YORK HOUSING

4 Pine Grove Lane
York, Maine 03909

Carriage House Apartments & Moorehouse Place

Applicant Information (Head of Household)

Name: _____ Date of Birth: _____

Other Names Used: _____ Social Security #: _____

Driver's License #: _____ Driver's License State: _____

Primary Phone: _____ Email: _____

Cell Phone: _____

Work Phone: _____

Mailing Address: _____

Co-Applicant

Name: _____ Date of Birth: _____

Other Names Used: _____ Social Security #: _____

Driver's License #: _____ Driver's License State: _____

Primary Phone: _____ Email: _____

Cell Phone: _____

Work Phone: _____

Mailing Address: _____

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

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

Unit Size Preference (Check All That Apply): ☐ 1 Bedroom ☐ 2 Bedroom ☐ 3 Bedroom

---

Rental History

Please provide your current address plus two previous addresses-no less than past (3) years. Attach additional sheet if necessary.

Current Address

From: ____ /____ /_____ To: ____ /____ /_____ (or Present)

Address: _____

☐ Rent ☐ Own ☐ Other: _____

Monthly Housing Payment: $_____

Did you provide proper notice before vacating this residence?

☐ Yes ☐ No ☐ N/A

Landlord or Mortgage Company: _____

Phone Number: _____

Email: _____

Previous Address

From: ____ /____ /_____ To: ____ /____ /_____ (or Present)

Address: _____
☐ Rent ☐ Own ☐ Other: _____
Monthly Housing Payment: $_____
Did you provide proper notice before vacating this residence?
☐ Yes ☐ No ☐ N/A
Landlord or Mortgage Company: _____
Phone Number: _____
Email: _____

Previous Address
From: ____ /____ /_____ To: ____ /____ /_____ (or Present)
Address: _____
☐ Rent ☐ Own ☐ Other: _____
Monthly Housing Payment: $_____
Did you provide proper notice before vacating this residence?
☐ Yes ☐ No ☐ N/A
Landlord or Mortgage Company: _____
Phone Number: _____
Email: _____

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

Have you ever lived under another name (including a maiden name or legal name change) while renting?
☐ Yes ☐ No
If yes, please list the name(s) used:

Have you ever resided in housing without a written lease (living with family, friends, employer-provided housing, or another arrangement)?
☐ Yes ☐ No
If yes, please explain:

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 fulfil any obligations of a rental agreement or have you been a defendant in an eviction lawsuit? If yes, please explain:

If there are any gaps in your housing history during the past three (3) years, please explain:

Rental History Certification

I certify that the rental and housing history provided in this application is complete and accurate to the best of my knowledge. I understand that York Housing may contact my current and former landlords, property managers, mortgage holders, housing references, or other relevant sources to verify the information I have provided. I further understand that providing false, incomplete, or misleading information may result in the denial of my application or termination of my tenancy if discovered after occupancy.
Applicant Signature: _____ Date: _____
Co-Applicant Signature: _____ Date: _____

Employment Information (Attach additional sheet if necessary)

Applicant

Employer: _____ Hire Date: _____

Supervisor: _____ Position: _____

Employer Phone: _____ Employment Status: ☐ Full-Time ☐ Part-Time

Gross Monthly Income: _____ Hourly Wage (If Applicable): _____

Co-Applicant

Employer: _____ Hire Date: _____

Supervisor: _____ Position: _____

Employer Phone: _____ Employment Status: ☐ Full-Time ☐ Part-Time

Gross Monthly Income: _____ Hourly Wage (If Applicable): _____

Personal References

Please provide two personal references who are not related to you and have known you for at least one (1) year.

Reference #1	Reference #2
Name: _____	Name: _____
Relationship: _____	Relationship: _____
Phone: _____	Phone: _____
Email (Optional): _____	Email (Optional): _____
Years Known: _____	Years Known: _____

Income Information (Please include monthly total where applicable)

Income Source	Applicant	Co-Applicant
Employment	☐ $_____	☐ $_____
Social Security	☐ $_____	☐ $_____
Supplemental Security Income (SSI)	☐ $_____	☐ $_____
Social Security Disability (SSDI)	☐ $_____	☐ $_____
Pension / Retirement	☐ $_____	☐ $_____
VA Benefits	☐ $_____	☐ $_____
Child Support	☐ $_____	☐ $_____
Alimony	☐ $_____	☐ $_____
Unemployment	☐ $_____	☐ $_____
Self-Employment	☐ $_____	☐ $_____
Other: _____	☐ $_____	☐ $_____
Total Gross Monthly Income	$_____	$_____

Asset Information

Asset Type	Applicant	Co-Applicant
Checking Account	☐ $_____	☐ $_____
Savings Account	☐ $_____	☐ $_____

Asset Type	Applicant	Co-Applicant
Money Market / CD	☐ $_____	☐ $_____
Payment Apps (Venmo, PayPal, Cash App, Zelle)	☐ $_____	☐ $_____
Stocks / Bonds / Mutual Funds	☐ $_____	☐ $_____
IRA / 401(k) / Retirement Account	☐ $_____	☐ $_____
Trust or Annuity	☐ $_____	☐ $_____
Cryptocurrency	☐ $_____	☐ $_____
Other Assets	☐ $_____	☐ $_____
Estimated Total Assets	$_____	$_____

Real Estate Ownership
Do you or any member of your household currently own or have an ownership interest in any real estate?
☐ Yes ☐ No
If yes, provide the following information for each property:
Property Address: _____
Type of Property:
☐ Single-Family Home
☐ Condominium
☐ Multi-family
☐ Land
☐ Commercial
☐ Other: _____
Current Occupancy Status:
☐ Primary Residence
☐ Rental Property
☐ Vacation Home
☐ Other: _____
Estimated Current Market Value: $_____
Estimated Mortgage Balance (if any): $_____
Estimated Monthly Rental Income (if applicable): $_____
Is the property currently listed for sale?
☐ Yes ☐ No
If yes, Listing Date: _____

Vehicles to be parked on premises (make/model/color/year/Plate Number):

Have you or anyone in your household ever been convicted of a MISDEMEANOR or FELONY in any state? Please explain:

Are you or any household members subject to the lifetime sex offender registration?
Yes ☐ No ☐

Please list all states where household members have resided:

Application Assistance

If someone assisted you in completing this application, please provide their information below. We may contact this individual if we have questions during the application review process.

Name: _____ Relationship/Agency: _____ _____

Address: _____ _____

Telephone Number: _____ Email (Optional): _____ _____

Applicant Certification and Authorization

I certify that the information provided in this application is true, complete, and accurate to the best of my knowledge.
I authorize York Housing and its authorized representatives to verify the information contained in this application to determine my eligibility for housing. I understand that this verification may include contacting employers, landlords, financial institutions, government agencies, personal references, and other sources as necessary. I also authorize York Housing to obtain consumer reports, investigative consumer reports, criminal background reports, and eviction records, as permitted by applicable law.
I understand that York Housing will rely on the information provided in this application to determine my household's eligibility for housing. I agree to provide any additional information or documentation requested, including names, addresses, telephone numbers, account information, and other records necessary to complete the verification process.
I understand that providing false, incomplete, or misleading information or withholding material information may result in the denial of my application, removal from a waiting list, termination of my tenancy, or other remedies permitted by law. I further understand that knowingly providing false information may subject me to civil and/or criminal penalties.

I understand that approval for occupancy is contingent upon meeting York Housing's resident selection criteria and the eligibility requirements of the applicable housing program.

All Applicants Must Sign Below

Applicant Signature: _____ Date: _____

Co-Applicant Signature: _____ Date: _____

AUTHORIZATION FOR RELEASE OF INFORMATION

All household members 18 years of age or older must sign this Authorization for Release of Information. Please print clearly.

I/We hereby authorize York Housing and its authorized representatives to obtain and verify information necessary to determine my/our eligibility for housing, continued occupancy, and compliance with applicable federal, state, and local housing program requirements.

This authorization permits the release of information by individuals, agencies, organizations, businesses, or other entities, including but not limited to:

- Current and former landlords
- Current and former employers
- Financial institutions
- Credit reporting agencies
- Utility companies
- Federal, state, and local government agencies
- Social Security Administration
- Child support enforcement agencies
- Unemployment and workers' compensation agencies
- Retirement and pension administrators
- Law enforcement agencies (public records, where permitted by law)
- Attorneys
- Medical providers and pharmacies (when necessary to verify eligibility or allowable deductions)
- Any other individual or organization possessing information relevant to my/our housing application or continued eligibility

I/We understand that this authorization is valid from the date signed until revoked by me/us in writing, except to the extent that action has already been taken in reliance upon this authorization. A photocopy or electronic copy of this authorization shall be considered as valid as the original.

Applicant

Printed Name:

_____

Signature:

_____

Date:

_____

Other Names Used (Maiden/Alias):

_____

Last Four Digits of SSN: _____

Co-Applicant

Printed Name:

_____

Signature:

_____

Date:

_____

Other Names Used (Maiden/Alias):

_____

Last Four Digits of SSN: _____

York Housing may rely upon this authorization to obtain and verify information necessary to process this application and administer housing assistance in accordance with applicable program requirements.

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 it 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, bur 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.