

Rental Housing Preliminary Application

Please list the properties and number of bedrooms you are applying for in order of preference:

<b>Property Name</b>	<b># Bedrooms</b>	<b>Property Name</b>	<b># Bedrooms</b>
1. _____	_____	3. _____	_____
2. _____	_____	4. _____	_____

How did you hear about our housing? \_\_\_\_\_

**INSTRUCTIONS:** Please answer all questions carefully and completely since this information will be used to determine your preliminary eligibility. If you need more space, please attach a separate piece of paper.

**HOUSEHOLD INFORMATION:** Complete the following information for each person who will be in your apartment.

Last Name, First	Social Security Number	Birth Date	Gender M/F	Relationship	US Citizen Y/N	Full Time Student Y/N
				<b>Head</b>		

**CONTACT INFORMATION:** Please provide us with as much information as possible to ensure we can contact you.

<b>Home Phone</b>		<b>Work Phone</b>	
<b>Cell Phone</b>		<b>Email Address</b>	
<b>Home Address</b>			
<b>Mailing Address</b>			

How long have you lived at your present address? \_\_\_\_\_ Do you rent or own? Rent \_\_\_\_\_ Own \_\_\_\_\_ Monthly payment \_\_\_\_\_

If renting, Landlord Name: \_\_\_\_\_ Address and Phone Number \_\_\_\_\_

Are you or any family member requesting an apartment with specific design features, such as one with features designed for persons using wheelchairs? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you require a specific accommodation in order to fully utilize the program or services of the housing development? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please describe: \_\_\_\_\_

Are you an employee of or a relative of an employee of Realty Resources Management or Pen Bay Builders? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you have now or will you be receiving rental assistance such as Section 8, BRAP, RAC or any other Program? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, when and the name of the agency: \_\_\_\_\_

Do you have any pets other than assistive animals? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please explain: \_\_\_\_\_

Some of our housing is designated smoke free. Do you require an apartment that allows smoking? Yes \_\_\_\_\_ No \_\_\_\_\_

Realty Resources does not discriminate in the rental of housing, the provision of services, or in any other matter based on race, color, age, religion, sex, ancestry, national origin, disability, marital or familial status, sexual orientation or status as a recipient of public assistance. Realty Resources is an Equal Housing Opportunity Provider. Complaints of discrimination should be sent to USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Ave, S.W., Washington, D.C. 20250-9410 or call (800) 795-3272 or (202) 720-6382 (TDD); HUD (800) 669-9777 or (800) 925-9275 (TDD).



Have you ever been evicted, or have any eviction proceedings ever commenced against you? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

Do you owe money to any housing agency or former landlord? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please describe how much money is owed and to whom: \_\_\_\_\_

Has anyone in your household ever been convicted of a crime or are there any pending charges against you, including but not limited to felonies and illegal manufacturing or distribution of drugs? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

Do you expect any additions to your household within the next 12 months or are there any members of your household that are temporarily absent? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please explain: \_\_\_\_\_

**PREVIOUS HOUSING:** Fill out the information for all of the places you have lived in the past 5 years, not including your present housing. If you do not have past rental history please list at least 2 professional references with mailing addresses:

Your Former Address	Dates Rented	Landlord Name	Landlord Address	Landlord Phone #

**INCOME:** Please list ALL sources of income for each member of your family.

EMPLOYMENT INCOME:

Family member	Employer Name and Mailing Address	Gross Monthly Amount

OTHER INCOME:

Family member	Type of Income (Social Security Pensions, SSI, TANF, Child Support, Other) Name & Mailing Address	Gross Monthly Amount

**ASSETS:** Please list all checking/savings accounts and/or other bank accounts your family holds.

Family Member	Type of Account (checking, saving, CD, other)	Account #	Current Balance	Bank/Institution Name
			\$	
			\$	
			\$	

Does anyone in your household own any asset not already listed (such as Mutual Funds, Annuities, 401K, Trust Funds, Other Investments)? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please describe: \_\_\_\_\_ Value \$ \_\_\_\_\_

Does anyone in your household own real estate including the home you live in? Yes \_\_\_\_\_ No \_\_\_\_\_ If so, what is the location? \_\_\_\_\_ Market Value \$ \_\_\_\_\_

## Race and Ethnic Data

The information regarding race, ethnicity, and sex designation solicited on this application is requested in order to assure the Federal Government, acting through the Rural Housing Services that federal laws prohibiting discrimination against tenant applicants on the basis of race, color, national origin, religion, sex, familial status, age and disability 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 against you in any way. However, if you choose not to furnish it, the owner or owner's representative is required to note race, ethnicity and sex of individual applicants on the basis of visual observation or surname.

Family Member	Ethnicity: Hispanic or Latino Yes or No	Race: American Indian or Alaskan Native	Race: Asian	Race: Black or African American	Race: Native Hawaiian or Other Pacific Islander	Race: White	Sex: Male or Female

Information supplied by:      Applicant, please initial \_\_\_\_\_ or Management, initial \_\_\_\_\_

## Applicant Certifications

*This application does not obligate me/us, the property owner or Realty Resources in any way. I understand that it's my responsibility to notify Realty Resources Management, in writing, of address changes. I understand that incomplete applications may not be processed, that completion of an application is not a guarantee of an apartment. I will provide all necessary information including source names, addresses, phone numbers, and account numbers where applicable and any other information required to expedite the application process. I understand that my occupancy is contingent upon meeting Realty Resources Management's resident selection criteria and the Housing Program requirements. I certify that if I'm offered and accept an apartment it will be my permanent residency and that I will not maintain a separate apartment in a different location.*

**Important Information About Fraud or Misrepresentation:** By signing below I/we confirm that I/we understand that false statements or information are punishable under federal law. I/we also understand that false statements or information are grounds for denial of my/our application, termination of housing assistance and/or termination of tenancy after occupancy.

**Authorization of Release of Information:** By signing below I/we hereby authorize Realty Resources to obtain any information relative to my/our application for housing and proposed tenancy, including but not limited to inquiries of my/out income, assets, medical expenses, child care costs, character and landlord references; obtain a credit report; obtain information from any court or law enforcement agency about any complaint or criminal or conviction data.

**Certification of Accuracy:** By signing below I/we hereby certify that the information I/we provided on this application is true, complete and accurate to the best of my/our knowledge.

All adult members (18 years of age or older) of the household must sign completed application for processing.

\_\_\_\_\_  
Head of Household

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-head of Household

\_\_\_\_\_  
Date

\_\_\_\_\_  
Additional Adult Household Member

\_\_\_\_\_  
Date

MAINE			
City	Property Name	Type	Bedrooms
Alfred	Shaker Pond Common**	Family	2,3
Auburn	Court Street **	Elderly/Family	1
Augusta	90 Water Street **	Family	1,2
Bangor	Freese Assisted Living **	Asstisted Living / Elderly	1,2
Bangor	Freese Building ** 2& 3 <sup>rd</sup> floor	Elderly - 55 or older	1,2
Bangor	The Heights	Family	2,3
Bath	Maritime	Family	1,2,3
Bath	Oak Grove Common	Family	1,2,3
Bath	Oak Ridge	Elderly or Disabled	1
Belfast	Belfast Birches	Elderly or Disabled	1
Belfast	Hilltop Birches	Elderly or Disabled	1,2
Belfast	Seaside Heights **	Family	2,3
Biddeford	Riverbend Estates **	Family	2,3
Boothbay Harbor	Bay Landing I**	Elderly - 62 or older	1,2
Boothbay Harbor	Bay Landing II**	Elderly - 62 or older	1,2
Boothbay Harbor	Harbor Pines	Family	1,2
Boothbay Harbor	West Harbor Pines	Elderly or Disabled	1,2
Camden	Camden Village	Family	2,3,4
Camden	Merry Garden Estates **	Asstisted Living / Elderly	1
Ellsworth	The Meadows **	Elderly - 55 or older	1,2
Franklin	Pinebrook	Elderly - 62 or older	Studio,1
Kennebunk	Ross Corner Woods **	Elderly - 60 or older	1
LaGrange	Town Hall	Elderly or Disabled	1,2
Lisbon	Farwell Mill I	Family	1,2
Lisbon	Farwell Mill II	Family	1,2,3
Millinocket	Stearns Assisted Living **	Asstisted Living / Elderly	1
Millinocket	Stearns Congregate	Elderly or Disabled	1
Newport	Pineview	Elderly or Disabled	1,2
Oakland	Oakview	Family	1,2
Old Town	Pembroke Pines	Family	1,2
Portland	Townhomes at Ocean East I	Family	2,3
Portland	Townhomes at Ocean East II	Family	2,3
Rockland	Broadway North II	Elderly or Disabled	1,2
Union	Townhouse Apartments	Elderly or Disabled	1,2
Thomaston	Greenfield	Family	1,2
Waldoboro	Sproul Block	Elderly or Disabled	1,2
Warren	Knoll Crest	Elderly or Disabled	1,2
Windham	Marcus Woods **	Elderly or Disabled	1
Massachusetts			
City	Property Name	Type	Bedrooms
Dennis	Dennis Commons **	Family	2,3
Merrimac	Carriage Square **	Elderly or Disabled	1
Pocasset	Cape Cod Senior Residences **	Elderly/Asstisted Living	Studio
Williamsburg	Nash Hill Place *	Elderly or Disabled	1
New Hampshire			
City	Property Name	Type	Bedrooms
Belmont	Maple Hill Acres**	Family	2,3
Campton	The Woods **	Elderly or Disabled	1
Charlestown	Tall Pines **	Family	1,2,3
Colebrook	Colby Commons **	Elderly or Disabled	1
Epping	Rockland Park **	Family	1,2,3
Sanbornville	Branch River Commons **	Elderly or Disabled	1
New York			
City	Property Name	Type	Bedrooms
Bloomingburg	Godfrey Meadow	Elderly - 55 or older	1
Vermont			
City	Property Name	Type	Bedrooms
Bradford	Bradford Village **	Family	1,2,3
Johnson	St. John's Knoll **	Elderly or Disabled	1
Newport	Newport Place **	Elderly or Disabled	1
Putney	Putney Meadows **	Elderly or Disabled	1
Swanton	Swanton Meadows **	Family	2,3
	** Smoke free property		

Many Communities have accessible apartments

**Realty Resources Management**  
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