with such requests.

Please list the properties and number of bedrooms you are applying for in order of preference:

| Property Name | # Bedrooms | Property Name | # Bedrooms |
|---------------|------------|---------------|------------|
| 1. _____      | _____      | 3. _____      | _____      |
| 2. _____      | _____      | 4. _____      | _____      |

How did you hear about our us? \_\_\_\_\_

**INSTRUCTIONS:** Please answer all questions carefully and completely since this information will be used to determine your preliminary eligibility. If you need more space, please attach a separate piece of paper.

**HOUSEHOLD INFORMATION:** Complete the following information for each person in your household that is 18 years of age or older. Date of birth is being asked to determine eligibility to enter into a lease and conduct credit and background checks.

| Last Name, First | Social Security Number | Birth Date If 18 or older |
|------------------|------------------------|---------------------------|
|                  |                        |                           |
|                  |                        |                           |
|                  |                        |                           |
|                  |                        |                           |

**OCCUPANCY STANDARDS:** In order to ensure you are eligible for the apartment size you are applying for we need to assess your household's ability to meet occupancy standards set forth by HUD, Rural Development, municipal codes, etc.

**Total number of people in household (including those listed above):** \_\_\_\_\_

**CONTACT INFORMATION:** Please provide us with as much information as possible to ensure we can contact you.

|                 |       |               |       |
|-----------------|-------|---------------|-------|
| Home Phone      | _____ | Work Phone    | _____ |
| Cell Phone      | _____ | Email Address | _____ |
| Home Address    | _____ |               |       |
| Mailing Address | _____ |               |       |

*In accordance with Federal Law and HUD Policy, this institution is prohibited from discriminating on the basis of race, color, religion, sex, national origin, familial status or handicap (not all protected bases apply to all programs). To file a complaint of discrimination, write to: Office of Fair Housing & Equal Opportunity, U.S. Department of Housing & Urban Development, Room 5204, 451 Seventh Street SW, Washington, D.C., 20410-2000, or call 1-800-669-9777 (voice) or 202-720-6382 (TDD). Realty Resources Management is an equal opportunity provider and employer.*

How long have you lived at your present address? \_\_\_\_\_ Do you rent or own? Rent \_\_\_\_\_ Own \_\_\_\_\_ Monthly payment \_\_\_\_\_

If renting, Landlord Name: \_\_\_\_\_ Address and Phone Number \_\_\_\_\_

Are you an employee of or a relative of an employee of Realty Resources Management or Pen Bay Builders? Yes \_\_\_\_\_ No \_\_\_\_\_

Realty Resources Management accepts rental assistance for all of the non-subsidized apartments they manage.

Do you have now or will you be receiving rental assistance such as Section 8, BRAP, RAC or any other Program? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, when and the name of the agency: \_\_\_\_\_

Do you have any pets other than assistive animals? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please explain: \_\_\_\_\_

Please Note: If the need for an assistive animal is not obvious, reasonable accommodation requests are to be made prior to move-in.

Many of the properties Realty Resources Management manages have handicapped accessible units and we give a preference to applicants in need of the features of these units. HUD and Rural Development require this preference. Checking this box is totally optional, only do so if you wish to be considered for this preference at this time:

Have you ever been evicted, or have any eviction proceedings ever commenced against you? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

Do you owe money to any housing agency or former landlord? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please describe how much money is owed and to whom: \_\_\_\_\_

Has anyone in your household ever been convicted of a crime, including but not limited to felonies and illegal manufacturing or distribution of drugs? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

Is any member of your household subject to the lifetime sex offender registration requirement in any state? Yes \_\_\_\_\_ No \_\_\_\_\_

**PREVIOUS HOUSING:** Fill out the information for all of the places you have lived in the past 5 years, not including your present housing. If you do not have past rental history please list at least 2 professional references with mailing addresses:

| Your Former Address | Dates Rented           | Landlord Name | Landlord Address | Landlord Phone # |
|---------------------|------------------------|---------------|------------------|------------------|
|                     | From _____<br>To _____ |               |                  |                  |
|                     | From _____<br>To _____ |               |                  |                  |

**PREVIOUS HOUSING CONTINUED**

| Your Former Address | Dates Rented           | Landlord Name | Landlord Address | Landlord Phone # |
|---------------------|------------------------|---------------|------------------|------------------|
|                     | From _____<br>To _____ |               |                  |                  |
|                     | From _____<br>To _____ |               |                  |                  |
|                     | From _____<br>To _____ |               |                  |                  |

**INCOME:** Please list ALL sources of income for each member of your family.

**EMPLOYMENT INCOME:**

| Family member | Employer Name and Mailing Address | Gross Monthly Amount |
|---------------|-----------------------------------|----------------------|
|               |                                   |                      |
|               |                                   |                      |
|               |                                   |                      |

**OTHER INCOME:**

| Family member | Type of Income (Pensions, Social Security, Other)<br>Name & Mailing Address | Gross Monthly Amount |
|---------------|---|----------------------|
|               |   |                      |
|               |   |                      |
|               |   |                      |

**ASSETS:** Please list all checking/savings accounts and/or other bank accounts your family holds.

| Family Member | Type of Account<br>(checking, saving, CD, other) | Account # | Current Balance | Bank/Institution Name |
|---------------|--|-----------|-----------------|-----------------------|
|               |  |           | \$              |                       |
|               |  |           | \$              |                       |
|               |  |           | \$              |                       |

Does anyone in your household own any asset not already listed (such as Mutual Funds, Annuities, 401K, Trust Funds, or Other Investments)?

Yes \_\_\_ No \_\_\_ If yes, please describe: \_\_\_\_\_ Value \$ \_\_\_\_\_

Does anyone in your household own real estate including the home you live in? Yes \_\_\_ No \_\_\_

If so, what is the location? \_\_\_\_\_ Market Value \$ \_\_\_\_\_



If you are applying for a MARKET RATE RENT at:

- APPLETON GARDENS, MAINE
- FARWELL MILLS I, LISBON, MAINE
- ORCHARD PARK, MAINE
- PLANT MEMORIAL HOME, MAINE
- TOWNHOMES AT OCEAN EAST II, PORTLAND, MAINE
- DO NOT COMPLETE THIS PAGE

**All others** are not required to furnish the following information, but are encouraged to do so.

**Race and Ethnic Data**

The information regarding race, ethnicity, and sex designation solicited on this application is requested in order to assure the Federal Government, acting through HUD, Maine Housing and USDA Rural Development, that federal laws prohibiting discrimination against tenant applicants on the basis of age, marital status, sexual orientation, race, color, national origin, religion, sex, familial status, age and disability 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 against you in any way. However, if you choose not to furnish it, please initial below indicating I wish not to provide.

| Family Member | Ethnicity:<br>Hispanic or Latino<br>Yes or No | Race:<br>American Indian or Alaskan Native | Race:<br>Asian | Race:<br>Black or African American | Race:<br>Native Hawaiian or Other Pacific Islander | Race:<br>White | Sex:<br>Male or Female |
|---------------|---|--|----------------|------------------------------------|--|----------------|------------------------|
|               |   |  |                |                                    |  |                |                        |
|               |   |  |                |                                    |  |                |                        |
|               |   |  |                |                                    |  |                |                        |
|               |   |  |                |                                    |  |                |                        |
|               |   |  |                |                                    |  |                |                        |

Applicant, please initial \_\_\_\_\_

I wish not to provide Applicant, please initial \_\_\_\_\_

The Federal Government acting under the Housing and Economic Recovery Act has asked that the following data be collected for statistical purposes. Answering these questions is optional.

Are you currently homeless? Yes \_\_\_\_\_ No \_\_\_\_\_ Marital Status (M,S,D,W): \_\_\_\_\_



**Applicant Certifications**

This application does not obligate me/us, the property owner or Realty Resources in any way. I understand that it's my responsibility to notify Realty Resources Management, in writing, of address changes. I understand that incomplete applications may not be processed, that completion of an application is not a guarantee of an apartment. I will provide all necessary information including source names, addresses, phone numbers, and account numbers where applicable and any other information required to expedite the application process. I understand that my occupancy is contingent upon meeting Realty Resources Management's resident selection criteria and the Housing Program requirements. I certify that if I'm offered and accept an apartment it will be my permanent residency and that I will not maintain a separate apartment in a different location.

**Important Information About Fraud or Misrepresentation:** By signing below I/we confirm that I/we understand that false statements or information are punishable under federal law. I/we also understand that false statements or information are grounds for denial of my/our application, termination of housing assistance and/or termination of tenancy after occupancy.

**Authorization of Release of Information:** By signing below I/we hereby authorize Realty Resources to obtain any information relative to my/our application for housing and proposed tenancy, including but not limited to inquiries of my/our income, assets, medical expenses, child care costs, character and landlord references; obtain a credit report; obtain information from any court or law enforcement agency about any criminal conviction data.

**Certification of Accuracy:** By signing below I/we hereby certify that the information I/we provided on this application is true, complete and accurate to the best of my/our knowledge.

All adult members (18 years of age or older) of the household must sign completed application for processing.

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Signature \_\_\_\_\_ Date \_\_\_\_\_

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Signature \_\_\_\_\_ Date \_\_\_\_\_