



# YORK HOUSING

4 Pine Grove Lane  
York, Maine 03909



## Carriage House Apartments & Moorehouse Place

Name \_\_\_\_\_ (Head of Household)

SSN \_\_\_\_\_ DL # \_\_\_\_\_ DOB \_\_\_\_\_

Primary Phone # \_\_\_\_\_ Work Phone \_\_\_\_\_

Email Address: \_\_\_\_\_ Maiden Name/Alias' \_\_\_\_\_

Complete the following for each member of your household who will be occupying the apartment.

Name	Birthdate	Relationship	Social Security No.
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

### **Rental History**

No less than 2 years.

Present Address \_\_\_\_\_

Rent or Own? \_\_\_\_\_ Amount Paid Monthly \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

Landlord or Mortgage Co. Name \_\_\_\_\_

Landlord or Mortgage Co. Phone \_\_\_\_\_

Previous Address \_\_\_\_\_

Rent or Own? \_\_\_\_\_ Amount Paid Monthly \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

Landlord or Mortgage Co. Name \_\_\_\_\_

Landlord or Mortgage Co. Phone \_\_\_\_\_

### **Employment History:**

Current Employer \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Supervisor \_\_\_\_\_

Position \_\_\_\_\_ How Long \_\_\_\_\_

Salary \_\_\_\_\_

Co- Applicants Current Employer \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Supervisor \_\_\_\_\_

Position \_\_\_\_\_ How Long \_\_\_\_\_

Salary \_\_\_\_\_

**Income and Banking Reference**

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 \$ \_\_\_\_\_

Co Applicants Name of Bank \_\_\_\_\_

Location \_\_\_\_\_

Checking Account # \_\_\_\_\_ Balance \$ \_\_\_\_\_

Savings Account # \_\_\_\_\_ Balance \$ \_\_\_\_\_

**Personal References**

Name \_\_\_\_\_

Address \_\_\_\_\_

Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Relationship \_\_\_\_\_ Phone \_\_\_\_\_

**Other Information**

(We do not allow pets or water-filled furniture of any kind)

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

Vehicles to be parked on premises (make/model/year/lic #) \_\_\_\_\_

In the past, have you been delinquent in paying rent or other financial obligations? If yes, please explain: \_\_\_\_\_

In the past, have you failed to perform any obligations of a rental agreement or have you been a defendant in an eviction lawsuit? If yes, please explain:\_\_\_\_\_

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Have you or anyone in your household ever been CHARGED or CONVICTED of a MISDEMEANOR or FELONY in any state?

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Are you or any household members subject to the lifetime sex offender registration?

Yes ☐ No ☐

Please list all states where household members have resided:

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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:\_\_\_\_\_

The information on this application is true and correct to best of my knowledge. I hereby authorize YORK HOUSING or agents to verify the above information and obtain consumer or investigative reports, criminal background reports, and/or eviction records.

**ALL APPLICANTS MUST SIGN BELOW:**

**Signature:**\_\_\_\_\_ **Date:**\_\_\_\_\_

**Signature:**\_\_\_\_\_ **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



## 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).

OR:

☐ 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.