



# PRE-APPLICATION FOR HOUSING

## Academy Green

530 High Street  
 Bath, ME 04530  
 Phone: (207) 687-2175

### FOR OFFICE USE ONLY

Date / Time Application Received:

\_\_\_\_/\_\_\_\_/\_\_\_\_ \_\_\_\_:\_\_\_\_ AM / PM

Received by (Initials): \_\_\_\_\_

**PLEASE NOTE ANY PRE-APPLICATION NOT FULLY COMPLETED WILL BE RETURNED TO APPLICANT**

Preferred unit size:  1BR  2BR  3BR

You MUST answer ALL questions. Do not leave any spaces blank: write "none" or "n/a" where appropriate.

### APPLICANT INFORMATION

LAST NAME		FIRST NAME		MIDDLE INITIAL	DATE OF BIRTH	GENDER
STREET			CITY		STATE	ZIP
SOCIAL SECURITY NUMBER	PREVIOUS / MAIDEN NAME		MARITAL STATUS		STUDENT STATUS	
DAYTIME PHONE NUMBER		EVENING PHONE NUMBER		EMAIL ADDRESS		

Married  Single  Divorced  Widowed  Separated  
 F/T P/T N/A

### CO-APPLICANT INFORMATION

LAST NAME		FIRST NAME		MIDDLE INITIAL	DATE OF BIRTH	GENDER
SOCIAL SECURITY NUMBER	PREVIOUS / MAIDEN NAME		MARITAL STATUS		STUDENT STATUS	
DAYTIME PHONE NUMBER		EVENING PHONE NUMBER		EMAIL ADDRESS		

Married  Single  Divorced  Widowed  Separated  
 F/T P/T N/A

### OTHER OCCUPANTS

List all other persons who will live in the unit, including unborn children. No person is to live with you who is not listed.

NAME (First, Middle, Last)	DATE OF BIRTH	SOCIAL SECURITY NUMBER	GENDER	RELATIONSHIP	STUDENT	
					YES	NO

### HOUSEHOLD AND BACKGROUND INFORMATION - CURRENT HOUSING

Your current housing situation is best described as:

<input type="checkbox"/> Standard	<input type="checkbox"/> Substandard	<input type="checkbox"/> Without or Soon to Be Without Housing
<input type="checkbox"/> Conventional Public Housing	<input type="checkbox"/> Lacking a fixed nighttime residence	<input type="checkbox"/> Fleeing / Attempting to Flee Violence
Do you currently receive subsidized housing?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you currently have a voucher?	Agency:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you displaced by government action or a Federally Declared disaster?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have any pets other than a service animal: TYPE:		<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you or any adult members of your household worked more than 30 hours per week for the last 6 months?		<input type="checkbox"/> Yes <input type="checkbox"/> No

## CRIMINAL HISTORY

Are you or any members of your household subject to a State lifetime sex offender registration?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you or any member of your household been convicted of any crimes listed below? (If no please skip below section)	<input type="checkbox"/> Yes <input type="checkbox"/> No

**Using the numbers below, indicate whether you or any members of your household have been convicted of any crimes listed below:**

- |  |   |                                   |
|--|---|-----------------------------------|
| 1. Homicide / Murder                   | 6. Assault / Fighting                       | 11. Fraud                         |
| 2. Rape or Child Molesting             | 7. Drug Trafficking / Use / Possession      | 12. Prostitution                  |
| 3. Burglary / Robbery / Larceny        | 8. Child Abuse / Domestic Violence          | 13. Disorderly Conduct            |
| 4. Threats or Harassment               | 9. Public Intoxication / Drunk & Disorderly | 14. Other (please explain): _____ |
| 5. Destruction of Property / Vandalism | 10. Receiving Stolen Goods                  |                                   |

MEMBER NAME	CRIME(S) #	STATUS/DISPOSITION
MEMBER NAME	CRIME(S) #	STATUS/DISPOSITION

Households in which the Head, Spouse or Co-Head is disabled or handicap, please indicate:  
If special unit requirements are needed please indicate below.  Yes  No

## SPECIAL UNIT REQUIREMENT(S) QUESTIONNAIRE

All applicants in which a household member has a disability may qualify for a Reasonable Accommodation and they have the right to request such an accommodation.

**Do you or any members of your household have a condition that requires:**

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> A Separate Bedroom       | <input type="checkbox"/> Unit for Vision-Impaired  | <input type="checkbox"/> Physical Modification to a Typical Unit |
| <input type="checkbox"/> A Barrier Free Unit      | <input type="checkbox"/> Unit for Hearing-Impaired | <input type="checkbox"/> Any Other Accommodation                 |
| <input type="checkbox"/> A Mobility Impaired Unit |  |  |

\_\_\_\_\_

\_\_\_\_\_

## HOUSEHOLD INCOME

**List each source of income for all household members. Use gross amounts (before deductions)**

Over the next 12 months, do you or does anyone in your household expect to receive income from (check all that apply):

<input type="checkbox"/> Employment <input type="checkbox"/> Self-Employment <input type="checkbox"/> Military Pay <input type="checkbox"/> Unemployment <input type="checkbox"/> Worker's Compensation	<input type="checkbox"/> Social Security (SS/SSI/SSDI etc.) <input type="checkbox"/> State Supplemental Income <input type="checkbox"/> Veteran's Benefits <input type="checkbox"/> Pension / Annuities <input type="checkbox"/> Regular payments from Settlement <input type="checkbox"/> Income from Trust <input type="checkbox"/> Other Retirement Accounts
<input type="checkbox"/> AFDC / TANF / Public Assistance <input type="checkbox"/> Child Support <input type="checkbox"/> Alimony	<input type="checkbox"/> Student Financial Aid <input type="checkbox"/> Contribution from anyone outside of the household <input type="checkbox"/> Income from Lottery Winnings or Inheritance <input type="checkbox"/> Income from Rental Property or Real Estate <input type="checkbox"/> Any other income not listed

HOUSEHOLD MEMBER NAME	SOURCE	ANNUAL/MONTHLY/WEEKLY

**ASSET INFORMATION FOR ALL HOUSEHOLD MEMBERS** Do you or anyone in your household have or expect to have any of the following within the next 12 months? (please check all that apply):

<input type="checkbox"/> Cash <input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Certificate of Deposit <input type="checkbox"/> Money market	<input type="checkbox"/> Direct Express <input type="checkbox"/> Benefit card <small>(welfare/child support – NOT for FOODSTAMPS)</small> <input type="checkbox"/> Payroll card	<input type="checkbox"/> 401K <input type="checkbox"/> IRA <input type="checkbox"/> Mutual Funds <input type="checkbox"/> Other retirement funds	<input type="checkbox"/> Stocks <input type="checkbox"/> Bonds <input type="checkbox"/> Life Ins. <small>(whole or universal ONLY)</small> <input type="checkbox"/> Real Estate <input type="checkbox"/> Trusts <input type="checkbox"/> Any other assets
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HOUSEHOLD MEMBER NAME	NAME OF BANK	TYPE OF ACCOUNT	CURRENT BALANCE

**RACE AND ETHNICITY** for statistical purposes only – this information will not affect tenant selection.

<b>Head of Household (only)</b>	<b>Ethnicity:</b> <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	<b>Race:</b> <input type="checkbox"/> American Indian / Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other
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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, marital status, 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.

## SIGNATURE CLAUSE

I understand that management is relying on this information to prove my household's eligibility for HUD, Rural Development 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 Pre-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, Rural Development and/or LIHTC Program requirements

### ALL Household Members 18 and Older MUST Sign

HEAD OF HOUSEHOLD SIGNATURE	DATE
SPOUSE OR CO-HEAD SIGNATURE	DATE
OTHER ADULT HOUSEHOLD MEMBER	DATE
OTHER ADULT HOUSEHOLD MEMBER	DATE
OTHER ADULT HOUSEHOLD MEMBER	DATE

**FOR OFFICE USE ONLY:**

**Household qualifies for the following preferences:** (please reference your resident selection plan)

<input type="checkbox"/> Working Family <input type="checkbox"/> Elderly <input type="checkbox"/> Veteran <input type="checkbox"/> Domestic Violence	<input type="checkbox"/> Handicapped <input type="checkbox"/> Homeless <input type="checkbox"/> Agency Referral <input type="checkbox"/> Existing Tenant	<input type="checkbox"/> Government Declared Disaster <input type="checkbox"/> Receiving Voucher Assistance <input type="checkbox"/> Other: _____ _____
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