

YORK HOUSING AUTHORITY

4 Pine Grove Lane
York, Maine 03909

Preliminary Application

Project(s) for which I am applying _____

Name _____ (Head of Household)

Address _____ Home Phone _____

_____ Work Phone _____

Mailing Address: Only if different from above: _____

Present Living Arrangements

In my own home Renting Boarding Home With relatives/friends

Other _____

Number of Bedrooms Desired? _____ (Couples must have a medical need to qualify for a two-bedroom unit)

Complete the following for each member of your household (including yourself) who will be occupying the apartment.

Name	Birthdate	Relationship	Social Security No.
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_____	_____	_____	_____
_____	_____	_____	_____

Why are you applying? _____

Past Living Arrangements:

Please list those places where you have lived during the past three years. Start with the most recent and progress back from this point. If you have resided in your own home over a long period of time, you may complete only the last part of this section.

RESIDENCE	FROM	TO
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_____	_____	_____
_____	_____	_____

In my own home for the last _____ years.



Equal Housing
Opportunity

Income and Assets

List the sources of money received by each person in the household.

Name _____

_____ Wages (Gross)	\$ _____	Per _____
_____ Wages (Gross)	\$ _____	Per _____
_____ AFDC	\$ _____	Per _____
_____ Pension/Annuities	\$ _____	Per _____
_____ Child Support	\$ _____	Per _____
_____ Unemployment	\$ _____	Per _____
_____ Social Security	\$ _____	Per _____
_____ Social Security	\$ _____	Per _____
_____ S.S.I.	\$ _____	Per _____
_____ Other Income	\$ _____	Per _____

Name of Bank _____

Location _____		
Checking Account # _____	Balance \$ _____	
Savings Account # _____	Balance \$ _____	
Certificate # _____	Value \$ _____	
Stocks & Bonds _____	Value \$ _____	

Name of Bank _____

Location _____		
Checking Account # _____	Balance \$ _____	
Savings Account # _____	Balance \$ _____	
Certificate # _____	Value \$ _____	
Stocks & Bonds _____	Value \$ _____	

Real Estate: Do you own a year round home, vacation home, and/or rental property?

Location _____	Type _____	Value _____
Location _____	Type _____	Value _____

Is there any outstanding mortgage(s) on your property? If so, please state the total amount outstanding: \$ _____

Comments: Please state below any additional information that you would like to include:

Medical

Are you, or any person who will be occupying the apartment, disabled or handicapped?

If not receiving SSI or Social Security Disability, can you obtain a doctor's statement verifying the disability:_____

Are you, or any member of your family who will be occupying the apartment, handicapped?

Do you require the features of an accessible unit? Yes No

Do you **require** a first floor unit? Yes No

(There must be a medical reason for you to refuse a second floor unit.)

Have you ever resided in the town in which the project that you are applying for is located?

Yes No If yes, please indicate:

Town Address Date of Residency

Do you have a son or daughter residing in the town in which the project that you are applying for is located? Yes No

City/Town_____ Address_____

City/Town_____ Address_____

If someone is helping you with this application, please indicate who it is in case we need to contact this person when this application is processed.

Name_____ Agency_____ or Relationship_____

Address:_____

Telephone Number:_____

Applicant (Voluntary: For Statistical Purposes Only)

Minority Code

a) White Non Minority

d) Spanish American

b) Negro/Black

e) Oriental

c) American Indian

f) Other_____

Comments: Please state below any additional information that you would like to include:

I understand that a deposit equal to one month's rent will be required and is payable prior to moving into an apartment. I further understand that should my monthly rent be less than \$50.00, a minimum deposit of \$50.00 will be required and can be paid in installments if it creates a financial hardship.

I certify that the apartment I will occupy will be my permanent residence and that I will not maintain a separate subsidized rental unit in a different location.

I do hereby attest that I have answered all of the questions on this form truthfully, and I understand that it is an illegal act to make false statements in order to obtain Federal Housing Assistance.

Signature _____ Date _____

Signature _____ Date _____

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(To be completed in applicant's own handwriting)

Authorization for release of information

I, _____; AND _____; DO HEREBY AUTHORIZE AND AGENCIES, OFFICES, GROUPS, ORGANIZATIONS OR BUSINESS FIRMS TO RELEASE TO YORK HOUSING AUTHORITY, ANY INFORMATION OR MATERIALS WHICH ARE DEEMED NECESSARY TO COMPLETE MY APPLICATIONS FOR HOUSING. THESE ORGANIZATIONS ARE TO INCLUDE, BUT ARE NOT LIMITED TO: FINANCIAL INSTITUTIONS; CHILD SUPPORT PAYERS; STATE EMPLOYMENT SECURITY COMMISSIONS; PAST OR PRESENT EMPLOYERS; PAST AND PRESENT LANDLORDS; SOCIAL SECURITY ADMINISTRATION; UTILITY COMPANIES; WORKMAN'S COMPENSATION PAYERS; HOSPITALS; PUBLIC AND PRIVATE RETIREMENT SYSTEMS; LAW ENFORCEMENT AGENCIES; ATTORNEYS; REALTORS; DOCTORS; SOCIAL WORKERS.

THIS AUTHORIZATION SHALL CONTINUE FROM THE DATE OF SIGNATURE UNTIL SUCH TIME THAT YORK HOUSING AUTHORITY IS NOTIFIED IN WRITING THAT THE AUTHORIZATION IS CANCELLED. I ALSO UNDERSTAND THAT A PHOTOCOPY IS AS VALID AS THE ORIGINAL.

SIGNED: _____ SIGNED: _____

SS# _____ SS# _____

ADDRESS: _____ ADDRESS: _____

DATE: _____ DATE: _____