

 **Foreside**  
Real Estate Management, Inc

Date Sent \_\_\_\_\_  
Date/Time received \_\_\_\_\_

**APPLICATION FOR HOUSING**

(Please print all information)

**A. Applicant**

Name(s): \_\_\_\_\_  
Address: \_\_\_\_\_  
Tel. # (home) \_\_\_\_\_ (work) \_\_\_\_\_  
Email: \_\_\_\_\_

Current landlord: Name \_\_\_\_\_  
Address \_\_\_\_\_  
Telephone \_\_\_\_\_

How long have you lived at this address \_\_\_\_\_ Current Rent \$ \_\_\_\_\_

Do you pay the utilities? \_\_\_\_\_ How much per month? \_\_\_\_\_

For designated "Elderly" housing: If you are less than 62 years old, are you eligible for occupancy based on your status as an individual with handicaps or disabilities?

Yes  No

Are you displaced? Yes  No

If Yes, displacement Agency \_\_\_\_\_

Is your current unit condemned? Yes  No

If Yes, by whom? \_\_\_\_\_

Are you currently living in subsidized housing? Yes  No

Have you ever resided in project financed and/or subsidized by the Government?

Yes  No

If Yes, name and address:

\_\_\_\_\_

Do you currently hold a Section 8 Voucher? Yes  No

If Yes, name of Housing Authority:

\_\_\_\_\_

Have you ever been evicted from any housing in which you resided? Yes  No

Will you take an apartment when one is available? Yes  No

Do you currently have a pet? Yes  No

If Yes, what type? \_\_\_\_\_



**B. Household Composition**

List ALL persons (**Including Yourself**) who will live in the apartment. List Head of Household first:

Name	Relationship (Head)	Date of Birth	SS #

Is there any member 18 or older that is a full time student? Yes  No

If Yes, who? \_\_\_\_\_  
School Attending \_\_\_\_\_

Does anyone live with you now who is not listed above? Yes  No   
If Yes, explain \_\_\_\_\_

Do you plan to have anyone living with you in the future who is not listed above?  
Yes  No  If Yes, explain \_\_\_\_\_

Do you or any household members require special housing needs? Yes  No   
If Yes, explain \_\_\_\_\_

Does applicant require either a handicap/disability adjustment to income or a special handicapped accessible unit or both? Yes  No

Bedroom size needed:    One Bedroom  Two Bedroom   
   Handicap Unit  Three Bedroom

Community(s) of Interest:

- Wildewood Acres I, Freeport, ME (1 and 2 Bedroom Units)
- Wildewood Acres II, Freeport, ME (2 and 3 Bedroom Units)
- Wellesley Estates, Portland, ME (2 and 3 Bedroom Units)
- Parkwoods Apartments, Anson, ME (1 and 2 Bedroom Units)
- Riverview Apartments, Ellsworth, ME (1 Bedroom Units)
- Jordan Courts I, Brunswick, ME (1,2,3 Bedroom Units)
- Jordan Courts II, Brunswick, ME (1 and 2 Bedroom Units)
- Whispering Pines, Topsham, ME (1 and 2 Bedroom Units)
- West Hill Apartments, Gardiner, ME (1,2,3,4 Bedroom Units)
- Forrest Haven Apartments, Jackman, ME (1 and 2 Bedroom Units)

\* 1 Bedroom units at West Hill Apartments are designated for elderly or disabled tenants  
\* Parkwoods, Riverview and Jordan Courts II are designated for elderly or disabled tenants.



**C. Household Income Sources**

List all income sources for all household members who will occupy the apartment. This includes, but is not limited to, full and/or part-time employment. All income from welfare agencies, social security, pension, SSI, disability, armed forces reserves, unemployment compensation, child care, alimony, child support, scholarships and grants, contract for deed, interest on assets, dividends, annuities, and regular contributions from people not residing with you.

Family Member Name	Source of Income	
_____	A. Social Security- Monthly Amount	\$ _____
_____	Social Security- Monthly Amount	\$ _____
_____	B. Pension- Monthly Amount	\$ _____
_____	Pension-Monthly Amount	\$ _____
_____	Source of Pension(s)	_____
_____	C. Veterans Benefits- Monthly Amount	\$ _____
_____	Claim #	_____
_____	D. SSI Benefits- Monthly Amount	\$ _____
_____	SSI Benefits- Monthly Amount	\$ _____
_____	E. Unemployment Comp. - Monthly Amount	\$ _____
_____	Unemployment Comp. - Monthly Amount	\$ _____
_____	F. AFDC- Monthly Amount	\$ _____
_____	G. Wages/Salaries- <b>GROSS</b> - Monthly Amount	\$ _____
_____	Employer Name/Address	_____
_____	Position Held _____	How long employed? _____
_____	Wages/Salaries- <b>GROSS</b> - Monthly Amount	\$ _____
_____	Employer Name/ Address	_____
_____	H. Full time Student Income (Only if 18 yrs. or older)	
_____	Monthly Income	\$ _____
_____	I. Earned Income Tax Credit- <b>ANNUAL</b> Amount	\$ _____
_____	J. Alimony- Monthly Amount	\$ _____
_____	K. Child Support- Monthly Amount	\$ _____
_____	L. Interest Income- Monthly Amount	\$ _____
_____	Interest Income- Monthly Amount	\$ _____
_____	(Include interest in IRAs accrued, but not taken- also on Savings Bonds)	
_____	M. Other Income- Monthly Amount	\$ _____
_____	Source	_____

**TOTAL GROSS ANNUAL INCOME** (Multiply all monthly amounts by 12) \$ \_\_\_\_\_

Do you anticipate any changes in this income in the next 12 months? Yes  No

If Yes, explain \_\_\_\_\_



**D. Net Family Assets**

Checking Account(s) #	_____	Bank	_____	Balance	_____
	#	_____	Bank	_____	Balance
Savings Account(s) #	_____	Bank	_____	Balance	_____
	#	_____	Bank	_____	Balance
Trust Account(s) #	_____	Bank	_____	Balance	_____
	#	_____	Bank	_____	Balance
Certificates #	_____	Bank	_____	Balance	_____
	#	_____	Bank	_____	Balance
Credit Union #	_____	Bank	_____	Balance	_____
Savings Bond(s) #	_____	Maturity Date	_____	Value	_____
	#	_____	Maturity Date	_____	Value
Life Insurance Policy #	_____			Face Value	_____

Real Property: Do you own any property? Yes  No

If yes, type of Property \_\_\_\_\_

Location \_\_\_\_\_

Appraised Market Value \$ \_\_\_\_\_ Mortgage Amount \$ \_\_\_\_\_

Annual Ins. Premium \$ \_\_\_\_\_ Most Recent Tax Bill \$ \_\_\_\_\_

Have you sold/dispensed of any property in the last two years? Yes  No

If Yes, type of Property \_\_\_\_\_

Market value when sold/dispensed \$ \_\_\_\_\_

Amount sold/dispensed for \$ \_\_\_\_\_

Date of transaction \_\_\_\_\_

Have you disposed of any other assets in the last two years? (Example: Given away money to relatives, set up irrevocable trust accounts, etc.) Yes  No

If Yes, describe asset \_\_\_\_\_

Date of disposition \_\_\_\_\_

Amount disposed \$ \_\_\_\_\_

Do you have any other assets not listed above? (Excluding personal property)

Yes  No

If Yes, list type and value \_\_\_\_\_

**E. Childcare expenses: (Complete only for children 12 years old and younger)**

Name of children cared for	_____	Age	_____
	_____	Age	_____
	_____	Age	_____

Name and address of person or agency caring for children:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Weekly cost for childcare due to employment \$ \_\_\_\_\_

Weekly cost for childcare due to education \$ \_\_\_\_\_

Is childcare cost covered by AFDC or any other source? Yes  No

If Yes, explain \_\_\_\_\_



**F. Handicap Assistance expenses**

(Complete **only** if handicap expenses allow a household member to **work**.)

Amount of weekly expense \$ \_\_\_\_\_

Indicate the name and age of the individual for which you pay handicapped assistance expenses:

Name \_\_\_\_\_ Age \_\_\_\_\_

List the name and address of the individual providing the handicapped assistance:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

**G. Medical Expenses**

Medical Costs: Complete this part **only** if Tenant or Co-tenant is 62 or older, disabled or handicapped.

Do you have Medicare? \_\_\_\_\_ Do you have other medical insurance? \_\_\_\_\_

If yes, indicate Medicare premiums:

Amount per month per household \$ \_\_\_\_\_

Medical Insurance Coverage- Name of Insurance Company and Address:

\_\_\_\_\_ Monthly cost \$ \_\_\_\_\_

Are you receiving medical assistance through welfare? Yes  No

Are you seeing a physician regularly? \_\_\_\_\_

If so, physician's name and address \_\_\_\_\_

Projected costs not covered by insurance nor reimbursed for the next 12 months \$ \_\_\_\_\_

If your medical condition is permanent and you will routinely have medical expenses that are not covered by Medicare, Medicaid or medical insurance, please indicate the type of medical expense, the frequency of the expense, and the amount of the expenses.

Type \_\_\_\_\_ Frequency \_\_\_\_\_ Amount \_\_\_\_\_

Type \_\_\_\_\_ Frequency \_\_\_\_\_ Amount \_\_\_\_\_

Type \_\_\_\_\_ Frequency \_\_\_\_\_ Amount \_\_\_\_\_

Type \_\_\_\_\_ Frequency \_\_\_\_\_ Amount \_\_\_\_\_

Type \_\_\_\_\_ Frequency \_\_\_\_\_ Amount \_\_\_\_\_



**H. Reference Information**

Previous landlord: 1. Name \_\_\_\_\_  
Address \_\_\_\_\_  
Telephone \_\_\_\_\_

2. Name \_\_\_\_\_  
Address \_\_\_\_\_  
Telephone \_\_\_\_\_

Credit references (**list at least three**): (Name, address, phone # and account #)

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_
- 4. \_\_\_\_\_
- 5. \_\_\_\_\_

Personal references (**list at least three** other than relatives): Name, address, and phone #

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_
- 4. \_\_\_\_\_



**I. Other Information**

List any cars, trucks or other vehicles owned. You will need to make arrangements with owner/management regarding parking of vehicle(s).

Type of vehicle \_\_\_\_\_ Year/Make \_\_\_\_\_ Color \_\_\_\_\_  
License Plate # \_\_\_\_\_

Type of vehicle \_\_\_\_\_ Year/Make \_\_\_\_\_ Color \_\_\_\_\_  
License Plate # \_\_\_\_\_

Person to contact in case of Emergency:

Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_

Relationship \_\_\_\_\_

**J. Bed Bug Infestation Disclosure**

To the best of your knowledge, have any of the residential units you have resided in throughout the past 12 months been infested with, or are being or have been treated for bedbugs?

Yes  No

If yes, please provide more information, i.e. dates: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



To Whom It May Concern:

I/We authorize the management agent to investigate my/our credit and verify all information and references given. The information obtained will be used for management purposes only and will be held in confidence.

I/We hereby certify that I/We do/will not maintain a separate subsidized rental unit in another location. I/We understand that eligibility for housing will be based on Rural Developments income limits and by the written selection criteria and occupancy limits of the housing owner.

I/We certify that all information in this application is true to their 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.

**THIS APPLICATION IS SUBJECT TO APPROVAL AND DOES NOT CONSTITUTE AN AGREEMENT TO LEASE. ALL INFORMATION MUST BE VERIFIED BEFORE THIS APPLICATION CAN BE PROCESSED.**

Applicant	Date
Co-Applicant	Date

**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 the Rural Development, Rural Housing Service, that Federal Laws prohibiting discrimination against tenant applicants 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 individual applicants on the basis of visual observation or surname.

Ethnicity:  Hispanic or Latino  Not Hispanic or Latino  
(National Origin)

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

Sex:  Male  Female

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

"In accordance with Federal Law and USDA 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 Ave. S.W. Washington DC 20250-9410 or call 1-800-795-3272 (voice), or (202) 720-6382 (TDD). USDA is an equal opportunity provider and employer."







**APPLICATION FOR HUD ASSISTED HOUSING**

- If the information provided by or about any applicant from any source at any time during the screening process reveals negative information relating to the applicant's ability to meet the obligations of tenancy, the information will be researched as part of the tenant selection screening process and that applicant will be asked to explain this information as part of a uniformly applied policy applicable to all applicants.
- All applicants must be able to meet essential obligations of tenancy – they must be able to pay rent, to care for their apartment, to report required information to, to avoid disturbing their neighbors, etc., but there is no requirement that they be able to do these things without assistance.
- Foreside Real Estate Management, Inc. is a management company that provides low rent housing to eligible households, elderly households and single people. Foreside Real Estate Management, Inc. is not permitted to discriminate against applicants on the basis of their race, color, religion, sex, national origin, disability handicap or familial status. In addition, Foreside Real Estate Management, Inc. has a legal obligation to provide "reasonable accommodations" to applicants if they, or any household member, have a disability or handicap.
- A reasonable accommodation is some modification or change Foreside Real Estate Management, Inc. can make to its apartments or procedures that will assist an otherwise eligible applicant with a disability to take advantage of government programs.
- If you, or a member of your household, have a disability or handicap and think you might need or want a reasonable accommodation, or qualify for a handicap adjustment to income or any other adjustment you are eligible for, you may request it at any time in the application process or after admission. This is up to you. If you would prefer not to discuss your situation with the management company, that is your right.
- The Fair Housing Act/Federal law prohibits discrimination in the sale, rental or financing of housing on the basis of race, color, national origin, sex, religion, age, disability, marital or family status. HUD applicants may file any complaints of discrimination to the U.S. Dept. of Housing & Urban Development, Assistant Secretary for Fair Housing & Equal Opportunity, Washington DC 20410.

Wellesley Estates, Parkwoods Apartments, Riverview Apartments, West Hill Apartments, Forrest Haven, Whispering Pines, Jordan Courts II, Wildewood Acres I, and Wildewood Acres II do not discriminate on the basis of disability status in the admission or access to, or treatment or employment in, its federally assisted programs and activities.

The person named below has been designated to coordinate compliance with the nondiscrimination requirements contained in the Department of Housing and Urban Development's regulations implementing Section 504 (24 CFR, part 8 dated June 2, 1988).

Krisi Wilson  
Name

P.O. Box 957

Portland                      ME                      04104  
City                              State                      Zip

(207) 775-2325 ext. 211  
Telephone - Voice



# Foreside

Real Estate Management, Inc

## AUTHORIZATION FOR RELEASE OF INFORMATION

### CONSENT

I authorize and direct any Federal, State, or local agency, organization, business, or individual to release to and verify my application for participation, and/or maintain my continued assistance under the Section 8, Rental Rehabilitation, Low-Income Public and Indian Housing, and/or other housing assistance programs. I understand and agree that this authorization or the information obtained with its use may be given to and used by the department of Housing and Urban Development (HUD) Rural Development (RD) administering and enforcing program rules and policies. I also consent for HUD/RD or the manager to release information from my file about my rental history to credit bureaus, collection agencies, or future landlords. This includes records on my payment history, and any violations of my lease or occupancy policies.

### INFORMATION COVERED

I understand that, depending on program policies and requirements, previous or current information regarding me or my household may be needed. Verification and inquiries that may be requested include but are not limited to:

Identify and Marital Status	Employment, Income, and Assets
Medical or Child Care Allowances	Credit
Residence and Rental Activity	

### GROUP OR INDIVIDUAL THAT MAY BE ASKED

The groups or individuals that may be asked to release the above information (depending on program requirements) includes but not limited to:

Previous Landlords (including Public Housing Agencies) Courts and Post Offices School and Colleges Law Enforcement Agencies Medical and Child Care Providers Retirement Systems Utility Companies Credit Providers and Credit Bureaus	Past and Present Employers Welfare Agencies State Unemployment Agencies Social Security Administration Support and Alimony Providers Veterans Administrations Banks and other Financial Institutions
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I agree that a photocopy of this authorization may be used for the purposes stated above. The original of this authorization is on file in the management office and will stay in effect for a year and one month from the date signed. I understand I have a right to review my file and correct any information that I can prove is incorrect.

### SIGNATURES:

_____	_____	_____
Head of Household (Signature)	Print Name	Date
_____	_____	_____
Spouse (Signature)	Print Name	Date
_____	_____	_____
Adult Member (Signature)	Print Name	Date
_____	_____	_____
Adult Member (Signature)	Print Name	Date

NOTE: THIS GENERAL CONSENT MAY NOT BE USED TO REQUEST A COPY OF TAX RETURN IF A COPY OF A TAX RETURN IS NEEDED, IRS FORM 4506, "REQUEST FOR COPY OF TAX FORM" MUST BE PREPARED AND SIGNED SEPARATELY.

