



YORK HOUSING



4 Pine Grove Lane
York, Maine 03909

Preliminary Application

Property(s) for which I am applying _____

Name _____ (Head of Household)

Address _____ Home Phone _____

_____ Work Phone _____

Mailing Address: Only if different from above: _____

Email Address: _____

Number of Bedrooms Desired? _____

(Two-person applicants may request two bedrooms)

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

| Name | Birthdate | Relationship | Social Security No. |
|------|-----------|-------------------|---------------------|
| | | Head of Household | |
| | | | |
| | | | |

Why are you applying? _____

Do you expect any changes to your household in the next year? Yes No

Do you presently live in subsidized housing, or are you in possession of a state housing voucher? _____ **If so, explain** _____

Is any member of your household required to register under any sex offender registration program? Yes No

If yes, name(s) of household member(s):

Have you or any household members ever been convicted of a felony in the last 10 years? Yes No

If yes, name of household member(s):

State(s) of conviction: _____

Housing References - List the past *THREE* years of housing references.

Please list those places where you have lived during the past three years. Starting 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.*

| <u>Previous Address</u> | <u>Dates</u> | | <u>Landlord's Name & Address</u> (if applicable) |
|-------------------------|----------------------------|---------------------------|---|
| 1. | <i>From:</i> | <i>To:</i> | <i>Name:</i> |
| | <input type="radio"/> Rent | <input type="radio"/> Own | <i>Phone:</i> |
| <u>Previous Address</u> | <u>Dates</u> | | <u>Landlord's Name & Address</u> (if applicable) |
| 2. | <i>From:</i> | <i>To:</i> | <i>Name:</i> |
| | <input type="radio"/> Rent | <input type="radio"/> Own | <i>Phone:</i> |
| <u>Previous Address</u> | <u>Dates</u> | | <u>Landlord's Name & Address</u> (if applicable) |
| 3. | <i>From:</i> | <i>To:</i> | <i>Name:</i> |
| | <input type="radio"/> Rent | <input type="radio"/> Own | <i>Phone:</i> |

In my own home for the last _____ years.

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

Do you give York Housing permission to contact the above references? Yes No
If you do not, please explain:

Have you ever resided in the town in which the project that you are applying for is located? Yes No

Personal References – If you did not list a previous landlord or owned your own home, please list three personal references.

| <u>Name</u> | <u>Relationship</u> | <u>Years Known</u> | <u>Phone Number</u> |
|-------------|---------------------|--------------------|---------------------|
| | | | |
| | | | |
| | | | |
| | | | |

Please sign acknowledging that the references listed above will be contacted by York Housing unless not permitted.

Signature of applicant: _____ Date _____

Signature of co-applicant: _____ Date: _____

Income and Assets

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

Name of applicant

GROSS Amt

| | | |
|-------------------------|----------|-----------|
| _____ 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? Yes No

If so, please state the total amount outstanding: \$ _____

Medical

Do you, or any member of your household who will be occupying the apartment, 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.)

If you answered yes to either of the above questions please obtain and attach a statement from a medical professional verifying that you require a first floor unit or that you require the features of an accessible unit.

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: _____

Please Read the following statement carefully before signing:

I certify that all above answers are complete and accurate. I understand that it is an illegal act to make false statements to obtain federal housing assistance, which could lead to the cancellation of an application or termination of tenancy. Occupancy is contingent upon meeting York Housing's resident selection criteria and housing program requirements. I hereby authorize York Housing and its agents to perform criminal, sex offender, and landlord reference checks, and to verify all information provided above. It is my responsibility to notify York Housing of changes to the information on the application, including contact information, and all adult persons named above as part of the household are permitted to obtain information from York Housing related to this preliminary application.

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

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.

Signature of applicant _____ Date _____

Signature of co-applicant _____ Date _____

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

Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING

This form is to be provided to each applicant for federally assisted housing

Instructions: Optional Contact Person or Organization: You have the right by law to include as part of your application for housing, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. **You may update, remove, or change the information you provide on this form at any time.** You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form.

| | |
|--|--|
| Applicant Name: | |
| Mailing Address: | |
| Telephone No: | Cell Phone No: |
| Name of Additional Contact Person or Organization: | |
| Address: | |
| Telephone No: | Cell Phone No: |
| E-Mail Address (if applicable): | |
| Relationship to Applicant: | |
| Reason for Contact: (Check all that apply) | |
| <input type="checkbox"/> Emergency | <input type="checkbox"/> Assist with Recertification Process |
| <input type="checkbox"/> Unable to contact you | <input type="checkbox"/> Change in lease terms |
| <input type="checkbox"/> Termination of rental assistance | <input type="checkbox"/> Change in house rules |
| <input type="checkbox"/> Eviction from unit | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Late payment of rent | |
| Commitment of Housing Authority or Owner: If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you. | |
| Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law. | |
| Legal Notification: Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975. | |

Signature of Applicant

Date

The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). The public reporting burden is estimated at 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Section 644 of the Housing and Community Development Act of 1992 (42 U.S.C. 13604) imposed on HUD the obligation to require housing providers participating in HUD's assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend, or person associated with a social, health, advocacy, or similar organization. The objective of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any delivery of services or special care to the tenant and assist with resolving any tenancy issues arising during the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and maintained as confidential information. Providing the information is basic to the operations of the HUD Assisted-Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fraud, waste and mismanagement. In accordance with the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless the collection displays a currently valid OMB control number.

Privacy Statement: Public Law 102-550, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions.

Race and Ethnic Data Reporting Form

U.S. Department of Housing and Urban Development

OMB Approval No. 2502-0204
(Exp. 06/30/2017)

Office of Housing

Name of Property

Project No.

Address of Property

Name of Owner/Managing Agent

Type of Assistance or Program Title:

Name of Head of Household

Name of Household Member

Date (mm/dd/yyyy): _____

| Ethnic Categories* | Select One |
|---|-----------------------|
| Hispanic or Latino | |
| Not-Hispanic or Latino | |
| Racial Categories* | Select All that Apply |
| American Indian or Alaska Native | |
| Asian | |
| Black or African American | |
| Native Hawaiian or Other Pacific Islander | |
| White | |
| Other | |

***Definitions of these categories may be found on the reverse side.**

There is no penalty for persons who do not complete the form.

Signature

Date

Public reporting burden for this collection is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This information is required to obtain benefits and voluntary. HUD may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number.

This information is authorized by the U.S. Housing Act of 1937 as amended, the Housing and Urban Rural Recovery Act of 1983 and Housing and Community Development Technical Amendments of 1984. This information is needed to be in compliance with OMB-mandated changes to Ethnicity and Race categories for recording the 50059 Data Requirements to HUD. Owners/agents must offer the opportunity to the head and cohead of each household to "self certify" during the application interview or lease signing. In-place tenants must complete the format as part of their next interim or annual re-certification. This process will allow the owner/agent to collect the needed information on all members of the household. Completed documents should be stapled together for each household and placed in the household's file. Parents or guardians are to complete the self-certification for children under the age of 18. Once system development funds are provided and the appropriate system upgrades have been implemented, owners/agents will be required to report the race and ethnicity data electronically to the TRACS (Tenant Rental Assistance Certification System). This information is considered non-sensitive and does not require any special protection.

Instructions for the Race and Ethnic Data Reporting (Form HUD-27061-H)

A. General Instructions:

This form is to be completed by individuals wishing to be served (applicants) and those that are currently served (tenants) in housing assisted by the Department of Housing and Urban Development.

Owner and agents are required to offer the applicant/tenant the option to complete the form. The form is to be completed at initial application or at lease signing. In-place tenants must also be offered the opportunity to complete the form as part of the next interim or annual recertification. Once the form is completed it need not be completed again unless the head of household or household composition changes. There is no penalty for persons who do not complete the form. However, the owner or agent may place a note in the tenant file stating the applicant/tenant refused to complete the form. **Parents or guardians are to complete the form for children under the age of 18.**

The Office of Housing has been given permission to use this form for gathering race and ethnic data in assisted housing programs. Completed documents for the entire household should be stapled together and placed in the household's file.

1. The two ethnic categories you should choose from are defined below. You should check one of the two categories.
 1. **Hispanic or Latino.** A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. The term "Spanish origin" can be used in addition to "Hispanic" or "Latino."
 2. **Not Hispanic or Latino.** A person not of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.
2. The five racial categories to choose from are defined below: You should check as many as apply to you.
 1. **American Indian or Alaska Native.** A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
 2. **Asian.** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam
 3. **Black or African American.** A person having origins in any of the black racial groups of Africa. Terms such as "Haitian" or "Negro" can be used in addition to "Black" or "African American."
 4. **Native Hawaiian or Other Pacific Islander.** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
 5. **White.** A person having origins in any of the original peoples of Europe, the Middle East or North Africa.

DECLARATION OF SECTION 214 STATUS

Notice to applicants and tenants: In order to be eligible to receive the housing assistance sought, each applicant for or recipient of housing assistance must be lawfully within the United States. Please read the Declaration statement carefully and sign and return to the Housing Authority's Admissions Office. Please feel free to consult with an immigration lawyer or other immigration expert of your choosing.

I, _____ certify, under penalty of perjury, that to the best of my knowledge, I am lawfully within the United States because:

I am a citizen by birth, naturalized citizen or national of the United States.

OR:

I have eligible immigration status and I am 62 years of age or older (attach proof of age).

I have eligible immigration status as checked below (see reverse side of this form for explanations). Attach INS document(s) evidencing eligible immigration status and signed verification consent form.

Immigrant status under #1001(a)(15) or 101(a)(20) of the INA OR:

Permanent residence under #249 of INA

OR:

Refugee, asylum or conditional entry status under #207, 208 or 203 of the INA

OR:

Parole status under #212(d)(f) of the INA

OR:

Threat to life of freedom under #243(h) of the INA

OR:

Amnesty under #254 of the INA

Signature of Family Member

Date

Check box if signature of adult residing in the unit is responsible for a child named on statement above.

HA: Enter INS/SAVE Primary Verification # _____ Date _____

Warning: 18 U.S.C. 1001 provides, among other things, that whoever knowingly and willfully makes or uses a document or writing containing any false, fictitious or fraudulent statement or entry, in any manner within the jurisdiction of any department or agency of the United States, shall be fined not more than \$10,000 or imprisoned for not more than five years, or both.

[See reverse side for footnotes and instructions]

The following footnotes pertain to noncitizens that declare eligible immigration status in one of the following categories:

Eligible immigration status and 62 years of age or older: For noncitizens who are 62 years of age or older or who will be 62 years of age or older and receiving assistance under a Section 214 covered program on June 19, 1995. If you are eligible and elect to select this category, you must include a document providing evidence of proof of age. No further documentation of eligible immigration status is required.

Immigrant status under 101(a)(15) or 101(a)(20) of INA: A noncitizen lawfully admitted for permanent residence, as defined by 101(a)(20) of the Immigration and Nationality Act (INA), as an immigrant, as defined by 101(a)(15) of the INA (8 U.S.C. 1101(a)(20) and 1101(a)(15), respectively [immigrant status]. This category includes a noncitizen admitted under 210 or 210A of the INA (8 U.S.C. 1160 or 1161), [special agricultural worker status] who has been granted lawful temporary resident status.

Permanent residence under 249 of INA: A noncitizen who entered the U.S. before January 1, 1972, or such later date as enacted by law, and has continuously maintained residence in the U.S. since then, and who is not ineligible for citizenship, but who is deemed to be lawfully admitted for permanent residence as a result of an exercise of discretion by the Attorney General under 249 of the INA (8 U.S.C. 1259) [amnesty granted under INA 249].

Refugee, asylum or conditional entry status under 207, 208 or 203 of INA: A noncitizen who is lawfully present in the U.S. pursuant to an admission under 207 of the INA (8 U.S.C. 1157) [refugee status]; pursuant to the granting of asylum (which has not been terminated under 208 of the INA (8 U.S.C. 1158) [asylum status]; or as a result of being granted conditional entry under 203(a)(7) of the INA (U.S.C. 1153(a)(7) before April 1, 1980, because of persecution or fear of persecution on account of race, religion or political opinion or because of being uprooted by catastrophic national calamity [conditional entry status].

Parole status under 212(d)(5) of INA: A noncitizen who is lawfully present in the U.S. as a result of an exercise of discretion by the Attorney General for emergent reasons or reasons deemed strictly in the public interest under 212(d)(5) of the INA (8 U.S.C. 1182(d)(5) [parole status].

Threat to life or freedom under 245(a) of INA: A noncitizen who is lawfully present in the U.S. as a result of the Attorney General's withholding deportation under 243(h) of the INA (8 U.S.C. 1253(h)) [threat to life or freedom].

Amnesty under 245(a) of the INA: A noncitizen lawfully admitted for temporary or permanent residence under 245(a) of the INA (8 U.S.C. 1255(a)) [amnesty granted under INA 245(a)].

Instructions to Housing Authority: Following verification of status claimed by persons declaring eligible immigration status (other than for noncitizens age 62 or older and receiving assistance on June 19, 1995), the HA must enter INS/SAVE Verification Number and date that it was obtained. An HA signature is not required.

Instructions to Family Member for Completing Form: On opposite page, print or type first name, middle initial(s) and last name. Place an "x" in the appropriate boxes. Sign and date at bottom page. Place an "X" in the box below the signature if the signature is by the adult residing in the unit who is responsible for the child.