

Cherry Lane Application

Housing Authority of Fort Fairfield

18 Fields Lane

Fort Fairfield, ME 04742

PH: 207-476-5771

Fax: 207-476-5450

Notice: All adult applicants (18 years or older) must complete a separate application for rental.

APARTMENT	RENT	START DATE	AGENT/REFERRED BY	
APPLICANT INFORMATION				
LAST NAME	FIRST NAME	M.I.	SSN	DRIVER'S LICENSE #
BIRTH DATE	HOME PHONE ()	WORK PHONE ()	EMAIL	
CURRENT ADDRESS				
STREET ADDRESS		CITY	STATE	ZIP
DATE IN	DATE OUT	LANDLORD NAME	LANDLORD PHONE ()	
MONTHLY RENT \$	REASON FOR LEAVING			
PREVIOUS ADDRESS				
STREET ADDRESS		CITY	STATE	ZIP
DATE IN	DATE OUT	LANDLORD NAME	LANDLORD PHONE ()	
MONTHLY RENT \$	REASON FOR LEAVING			
OTHER OCCUPANTS				
LIST NAMES AND BIRTH DATES OF ALL ADDITIONAL OCCUPANTS 18 YEARS OR OLDER				
LIST NAMES AND BIRTH DATES OF ALL OCCUPANTS 18 YEARS OR YOUNGER				
PETS				
PETS?	DESCRIBE			
EMPLOYMENT & INCOME INFORMATION				
1. OCCUPATION		EMPLOYER/COMPANY		MONTHLY SALARY \$
SUPERVISOR NAME		SUPERVISOR PHONE ()	START DATE	END DATE
2. OCCUPATION		EMPLOYER/COMPANY		MONTHLY SALARY \$
SUPERVISOR NAME		SUPERVISOR PHONE ()	START DATE	END DATE
1. OTHER INCOME DESCRIPTION				MONTHLY INCOME \$
2. OTHER INCOME DESCRIPTION				MONTHLY INCOME \$
EMERGENCY CONTACT				
1. NAME	ADDRESS	PHONE ()	RELATIONSHIP	
2. NAME	ADDRESS	PHONE ()	RELATIONSHIP	
PERSONAL REFERENCES				
1. NAME	ADDRESS	PHONE ()	RELATIONSHIP	
2. NAME	ADDRESS	PHONE ()	RELATIONSHIP	

BACKGROUND INFORMATION		
HAVE YOU EVER:	Filed for bankruptcy?	Willfully or intentionally refused to pay rent when due?
	Been evicted from a tenancy or left owing money? If yes, please provide Property Name, City, State, and Landlord Name. <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Been convicted of a crime? If yes, please provide Type of Offense, County, and State. <input type="checkbox"/> Yes <input type="checkbox"/> No	
VEHICLE INFORMATION		
1. MAKE & MODEL	YEAR	LICENSE NO. & STATE
2. MAKE & MODEL	YEAR	LICENSE NO. & STATE
OTHER VEHICLES		
OTHER INFORMATION		
HOW DID YOU HEAR ABOUT THIS PROPERTY?		
PLEASE INCLUDE ANY OTHER INFORMATION YOU BELIEVE WOULD HELP TO EVALUATE THIS APPLICATION		
<p>I/we, the undersigned, authorize The Housing Authority of Fort Fairfield, and its agents to obtain an investigative consumer credit report including but not limited to credit history, OFAC search, landlord/tenant court record search, criminal record search and registered sex offender search. I authorize the release of information from previous or current landlords, employers, and bank representatives. This investigation is for resident screening purposes only, and is strictly confidential. This report contains information compiled from sources believed to be reliable, but the accuracy of which cannot be guaranteed. I hereby hold The Housing Authority of Fort Fairfield and its agents free and harmless of any liability for any damages arising out of any improper use of this information.</p> <p>Important information about your rights under the Fair Credit reporting Act:</p> <ul style="list-style-type: none"> • You have a right to request disclosure of the nature and scope of the investigation. • You must be told if information in your file has been used against you. • You have a right to know what is in your file, and this disclosure may be free. • You have the right to ask for a credit score (there may be a fee for this service). • You have the right to dispute incomplete or inaccurate information. Consumer reporting agencies must correct inaccurate, incomplete, or unverifiable information. <p>A summary of your rights under the Fair Credit Reporting Act is available by visiting or writing (Para información en español, visite o escriba): http://www.ftc.gov/credit Consumer Response Center, Room 130-A, Federal Trade Commission, 600 Pennsylvania Avenue N.W., Washington D.C. 20580</p>		
_____		_____
<i>(Signed/Applicant)</i>		<i>Date</i>



Consumer Report Disclosure and Authorization

In connection with my application for housing, I understand that the property owner/agent may obtain one or more consumer reports, which may contain public information, for the purposes of evaluating my application. These consumer reports will be obtained from one or more of the following consumer reporting agencies:

- **Equifax**, E.C.I.F., P.O. Box 740241, Atlanta, GA, 30374-0241, (800) 685-1111
- **Trans Union**, Regional Disclosure Center, 1561 Orangethorpe Ave., Fullerton, CA, 92631, (714) 738-3800
- **Experian (TRW)**, Consumer Assistance, P.O. Box 949, Allen, TX, 75002, (888) 397-3742

Warning! Title 18, Section 1001 of the United States Code, states that a person who knowingly and willingly makes false or fraudulent statements to any Department or Agency of the U.S. government is guilty of a felony.

Signature: _____

Name Printed: _____

Date: _____

PLEASE NOTE:

Title 17-A Maine Criminal Code, Chapter 19: Falsification in Official Matters

Subsection 453. UNSWORN FALSIFICATION

1. A person is guilty of unsworn falsification if:

A. He/she makes a written false statement which he/she does not believe to be true, on or pursuant to, a form conspicuously bearing notification authorized by statute or regulation to the effect that false statements made therein are punishable: [1981, C. 317, ~ 16 (amd).]

B. With the intent to deceive a public servant in the performance of his official duties, he (2) knowingly creates, or attempts to create, a false impression in a written application for any pecuniary or other benefit by omitting information necessary to prevent statements therein from being misleading;

2. Unsworn falsification is a Class D crime. [1975, c. 499, ~ 1 (new).]