



YORK HOUSING



4 Pine Grove Lane
York, Maine 03909

Deerfield Place & Baldwin Apartments RENTAL APPLICATION

PLEASE TELL US ABOUT YOURSELF

Full Name _____

Home Phone () _____ Date of Birth _____

Social Security # _____

Email Address: _____ (optional)

Other Phone () _____

Co-Applicant Name _____

Co-Applicant Date of Birth _____ Social Security# _____

List All Pets _____

It is York Housing Authority's policy to allow one (1) pet per unit under 20 lbs subject to receipt of veterinary documentation as to current vaccinations.

PLEASE GIVE RESIDENTIAL HISTORY

Current Address _____ Apt# _____ City _____ State _____ Zip _____

Month/Year Moved In _____

Do you own your own home? Yes _____ No _____

If not, please provide Residential History (Last 3 Years)

Previous Address _____

Rent \$ _____ Reasons for Leaving _____

Owner/Agent Name: _____

Owner/Agent Phone () _____

Previous Address _____

Rent \$ _____ Reasons for Leaving _____

Owner/Agent Name _____

Owner/Agent Phone () _____

PLEASE DESCRIBE YOUR CREDIT HISTORY

Have you declared bankruptcy in the past seven (7) years?	Yes _____	No _____
Have you ever been evicted from a rental residence?	Yes _____	No _____
Have you had two or more late rental payments in the past year?	Yes _____	No _____
Have you ever willfully or intentionally refused to pay rent when due?	Yes _____	No _____

PLEASE LIST YOUR REFERENCES

Personal Reference or Emergency Contact (CIRCLE ONE):

Name _____ Address _____

Phone _____ Relationship _____

Driver's License:

Your Driver's License Number _____ State _____

Vehicle Information:

Make / Model _____ Year _____ License Plate Number _____

INCOME AND ASSETS

York Housing Authority prides itself on providing affordable housing for seniors. Though Income Limits have not been set for Deerfield Place, it is our intention to meet with you on an annual basis at time of lease renewal to insure that you are in a housing situation that best suits your needs. Applicant and Co-Applicant, please complete the information below to the best of your ability. The financial data will help us create a history to help you qualify for a subsidized unit should the need ever arise, as well as confirmation of ability to pay.

_____ Wages (Gross) \$ _____ Per _____

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_____ Social Security \$ _____ Per _____

_____ Social Security \$ _____ Per _____

_____ Pension \$ _____ Per _____

_____ Pension \$ _____ Per _____

_____ Other Income \$ _____ Per _____

_____ Other Income \$ _____ Per _____

Bank Name _____ Type of Account _____ Balance _____

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

_____ Location _____ Type _____ Estimated Market Value _____

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

MEDICAL

Are you, or any member of your family who will be occupying the apartment, handicapped? Yes _____ No _____
If so, can you obtain a doctor's statement verifying the disability? Yes _____ No _____
Do you require the features of a handicapped accessible unit? Yes _____ No _____
Do you require a first floor unit? Yes _____ No _____ (You must provide a medical reason for you to refuse a second floor unit.)

ADDITIONAL INFORMATION:

Have you ever been CHARGED or CONVICTED of a MISDEMEANOR or FELONY in any state? Yes____ NO____

Are you or any household member subject to the lifetime sex offender registration? Yes____ NO____

Have you ever resided in the Town of York? Yes _____ No _____

If yes, please indicate: Address _____ Date of Residency _____

Do you have a son or daughter residing in the Town of York? Yes _____ No _____

If yes, please indicate: Address _____ Date of Residency _____

If someone is helping you with this application, please complete the following in case we need to contact this person when this application is being processed.

Name _____ Agency _____ or Relationship _____

Address _____

Telephone Number _____

Please give any additional information that might help owner/management evaluate this application.

Where may we reach you to discuss this application?

Day Phone # () _____ Evening Phone # () _____

I/we understand that a deposit equal to one month's rent will be required and is payable prior to moving into an apartment.

I/we certify that the apartment I/we will occupy will be my/our permanent residence and that I/we will not maintain a separate rental unit in a different location. I/we understand that York Housing Authority reserves the right to verify that a leased unit will be my/our permanent residence.

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

Signature _____ Date _____

Signature _____ Date _____

.....
(To be completed in applicant's own handwriting)

Authorization for release of information

I, _____; AND _____; DO HEREBY AUTHORIZE ANY AGENCIES, OFFICES, GROUPS, ORGANIZATIONS OR BUSINESS FIRMS TO RELEASE TO **YORK HOUSING AUTHORITY** ANY INFORMATION OR MATERIALS WHICH ARE DEEMED NECESSARY TO COMPLETE MY APPLICATION 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 OR MY APPLICATION IS WITHDRAWN. I ALSO UNDERSTAND THAT A PHOTOCOPY IS AS VALID AS THE ORIGINAL.

SIGNED: _____ SIGNED: _____

SS# _____ SS# _____

ADDRESS: _____ ADDRESS: _____

DATE: _____ DATE: _____

APPLICANT: PLEASE DO NOT WRITE BELOW (FOR OFFICE USE ONLY)

Deposit of \$ _____ Received by _____ Date _____

OFFICE NOTES:

All household members age 18 or older must sign below. Please read the following statement carefully before signing. *(To be completed in applicant's own handwriting)*

Authorization for Release of Information

I, _____ and _____, do hereby authorize individuals, agencies, offices, groups, organizations or business firms to release to **York Housing** information or materials, which are deemed necessary to complete my application for housing. These contacts are to include, but are not limited to: credit bureaus, financial institutions, child support payers, State Agencies including unemployment security commissions, past or present employers, past or present landlords, Social Security Administration, utility companies, workers compensation payers, public and private retirement systems, law enforcement agencies (public records, criminal backgrounds), attorneys, medical care providers, pharmacies, realtors.

This authorization shall continue from the date of signature and until such time that York Housing is notified in writing that the authorization is cancelled. I also understand that a photocopy is as valid as the original.

X _____
Applicant Signature

X _____
Co-Applicant Signature

Social Security Number

Social Security Number

City State Zip

City State Zip

Date

Date