



PRE-APPLICATION FOR HOUSING

Healy Terrace

81 Ash Street # 9
 Lewiston, ME 04240
 Phone: (207) 786-9872

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

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		

CO-APPLICANT INFORMATION

LAST NAME		FIRST NAME		MIDDLE INITIAL	DATE OF BIRTH	GENDER
SOCIAL SECURITY NUMBER	PREVIOUS / MAIDEN NAME		MARITAL STATUS		STUDENT STATUS	

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. (whole or universal ONLY) <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

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: _____ _____