

Date Received: _____
 Time Received: _____
 For Office Use Only

APPLICATION FOR HOUSING

Property: The Meadows

Please return application to: Housing Authority of
 Fort Fairfield
 18 Fields Lane
 Fort Fairfield, ME
 04742

How many bedrooms are you requesting?

- 1 bedroom 2 bedrooms

HOUSEHOLD INFORMATION List all the household members *including yourself*.

NAME	Relationship to Head of Household	Gender M/F	Social Security Number	Birth date (mm/dd/yyyy)	Marital Status	Student Status
	Head of Household					

COPIES OF BIRTH CERTIFICATES AND SOCIAL SECURITY CARDS FOR ALL HOUSEHOLD MEMBERS MUST BE ATTACHED TO THIS APPLICATION. INCOMPLETE APPLICATIONS WILL BE RETURNED

Mailing address: _____
Street City State Zip

Current address if different: _____
Street City State Zip

Daytime phone #: _____

OFFICE USE ONLY
 Does applicant qualify for a preference? YES NO

- For 236, 221(d)(3), 221 (d)(3) BMIR, 221(d)(4) Properties
- | | YES | NO |
|---|-----------------------|-----------------------|
| Are you displaced by government action or Federally Declared disaster? | <input type="radio"/> | <input type="radio"/> |
| Has one or more adult household member worked more than 30 hours a week for at least the last six months? | <input type="radio"/> | <input type="radio"/> |
| 1. Do you expect any additions to your household in the next twelve months?
If, yes, Name and relationship: _____
Explanation: _____ | <input type="radio"/> | <input type="radio"/> |
| 2. Is there anyone living with you now who will not be living with you at this property?
If, yes, Name and relationship: _____ | <input type="radio"/> | <input type="radio"/> |
| 3. Do you have full custody of your child(ren) (if applicable)?
Explanation: _____ | <input type="radio"/> | <input type="radio"/> |
| 4. Are there any absent household members who normally live with you?
(for example, a spouse away in the military)
Explanation: _____ | <input type="radio"/> | <input type="radio"/> |
| 5. Does your household have or anticipate having any pets other than service animals?
Type _____ Weight _____ | <input type="radio"/> | <input type="radio"/> |



EQUAL HOUSING OPPORTUNITY



INCOME INFORMATION FOR EVERYONE 18 AND OLDER AND ALL EMANCIPATED MINORS

(UNEARNED INCOME, SUCH AS GRANTS OR BENEFITS, IS COUNTED FOR ALL INCLUDING MINORS)

For the next 12 months do YOU or ANYONE in your household **expect to receive income from ANY of these:**

				YES	NO
				<input type="radio"/>	<input type="radio"/>
6. Employment wages or salaries (include overtime, tips, bonuses, commissions received in CASH, etc.)					
<u>Household Member</u>	<u>Name of Company</u>	<u>Amount</u>	<u>Week/Month/Year</u>		
_____	_____	_____	_____		
_____	_____	_____	_____		
_____	_____	_____	_____		
7. Self Employment? (Include overtime, bonuses, commissions, payment received in cash)				<input type="radio"/>	<input type="radio"/>
<u>Household Member</u>	<u>Type of Business</u>	<u>Amount</u>	<u>Week/Month/Year</u>		
_____	_____	_____	_____		
_____	_____	_____	_____		
8. Regular pay as a member of the Armed Forces/Military?				<input type="radio"/>	<input type="radio"/>
<u>Household Member</u>	<u>Base Name & Branch</u>	<u>Amount</u>	<u>Week/Month/Year</u>		
_____	_____	_____	_____		
_____	_____	_____	_____		
9. Unemployment Benefits or Workman's Compensation?				<input type="radio"/>	<input type="radio"/>
<u>Household Member</u>	<u>Caseworker</u>	<u>Amount</u>	<u>Week/Month/Year</u>		
_____	_____	_____	_____		
_____	_____	_____	_____		
10. Public Assistance, General Relief, AFDC, TANF (Temporary Assistance for Needy Families?)				<input type="radio"/>	<input type="radio"/>
<u>Household Member</u>	<u>Caseworker</u>	<u>Amount</u>	<u>Week/Month/Year</u>		
_____	_____	_____	_____		
_____	_____	_____	_____		
11. Entitled to receive child support or alimony? ATTACH COURT ORDER (Complete even if you are NOT receiving the money at this time)				<input type="radio"/>	<input type="radio"/>
<u>Household Member</u>	<u>Name of Payer</u>	<u>Amount</u>	<u>Week/Month/Year</u>		
_____	_____	_____	_____		
_____	_____	_____	_____		
12. Social Security, SSI, or any other payment from Social Security Office?				<input type="radio"/>	<input type="radio"/>
<u>Household Member</u>	<u>SSA Office</u>	<u>Amount</u>	<u>Week/Month/Year</u>		
_____	_____	_____	_____		
_____	_____	_____	_____		
13. Regular payments from Veteran's benefits, pension, retirement or annuity?				<input type="radio"/>	<input type="radio"/>
<u>Household Member</u>	<u>Source of Benefit</u>	<u>Amount</u>	<u>Week/Month/Year</u>		
_____	_____	_____	_____		
_____	_____	_____	_____		
14. Regular payments from a severance package?				YES	NO
				<input type="radio"/>	<input type="radio"/>
<u>Household Member</u>	<u>Source of Benefit</u>	<u>Amount</u>	<u>Week/Month/Year</u>		
_____	_____	_____	_____		
_____	_____	_____	_____		

- | | | |
|--|---|---|
| 15. Regular payments from any type of settlement?
<u>Household Member</u> <u>Source of Benefit</u> <u>Amount</u> <u>Week/Month/Year</u>
<hr/>
<hr/> | 0 | 0 |
| 16. Regular gifts or payments from anyone outside the household?
<u>Household Member</u> <u>Source of Benefit</u> <u>Amount</u> <u>Week/Month/Year</u>
<hr/>
<hr/> | 0 | 0 |
| 17. Regular payments from lottery winnings or inheritances?
<u>Household Member</u> <u>Source of Benefit</u> <u>Amount</u> <u>Week/Month/Year</u>
<hr/>
<hr/> | 0 | 0 |
| 18. Regular payments from Rental Property or other real estate transactions?
<u>Household Member</u> <u>Source of Benefit</u> <u>Amount</u> <u>Week/Month/Year</u>
<hr/>
<hr/> | 0 | 0 |
| 19. Any other income sources or types not listed?
<u>Household Member</u> <u>Source of Benefit</u> <u>Amount</u> <u>Week/Month/Year</u>
<hr/>
<hr/> | 0 | 0 |
| 20. Do you or anyone in your household expect a change to your income in the next 12 months?
Explanation: _____
<hr/> | 0 | 0 |
| 21. Are you or any ADULT household members claiming zero income?
IF YES, Household Member _____
Explanation _____
<hr/> | 0 | 0 |

ASSET INFORMATION INCLUDE ASSETS HELD FOR ALL HOUSEHOLD MEMBERS INCLUDING MINORS

- | | | |
|--|------------|-----------|
| DOES ANYONE IN YOUR HOUSEHOLD HOLD: | YES | NO |
| 22. Checking accounts?
<u>Household Member</u> <u>Financial Institution</u> <u>Amount</u>
<hr/>
<hr/> | 0 | 0 |
| 23. Savings accounts?
<u>Household Member</u> <u>Financial Institution</u> <u>Amount</u>
<hr/>
<hr/> | 0 | 0 |
| 24. CD's, money market accounts, treasury bills, cash or other?
<u>Household Member</u> <u>Financial Institution</u> <u>Amount</u>
<hr/>
<hr/> | 0 | 0 |

			YES	NO
25.	Stocks, bonds, securities?		<input type="radio"/>	<input type="radio"/>
	<u>Household Member</u>	<u>Company or Broker</u>		
	_____	_____		
	_____	_____		
		<u>Amount</u>		
	_____	_____		
	_____	_____		
26.	Trust fund, Annuity, IRA, 401K, other Retirement Fund?		<input type="radio"/>	<input type="radio"/>
	<u>Household Member</u>	<u>Financial Institution</u>		
	_____	_____		
	_____	_____		
		<u>Amount</u>		
	_____	_____		
	_____	_____		
27.	Whole or Universal life insurance?		<input type="radio"/>	<input type="radio"/>
	<u>Household Member</u>	<u>Insurance Carrier</u>		
	_____	_____		
	_____	_____		
		<u>Amount</u>		
	_____	_____		
	_____	_____		
28.	Real estate, a home, rental property, land, land contract/contract for deeds or other real estate holdings?(including your residence, trailer, land, commercial property)		<input type="radio"/>	<input type="radio"/>
	<u>Household Member</u>	<u>Address of Property</u>		
	_____	_____		
	_____	_____		
		<u>Amount</u>		
	_____	_____		
	_____	_____		
29.	Personal property held as an investment?		<input type="radio"/>	<input type="radio"/>
	<small>(including stamp/coin collections, artwork, antiques, NOT your personal belongings)</small>			
	<u>Household Member</u>	<u>Item</u>		
	_____	_____		
	_____	_____		
		<u>Amount</u>		
	_____	_____		
	_____	_____		
30.	A safe deposit box?		<input type="radio"/>	<input type="radio"/>
	<u>Household Member</u>	<u>Financial Institution</u>		
	_____	_____		
	_____	_____		
		<u>Amount</u>		
	_____	_____		
	_____	_____		
31.	Have you or any other household member disposed of or given away any asset(s) for LESS than fair market value within the past 2 years?		<input type="radio"/>	<input type="radio"/>
	Household Member: _____	Amount: _____		
	Explanation: _____			

			YES	NO
32.	Is anyone in your household a student?		<input type="radio"/>	<input type="radio"/>
	a. Are ALL household members full-time students? (LIHTC)*		<input type="radio"/>	<input type="radio"/>
	b. Are any student(s) under 24 and enrolled in an institute of higher learning? (Section 8)**		<input type="radio"/>	<input type="radio"/>

*Exemptions must be met to qualify for a Tax Credit unit
 **Other criteria must be met to qualify for rental assistance at HUD Section 8 properties

33.	Will you or any member of the household require a reasonable accommodation?		<input type="radio"/>	<input type="radio"/>
	If yes, Household Member _____			
	Explanation _____			

YES **NO**

34. Will your household be receiving Section 8 rental assistance at the time of move-in?

If yes, Name of Agency _____
 Contact Person _____

35. Have you or anyone on the application ever lived in Federally Assisted Housing?

If yes, Where/When _____
 Manager's Name _____

36. How did you hear about this property?

Explanation: _____

37. Have you or anyone on this application filed for bankruptcy?

Explanation: _____

38. Have you or anyone on the application been convicted of a crime?

Explanation: _____

39. Have you or anyone on the application been convicted for dealing or manufacturing illegal drugs?

Explanation: _____

40. Have you or anyone this application been convicted of arson or property damage?

Explanation: _____

41. Have you or anyone else on the application been evicted from a rental unit, public housing, any kind including an apartment, home, mobile home, or trailer or been terminated from a Sec. 8 rental assistance program?

Explanation: _____

42. HOUSING REFERENCES: LIST THE PAST FIVE YEARS OF HOUSING REFERENCES

<u>Landlord's Name/Address</u>	<u>Your Address</u>	<u>Own/ Rent</u>	<u>Dates</u>
1) NAME _____ ADDRESS _____ PHONE (____) _____	_____ _____ Amount of rent paid: _____	OWN <input type="radio"/> RENT <input type="radio"/>	FROM _____ TO _____
2) NAME _____ ADDRESS _____ PHONE (____) _____	_____ _____ Amount of rent paid: _____	OWN <input type="radio"/> RENT <input type="radio"/>	FROM _____ TO _____
3) NAME _____ ADDRESS _____ PHONE (____) _____	_____ _____ Amount of rent paid: _____	OWN <input type="radio"/> RENT <input type="radio"/>	FROM _____ TO _____

Will you need to give a 30-day notice?

YES NO

43. EMERGENCY CONTACT LIST SOMEONE IN THE AREA NOT ON THIS APPLICATION

NAME: _____

ADDRESS _____

TELEPHONE: _____

RELATIONSHIP: _____

44. MEDICAL EXPENSES

IF YOU ARE 62 YEARS OF AGED OR OLDER, OR DISABLED, LIST APPROXIMATE MEDICAL EXPENSES (HOSPITAL, PRESCRIPTION, DOCTOR, HEALTH INSURANCE) PAID DIRECTLY BY YOU AND NOT REIMBURSED BY AN OUTSIDE AGENCY. PLEASE LIST BELOW:

PROVIDER'S NAME _____

PROVIDER'S ADDRESS _____

MONTHLY AMOUNT \$ _____

PROVIDER'S NAME _____

PROVIDER'S ADDRESS _____

MONTHLY AMOUNT \$ _____

45. DEPENDENT CARE EXPENSES

IF YOU CURRENTLY HAVE CHILDCARE EXPENSE PAID DIRECTLY BY YOU AND NOT REIMBURSED BY AN OUTSIDE AGENCY, PLEASE LIST BELOW:

PROVIDER'S NAME _____

PROVIDER'S ADDRESS _____

MONTHLY AMOUNT \$ _____

SIGNATURE CLAUSE

I understand that management is relying on this information to prove my household's eligibility for HUD and/or LIHTC Program. I certify that all information and answers to the above questions are true and complete to the best of my knowledge. I consent to the release of the necessary information to determine my eligibility. I understand that providing false information or making false statements may be grounds for denial of my application. I also understand that such action may result in criminal penalties.

I authorize my consent to have management verify the information contained in this application for purposes of proving my eligibility for occupancy. I will provide all necessary information including source names, address, phone numbers, accounts numbers where applicable and other information required for expediting this process. I understand that my occupancy is contingent on meeting management, resident selection criteria and HUD and/or LIHTC Program requirements.

ALL HOUSEHOLD MEMBERS 18 AND OVER MUST SIGN

Head of Household

Date

Co-tenant/Applicant Signature

Date

Applicant

Date

Applicant

Date

"The information solicited on this application is requested by the apartment owner in order to assure the Federal Government...that Federal Laws prohibiting discrimination against tenant applicants on the basis of race, color, national origin, religion, sex, age, handicap, disability or sexual orientation are complied with. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating your application, or to discriminate in any way. However, if you choose not to furnish it, the owner is required to note the race/national origin and sex of the applicant on the basis of visual observation or surname."

PLEASE CHECK ONE OF THE FOLLOWING:

White Black Hispanic Asian/Pacific Islander American Indian/Alaskan Native

OFFICE USE ONLY

This application was reviewed with the applicant prior to move-in.

Were there changes to the application? YES NO

AUTHORIZATION AND RELEASE OF INFORMATION

I/We Do Hereby Authorize Housing Authority of Fort Fairfield, its staff or authorized representative to contact the below listed agencies, local police departments, offices, groups or organizations to obtain and verify any information or materials which are deemed necessary to determine my/our eligibility for housing in programs administered/managed by:

The Dept. of Housing and Urban Development

"Title 18, Section 1001 of the U.S Code state that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD and any owner (or any employee of HUD or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above, Any person who knowingly or willingly requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages and seek other relief, as may be appropriate, against the officer or employee of HUD or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the **Social Security Act at 208 (a) (6), (7) and (8). Violation of these provisions are cited as violations of 42 U.S.C. 408 (a) (6), (7) and (8).**"

**Rural Development (USDA)
Low Income Tax Credit Housing (IRS)
State or Local Housing Agencies**

*ONLY SOURCES LISTED BELOW FOR DETERMINING
ELIGIBILITY/ACCEPTABILITY FOR AN APARTMENT WILL BE CONTACTED.*

SIGNATURE(S):*Applicant/Tenant does not have to sign this consent form if it is not clear who will provide the information or who will receive the information

Tenant/Applicant

Tenant/Applicant

Dated

Dated

Tenant/Applicant

Tenant/Applicant

Dated

Dated

THIS FORM MAY BE PHOTOCOPIED
STUDENT STATUS DECLARATION
 (to be completed by every member of the household 18 or older)

Property: The Meadows

Unit # _____

Name _____

- | | YES | NO |
|---|--------------------------|--------------------------|
| 1. Are ALL members of your household full-time students or have been full-time students during five calendar months of this year? (LIHTC) | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Are you a student at an institute of higher education? (Section 8 & USDA) *
(including colleges, university, trade schools NOT high school) | <input type="checkbox"/> | <input type="checkbox"/> |
- if you answer NO to questions 1 and 2, skip the following questions and sign below.**
if you answered YES to question 1 or 2 please answer the following questions.

If you answered YES to question 1, please complete the following questions:

- | YES | NO |
|---|--------------------------|
| a. Are you entitled to file joint tax return? ** | <input type="checkbox"/> |
| b. Are you an AFDC/TANF (Title IV) recipient? *** | <input type="checkbox"/> |
| c. Are you enrolled in a federal, state or local job training program under the Job Training Partnership Act? **** | <input type="checkbox"/> |
| d. Are you a single parent with minor child(ren) and the minor child(ren) are listed as dependent(s) your most recent tax return? ***** | <input type="checkbox"/> |
| e. Where you previously under the care and placement of the State agency | <input type="checkbox"/> |

If you answered YES to question 2, please complete the following questions:

- | | YES | NO |
|--|--------------------------|--------------------------|
| a. Are you 24 years of age or older? | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Are you disabled? ***** | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Are you a graduate or professional student? | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Do you have dependent child? | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Do you have dependents other than a child or spouse? | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Were you an orphan or ward of the court through the age of 18? | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Will you be living with your parents? | <input type="checkbox"/> | <input type="checkbox"/> |
| h. Are you claimed as a dependent on your parents tax return? | <input type="checkbox"/> | <input type="checkbox"/> |
| i. Are your parents receiving or eligible to receive Section 8 Assistance? | <input type="checkbox"/> | <input type="checkbox"/> |
| j. Are you receiving any financial assistance to pay for your education? | <input type="checkbox"/> | <input type="checkbox"/> |

PENALTIES FOR MISUSING THIS FORM

Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government, HUD, the PHA and any owner (or employee of HUD, PHA, or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected on the verification form is restricted to the purposes of cited above. Any person knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicants or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by neglect disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate against the office or employee of HUD, PHA, or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security numbers are contained in the "Social Security Act at 208 (a) (6), (7) and (8). Violations of the provisions are cited as violations of 42 U.S.C. 408 (a) (6), (7) and (8)."

Signature _____

Date _____

- * Student Enrollment Verification
- ** Most recent signed tax return and marriage certificate
- *** 3rd Party Verification of AFDC/TANF award and Student Enrollment Verification
- **** Student Enrollment Verification and Employment/JTPA Verification Status
- ***** Most recent signed tax return and Student Enrollment Verification
- ***** Student Enrollment Verification and foster care documentation
- *****Public Law 109-115, 09/27/2006 amendment exempts college students with disabilities from restriction on Section 8 assistance if the student is disabled AND receiving assistance as of November 30, 2005.



ZERO INCOME AFFIDAVIT
NON-EMPLOYMENT AFFIDAVIT

(To be completed by adult household members only, if appropriate.)

Household Name _____ Unit No. # _____

1. _____ Yes, I DO receive income from any of the following sources listed below (1 a-j)

_____ No, I DO NOT receive income from any of the following sources listed below (1 a-j)

- a. Wages from employment (including commissions, tips, bonuses, fees, etc.);
- b. Income from operation of a business;
- c. Rental income from real or personal property;
- d. Interest or dividends from assets; (besides those already verified)
- e. Social Security payments, annuities, insurance policies, retirement funds, pensions, or death benefits;
- f. Unemployment or disability payments;
- g. Public assistance payments;
- h. Periodic allowances such as alimony, child support, or gifts received from persons not living in my household;
- i. Sales from self-employed resources (Avon, Mary Kay, Shaklee, etc.);
- j. Any other source not named above.

2. I will be using the following sources of funds to pay **rent** and **utilities** and other necessities (please be specific for each). Rent? _____
Utilities? _____

3. This is my employment status:

_____ YES, I am currently looking for employment. When I find employment I expect to earn this amount over the next

twelve months: _____

_____ NO, I am not looking for employment

4. ___ I currently have no income of any kind and there is no imminent change expected in my financial status or employment status during the next 12 months.

Under penalty of perjury, I certify that the information presented in this certification is true and accurate to the best of my knowledge.

Signature of Applicant/Tenant

Printed Name of Applicant/Tenant

Date