



THE CASCADES, OAKLAND - PLEASANT CROSSING, WATERVILLE

APPLICATION

Date: _____ Time: _____

APPLICANT NAME: _____ APPLICATION NUMBER: _____

PHYSICAL ADDRESS: _____

MAILING ADDRESS: _____

HOME PHONE: _____ WORK PHONE: _____

EMAIL: _____

Check the Property and Bedroom Size	
Cascades-Oakland <input type="checkbox"/> 1 bed <input type="checkbox"/> 2 bed <input type="checkbox"/> 3 bed	Pleasant Crossing-Waterville <input type="checkbox"/> 1 bed <input type="checkbox"/> 2 bed Age 55 +

HOUSEHOLD COMPOSITION AND CHARACTERISTICS

1. List the Head of Household and all other members who will be living in the unit. Give the relationship of each family member to the head.

Household Member No.	Member's Full Name	Relationship	Birth Date	Age	M/F	Social Security No.	Full-Time Student
Head 1							

2. Does anyone live with you now who is not listed above? ☐ Yes ☐ No
3. Do you expect a change in your household composition? ☐ Yes ☐ No
Explain if you answered yes to either question: _____
4. Please identify any special housing needs your household has: _____
5. Are you currently homeless? _____

INCOME AND ASSET INFORMATION

Please answer each of the following questions. For each "Yes," provide details in the charts below.

Does any member of your household:

YES

NO

☐ Yes

☐ No

1. Work full-time, part-time, seasonally? List name:

☐ Yes

☐ No

2. Expect to work for any period during the next year?

(2)

- ☐ Yes ☐ No 3. Work for someone who pays them cash?
- ☐ Yes ☐ No 4. Expect a leave of absence from work due to layoff, medical, maternity or military leave?
- ☐ Yes ☐ No 5. Now receive or expect to receive unemployment benefits?
- ☐ Yes ☐ No 6. Now receive or expect to receive child support?
- ☐ Yes ☐ No 7. Have an entitlement to child support that he/she is not now receiving?
- ☐ Yes ☐ No 8. Now receive or expect to receive alimony?
- ☐ Yes ☐ No 9. Have an entitlement to receive alimony that is not currently being received?
- ☐ Yes ☐ No 10. Now receive or expect to receive public assistance (TANF/General Assistance)?
- ☐ Yes ☐ No 11. Now receive or expect to receive Social Security or disability benefits?
- ☐ Yes ☐ No 12. Now receive or expect to receive income from a pension or annuity?
- ☐ Yes ☐ No 13. Now receive or expect to receive regular contributions from organizations or from individuals not living in the unit?
- ☐ Yes ☐ No 14. Receive income from assets including interest on checking or savings accounts; interest and dividends from certificates of deposit, stocks, or bonds; or income from rental property?
- ☐ Yes ☐ No 15. Own real estate or any assets for which you receive no income (checking Account, cash on hand)?
- ☐ Yes ☐ No 16. Have you sold or given away real property or other assets (including cash) in the past two years?

Household Member No.	List Question No.	Source of Income/Type of Income	Annual Income

Do you currently have a housing voucher? [] Yes [] No

ASSETS

1. List all checking, savings accounts (including IRAs, Keogh accounts, and certificates of deposit, mutual funds, etc.) of all household members,

Household Member No.	Bank Name	Type of Account	Account No.	Balance

2. List all stocks, bonds, real estate, life insurance, or other assets and their value owned by any household member:

- Do you own real Estate ☐ Yes ☐ NO Market Value: \$ _____
If yes, what? _____ City/State _____ Mortgage owed \$ _____
- Have you disposed of any assets for less than fair market value within the past two (2) years?
☐ Yes ☐ No If yes, describe: _____ \$ _____
- Are you or any family member requesting an apartment with specific design features, such as one with features designed for person using wheelchair? ☐ Yes ☐ No
- Have you applied to any state or local housing authority or with any agency administering housing vouchers or subsidies such as BRAP or Shelter Plus? ☐ **Yes** ☐ **No**. If yes, which agency has your application?

PREVIOUS RENTAL HISTORY

Name and address of Your Present Landlord:

Telephone No.: _____

How Long Have You Lived There? _____

Reason for Leaving? _____

Name and address of your Former Landlord:

Telephone No.: _____

How Long Have You Lived There? _____

Reason for Leaving? _____

EMPLOYMENT HISTORY

Name and Address of Head's Present Employer:

Telephone No.: _____

Supervisor's Name? _____

How Long Have You Worked There? _____

Name and Address of Spouse or Co-Head's Present Employer:

Telephone No.: _____

Supervisor's Name? _____

How Long Have You Worked There? _____

Nothing in our policies, nor the Fair Housing Act, provides that an apartment be made available to anyone whose tenancy would constitute a direct threat to the health or safety of other individuals or whose tenancy would result in substantial physical damage to the property of others or who is a current, illegal user of or addicted to a controlled substance. Please answer the following questions and provide details of any "Yes" responses:

1. Does anyone in the household pose such a **direct threat**? ☐ Yes ☐ No
 2. Is anyone in the household a **current, illegal user of or addicted to a controlled substance**? ☐ Yes ☐ No
 3. Has anyone in the household **been convicted OR** are there **charges now pending for the illegal manufacture of distribution of a controlled substance**? ☐ Yes ☐ No
 4. Has anyone in the household **been convicted OR** are there **charges now pending** of a **felony OR any criminal offense OR convicted for any criminal offense** at **any time in the past**? ☐ Yes ☐ No
 5. Is anyone in the household a registered sex offender in any State? ☐ Yes ☐ No
If yes, Name of household member: _____
 6. Explain any "YES" answer, attach additional sheets if necessary: _____
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APPLICANT CERTIFICATION

I/we certify that if selected for a unit I/we will occupy it as my/our only residence. I/we understand that the above information is being collected to determine my/our eligibility. I/we authorize the owner/manager to verify all information provided on this application and to contact previous or current landlords or other sources of credit and verification information, (which may be released to appropriate federal, state, or local agencies.) I/we certify that the statements made in this application are true and complete to the best of my/our knowledge and belief. I/we understand that false statements or misinformation will immediately terminate eligibility.

Signature of Head: _____

Date: _____

Signature of Spouse/Co-Head: _____

Date: _____

Owner/Manager: _____

Date: _____

Mail To: Waterville Housing Authority
88 Silver Street
Waterville, ME 04901

In accordance with Federal law and U.S. Department of Housing & Urban Development, this institution is prohibited from discriminating on the basis of race, color, national origin, age, disability, religion, sex, and familial status. (Not all prohibited bases apply to all programs.) To file a complaint of discrimination, contact HUD at (800) 669-9777 (voice) or (800) 925-9275 (TTY).

Waterville Housing Authority, 88 Silver Street, Waterville, ME 04901 (207) 873-2155

TENANT RELEASE AND CONSENT

I/We _____, the undersigned hereby authorize all persons or companies in the categories listed below to release information regarding employment, income and/or assets for purposes of verifying information on my/our apartment rental application. I/We authorized release of information without liability to the owner/manager of the apartment community listed below, and/or the state housing development agency or its service provider.

INFORMATION COVERED

I/We understand that the previous or current information regarding we/us may be needed. Verifications and inquiries that may be requested include but are not limited to: personal identity, student status, employment income, assets, and medical or child care allowances. I/We understand that this authorization cannot be used to obtain information about me/us that is not pertinent to my eligibility for and continued participation as a Qualified Tenant.

GROUPS OR INDIVIDUALS THAT MAY BE ASKED

The groups or individuals that may be asked to release the above information include, but are not limited to:

Past and Present Employers	Welfare Agencies	Veterans Administration
Support and Alimony Providers	Educational Institutions	Retirement Systems
State Unemployment Agencies	Banks/Financial Institutions	Medical Providers
Previous Landlords	Child Care Providers	Public Housing Agencies
Social Security Administration		

CONDITIONS

I/We agree that a photocopy of the authorization may be used for the purposes stated above. The original of this authorization is on file and will stay in effect for a year and one month from the date signed. I/We understand that I/We have a right to review this file and correct any information that is incorrect.

SIGNATURES

_____ Applicant/Resident	_____ (Print Name)	_____ Date
_____ Co/Applicant/Resident	_____ (Print Name)	_____ Date
_____ Adult Member	_____ (Print Name)	_____ Date
_____ Adult Member	_____ (Print Name)	_____ Date