

WEBSITE

APPLICATION for HOUSING



C.B. MATTSON, INC.

360 Maine Avenue - Farmingdale

P.O. Box 10, Gardiner, Maine 04345

582-2297 or toll-free 1-800-244-2297 • fax 207-582-8055 • TDD #995-3323 (Maine Relay Service)

Please contact us if you require assistance to complete this application Section 8 Voucher Yes No

PREFERRED LOCATION _____ BEDROOM SIZE: One Two Three 1st Floor

Check (X) the appropriate space if you wish to take advantage of any priority due to the fact that:

You are at least 62 You are disabled You require unit features established for wheelchair access

HEAD-OF-HOUSEHOLD: Are you interested in a Smoking Non-Smoking Apartment

Full Name, including middle initial

Date of Birth

Social Security #

Mailing and Physical Address including number, street, town, state and zip

Phone # _____ Driver's license: State _____ Number _____

*****LIST ALL OTHER MEMBERS OF THIS HOUSEHOLD APPLYING ... STARTING WITH ANY CO-TENANT**

<u>NAME</u>	<u>GENDER</u>	<u>BIRTHDATE</u>	<u>SOCIAL SECURITY #</u>
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____
6. _____	_____	_____	_____

***EMPLOYER(Applicant) _____ Phone _____

Address of Employer _____ Gross/wk.Pay\$ _____

Position _____ How Long Employed _____

***EMPLOYER (Co-Applicant) _____ Phone _____

Address of Employer _____ Gross/wk.Pay\$ _____

Position _____ How Long Employed _____

Below is for office use only:

D: _____ T: _____ IL: _____ ML: _____ *R-SL: _____

******SOCIAL SECURITY, PENSIONS, VETERANS BENEFITS, SSI BENEFITS** Please list **WHO** gets the benefit, **NAME & ADDRESS** of the issuer, and the **GROSS DOLLAR AMOUNT** of income per year

- 1. _____ / _____ / \$ _____
- 2. _____ / _____ / \$ _____
- 3. _____ / _____ / \$ _____

******ALIMONY, CHILD SUPPORT, UNEMPLOYMENT COMPENSATION, TANF** Please list **WHO** gets the benefit, **NAME & ADDRESS** of the issuer, and the **GROSS DOLLAR AMOUNT** of income per year

- 1. _____ / _____ / \$ _____
- 2. _____ / _____ / \$ _____

******ANY OTHER SOURCES OF INCOME** List any additional income not reported above. List **WHO** has the income, **ADDRESS & SOURCE** of income, and **GROSS DOLLAR AMOUNT** of income per year

- 1. _____ / _____ / \$ _____
- 2. _____ / _____ / \$ _____

******CHECKING & SAVINGS ACCOUNTS, CERTIFICATES OF DEPOSIT, CREDIT UNION ACCOUNTS, TRUST ACCOUNT, SAVINGS BONDS** Please list all - **WHO** has the account, **FULL NAME & ADDRESS** of the institution, **BALANCE** of each account and **ACCOUNT NUMBERS**.

- 1. _____ / _____ / \$ _____ # _____
- 2. _____ / _____ / \$ _____ # _____
- 3. _____ / _____ / \$ _____ # _____
- 4. _____ / _____ / \$ _____ # _____

******OTHER ASSETS** such as real estate, life insurance cash value, stocks, bonds, or any other asset.

- 1. _____
- 2. _____

****Have you sold/disposed of any assets in the last two years?** Yes No
If YES, list assets disposed _____

Questions concerning expenses are asked to help you obtain all the deductions you are entitled to under the Rural Development program
******MEDICAL EXPENSES: (Complete this only if applicant or co-applicant is disabled, 62 or older)**
List what you expect your insurance premiums, medical bills, and any other related health costs (not reimbursed by insurance) have been for the last 12 months.

- 1. _____
- 2. _____
- 3. _____

******CHILDCARE COSTS:** (Complete this only if these costs are for children 12 and under) Please list names of children covered

- 1. _____
- 2. _____

IN CASE OF EMERGENCY NOTIFY Name: _____
 Address: _____ Phone # _____

PREVIOUS LANDLORD: Prior Landlord _____
 Address _____ Phone # _____

How long have you lived at this residence? _____

May we contact your landlord(s) for a reference? []Yes []No

If NO, why not? _____

CURRENT LANDLORD: Name _____
 Address _____

Home Phone _____ Business Phone _____

How long have you lived at this residence? _____

May we contact your landlord(s) for a reference? []Yes []No

If NO, why not? _____

******PERSONAL REFERENCES:** Send with application, three names of recommendation on the space provided including the **Name, Address, and Telephone Number** of the person/persons we can contact for reference. References can not be family members.

- #1. Reference Name: _____ Address: _____ Phone# _____
- #2. Reference Name: _____ Address: _____ Phone# _____
- #3. Reference Name: _____ Address: _____ Phone# _____

****Do you have animals? () Yes () No** What kind _____

****Have you ever rented from C.B. Mattson, Inc. before () Yes () No**
When? _____ Where? _____

****Have you ever been evicted from any housing? () Yes () No**

****Have you or any of your household ever been charged/convicted for an criminal/civil offense of the law?() Yes () No**
If YES, describe on back →

False statements on this application will lead to cancellation of this application or TERMINATION OF TENANCY AFTER OCCUPANCY.

I/We hereby certify that I/We do/will not maintain a separate subsidized rental unit in another location. I/We further certify that this will be my/our permanent residence. I/We understand that I/We must pay a security deposit for this apartment prior to occupancy. I/We understand that my/our eligibility for housing will be based on USDA Rural Development income/occupancy limits and by C.B. Mattson, Inc. selection criteria. **I/We certify that all information in this application is true to the best of my/our knowledge and I/We understand that false statements or information are punishable by law and will lead to cancellation of this application OR TERMINATION OF TENANCY AFTER OCCUPANCY.**

X _____
 Signature

X _____
 Signature

X _____
 Signature

RELEASE AUTHORIZATION

I/WE _____,

Office use only

Do hereby authorize **C.B. Mattson, Inc.** to contact any agency (including but not limited to: landlords, banks, credit unions, finance companies, The Veteran's Administration, The Social Security Administration, The Maine Department of Human Services / Income Maintenance Units, municipalities, employers, pension fund managers, credit reporting agencies, and other sources of income and/or asset management) regarding information it deems necessary.

Furthermore, I/WE authorize any such agency and its employees to provide the information requested and **MAIL IT DIRECTLY TO:**

**C.B. Mattson, Inc./Housing Management
P.O. Box 10
Gardiner, Maine 04345**

Your cooperation and attention to these requests for information will be greatly appreciated as, by regulation, my/our status as a resident(s) in a USDA, Rural Development affiliated housing project is dependent upon **annual** income/asset verification supplied directly to the management agent by the **SOURCE**.

Signature (applicant) Date _____

Signature (co-applicant) Date _____

Signature (co-applicant) Date _____

**PLEASE
MAKE SURE YOU HAVE SIGNED THIS PAGE, AS
WE WILL BE UNABLE TO PROCESS THIS
APPLICATION WITHOUT PROPER SIGNATURES.**

Disclosure Statement

"The information regarding race, national origin, and sex designation solicited on this application is requested in order to assure the Federal Government, acting through Rural Development, Rural Housing Service, that Federal laws prohibiting discrimination against tenant applications on the basis of race, color, national origin, religion, sex, familial status, age, and handicap 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 is required to note the race/national origin and sex of the individual applicants on the basis of visual observation or surname."

Ethnicity: Hispanic or Latino Not Hispanic or Latino

Race: American Indian or American Native Asian Black or African American Native Hawaiian or Other Pacific Islander White

Sex: Male Female

Information supplied by: Applicant Management
(Initials) (Initials)

The Federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, marital status, handicap, or age (provided that the applicant has the capacity to enter into a binding contract), because all or part of the applicants income derives from any public assistance program, or because the applicant has in good faith exercised any right under the Consumer Credit Protection Act. The Federal Agency that administers compliance with the law concerning this creditor is the Federal Trade Commission, Equal credit Opportunity, Washington, D.C. 20580.

In accordance with Federal Law and USGA Policy, this Institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability (not all prohibited bases apply to all programs). To file a complaint of discrimination, write to: USDA, Director, Office of Civil Rights, Room 326 - W. Whitten Building, 1400 Independence Avenue, SW, Washington, D.C., 20250-9410, or call 1-800-795-3272 (voice) 202-720-6382 (TDD), USDA is an equal opportunity provider and employer.

CRIMINAL BACKGROUND INFORMATION

The questions below ask about drug-related and other criminal activity that could adversely affect the health, safety, or welfare of other residents. All household members age 18 or older must answer the questions below, then sign at the bottom of this page where indicated, to consent to a background check. C.B. Mattson, Inc., its affiliates, and any property where residency is being applied for will deny the application of any applicant who does not complete and provide accurate information on this form or does not consent to a background check.

1. Have you ever been evicted for drug-related criminal activity? yes no
2. Do you currently use illegal drugs or abuse alcohol? yes no
3. Are you currently subject to any registration requirement under any sex offender registration program? yes no
4. Have you ever been convicted or charged with any drug related crime? yes no
5. Do you have a civil or criminal record in any State? () yes () no Which State? _____
6. Have you ever been convicted of any crime involving violence? yes no
7. Are you currently being charged with any civil or criminal activities? yes no
8. Please list all states in which you have lived or have held drivers licenses (include driver's license #s)

9. List all names you have been known by: _____

I understand that the above information is required to determine my eligibility for residency. I certify that my answers to the above questions are true and complete to the best of my knowledge. I understand that making false statements on this form is grounds for rejection or termination of my lease. I authorize C.B. Mattson, Inc., its affiliates, and any of the properties being applied to for residency to verify the above information, and I consent to the release of the necessary information to determine my eligibility. This consent authorizes and is not limited to the release of criminal information and/or sex offender registration information from law enforcement agencies.

Applicant's Signature _____ Date _____

Applicant's Name (Please Print) _____

Co-Applicant's Signature _____ Date _____

Co-Applicant's Name (Please Print) _____

Co-Applicant's Signature _____ Date _____

Co-Applicant's Name (Please Print) _____