

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



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:
- | | | |
|--|--|---|
| <input type="radio"/> Fully Accessible Wheelchair Unit | <input type="radio"/> Blind Accessible Unit | <input type="radio"/> Need an Interpreter |
| <input type="radio"/> No-Steps unit (elevator to any floor) | <input type="radio"/> Deaf Accessible Unit | <input type="radio"/> Domestic Violence Victim |
| <input type="radio"/> First-Floor unit only | <input type="radio"/> 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
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1. _____	_____	3. _____	_____
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2. _____	_____	4. _____	_____
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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 _____ To _____			
	From _____ To _____			

PREVIOUS HOUSING CONTINUED

Your Former Address	Dates Rented	Landlord Name	Landlord Address	Landlord Phone #
	From _____ To _____			
	From _____ To _____			
	From _____ 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) 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 (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: Hispanic or Latino Yes or No	Race: American Indian or Alaskan Native	Race: Asian	Race: Black or African American	Race: Native Hawaiian or Other Pacific Islander	Race: White	Sex: 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.

Signature

Date

Signature

Date