UNITED PEJEPSCOT HOUSING, INC. & PEJEPSCOT HOUSING, INC.
36 PEJEPSCOT TERRACE, BRUNSWICK, MAINE 04011
PHONE/FAX/TTY (207) 729-8006

EQUAL HOUSING OPPORTUNITY

PRE-APPLICATION FOR PEJEPSCOT TERRACE WAITING LIST

Please complete this application in full and return it to the address listed above.
If you have any questions while filling out this form, please call our office at **(207) 729-8006.**

*******Incomplete applications will be returned. Please be sure to fill in all blanks.*******

A. GENERAL INFORMATION:

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

HEAD OF HOUSEHOLD NAME:

____

First **Middle** **Last**

Mailing Address________________________ ______________ _________ ________
Street **Apt.#** **City/Town** **State** **Zip**

Physical Address________________________ ______________ _________ ________
Street **Apt.#** **City/Town** **State** **Zip**

DRIVER'S LICENSE #:	**BIRTHDATE:**	**SOCIAL SECURITY #:**

STATE DRIVER'S LICENSE ISSUED:	**PLACE OF BIRTH:**

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SPOUSE/OTHER NAME:

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First **Middle** **Last**

DRIVER'S LICENSE #:	**BIRTHDATE:**	**SOCIAL SECURITY #:**

STATE DRIVER'S LICENSE ISSUED:	**PLACE OF BIRTH:**

Telephone #_______________________ **Number at which a message can be left**: ________________

Some of our units at Pejepscot Terrace do not have Rental Assistance. Do you want to be offered a unit that does not have Rental Assistance? YES____NO____

Type of unit requested: (check all that apply)

1 Bedroom _____ 1st Floor _____ Unit Designed for
2 Bedroom _____ 2nd Floor _____ Mobility Impaired _____

Applicant can be rejected based on, but not limited to, income not meeting federal guidelines, negative credit rating, personal references, evidence of a crime or criminal behavior, negative landlord references or unfavorable interview.

PEJEPSCOT TERRACE IS A SMOKE FREE FACILITY

B. INCOME: List all sources of GROSS income as requested below.

FAMILY MEMBER'S NAME	TYPE	GROSS MONTHLY AMOUNT
	SOCIAL SECURITY	$
	SOCIAL SECURITY	$
	PENSION/ RETIREMENT	$
	PENSION/ RETIREMENT	$
	ANNUITY	$
	SSI BENEFITS	$
	VETERANS BENEFITS (VA)	$
	EMPLOYMENT/WAGES Employer:	$
	SELF-EMPLOYMENT INCOME	$
	ALIMONY	$
	CHILD SUPPORT	$
	DISABILITY/ OTHER ASSISTANCE	$
	OTHER	$
	INTEREST & DIVIDEND INCOME (Bank, Insurance, Annuities, Investment, etc.)	$

Yes____ No____ ● **Do you anticipate any changes in this income in the near future?**

If yes, explain____

Yes____ No____ ● **Do you regularly receive gifts of money, clothing, food, utilities?**

C. ASSETS: (If more space is needed, list others on back of this page.)

ACCOUNT TYPE	INSTITUTION / BROKER	ACCOUNT NUMBER	BALANCE/ VALUE
CHECKING			$
CHECKING			$
SAVINGS			$
SAVINGS			$
CD			$
CD			$
MUTUAL FUNDS			$
TRUST/ANNUITY			$
STOCKS			$
STOCKS			$
IRA/RETIREMENT			$
401K/403B			$
SAVINGS BONDS			$
OTHER			$
OTHER			$

Yes____ No____ ●**Do you have Whole Life or Universal Life Insurance?**

Current CASH VALUE $_________________

C. ASSETS: (Continued)

Yes____ No____ ●Do you own any property or hold a mortgage or deed of trust?

If yes, type of property__________________________Location_______________

Market Value $____________________Mortgage Balance Due_____________

Annual Taxes Paid__________________Annual Home Insurance Paid_________

Yes____ No____ ●Have you sold/disposed of any property in the last 2 years?

If yes, type of property________________________________Location_______________

Market Value when sold/disposed $_______________

Amount sold/disposed for $________________ Date of transaction____________

Yes____ No____ ●Have you disposed of any other assets in the last 2 years?

(Example: Given money away to relatives, set up Irrevocable Trust Accounts, etc.)

Describe Asset____

Date of disposition_______________________

Amount disposed________________________

Yes____ No____ ●Do you have any other assets not listed above that are held for investment purposes? (Examples: gems, jewelry, coins)

If yes, list____

D. MEDICAL EXPENSES:

MEDICAL	MONTHLY AMOUNT
Medicare Premium(s):	$
Medical Health Insurance Premium(s):	$
Anticipated Medical/Drug/Prescription cost **NOT covered by insurance NOR reimbursed:**	$
Do you owe medical bills you are making payments for? **Yes ☐ No ☐** **Balance due: $**	$
All other medical expenses **NOT covered by insurance OR reimbursed** ***(eye care, dental expenses, physical therapy, etc.):***	$

E. DISABILITY ASSISTANCE EXPENSES:

Complete ONLY if disability expenses allow the disabled person or another household member to work.

List type of expenses, weekly amount, paid to whom:_____________________________

F. PROGRAM INFORMATION:

Pejepscot Terrace is housing for the elderly. The Farmers Home Administration and the Dept. of Housing & Urban Development defines an Elderly Family as follows: A household where the tenant or co-tenant is at least 62 years old or disabled.

Yes___ **No**___ ● Do you meet the above definition?

Yes___ **No**___ ● Do you or a member of your household have mobility impairment that require the special features of a unit designed for the mobility impaired?

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I/we certify that the housing to be occupied will be my/our permanent residence. I/we hereby certify that I/we will not maintain a separate subsidized rental unit in a different location.

I/we further certify that the above information is true to the best of my/our knowledge. I/we hereby certify that I/we have answered the questions on this pre-application truthfully and have no income and no assets other than those claimed on this form. I/we understand that under Federal Law if I/we commit fraud by submitting false or incomplete information, I/we may be: evicted from my/our apartment, required to repay all overpaid rental assistance I/we received, fined up to $10,000, imprisoned up to 5 years, and/or prohibited from receiving future assistance.

I/we understand that this application in no way ensures occupancy and that my/our application can be rejected based on, but not limited to, income changes, poor credit or personal references, evidence of a crime or criminal behavior, poor landlord references, or poor interview.

I/we understand that this application does not obligate me/us to the Manager/Owner in any way. I/we further understand that the information herein is to be treated as confidential. I/we hereby authorize United Pejepscot Housing, Inc./Pejepscot Housing, Inc. to process this application with any bank, loan/finance company, employer, credit bureau, any state or local agencies, companies, police departments, municipal governments, social organizations and/or any other source as may be required by you to obtain the necessary information to complete my/our application.

Applicant's *signature*________________________________Date__________

Co-Applicant's *signature*_____________________________Date__________

Disclosure Statement

Ethnicity: _____Hispanic or Latino _____Not Hispanic or Latino

Race: ______American Indian or Alaskan Native ______Asian ______Black or African American ______Native Hawaiian or Pacific Islander ______White

Sex: _____Male _____Female

Information supplied by applicant ______ Management _____

The information solicited on this application is requested by United Pejepscot Housing, Inc. & Pejepscot Housing, Inc. in order to assure the Federal Government, acting through its FmHA/USDA Rural Housing Service and Dept. of Housing and Urban Development, that Federal Laws prohibiting discrimination against tenant/applicants on the basis of race, color, national origin, religion, sex, sexual orientation, marital status, age and handicap are compiled 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.

In accordance with Federal and State Law, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, sexual orientation, ancestry, receipt of any kind of federal, state or local public assistance, physical or mental disability, religion, familiar status. To file a complaint of discrimination, write to, Boston Regional Office FHEO, U.S. Department of Housing and Urban Development, Thomas P. O'Neill, Jr. Federal Building, 10 Causeway Street, Room 321, Boston, Massachusetts, 02222-1092 (617)994-8300 1-800-827-5005 TTY (617) 565-5453. Other enforcement agencies may be involved. Pejepscot Terrace is an equal opportunity provider and employer.

Incomplete applications will be returned. Please be sure to fill in all blanks.

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For Office Use:

Date/Time Received:____________________By:______________
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A Summary of Your Rights
Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) is designed to promote accuracy, fairness, and privacy of information in the files of every "consumer reporting agency" (CRA). Most CRAs are credit bureaus that gather and sell information about you -- such as if you pay your bills on time or have filed bankruptcy -- to creditors, employers, landlords, and other businesses. You can find the complete text of the FCRA, 15 U.S.C. 1681-1681u, at the Federal Trade Commission's web site (*http://www.ftc.gov*). The FCRA gives you specific rights, as outlined below. You may have additional rights under state law. You may contact a state or local consumer protection agency or a state attorney general to learn those rights.

- **You must be told if information in your file has been used against you.** Anyone who uses information from a CRA to take action against you -- such as denying an application for credit, insurance, or employment -- must tell you, and give you the name, address, and phone number of the CRA that provided the consumer report.

- **You can find out what is in your file.** At your request, a CRA must give you the information in your file, and a list of everyone who has requested it recently. There is no charge for the report if a person has taken action against you because of information supplied by the CRA, if you request the report within 60 days of receiving notice of the action. You also are entitled to one free report every twelve months upon request if you certify that (1) you are unemployed and plan to seek employment within 60 days, (2) you are on welfare, or (3) your report is inaccurate due to fraud. Otherwise, a CRA may charge you up to eight dollars.

- **You can dispute inaccurate information with the CRA.** If you tell a CRA that your file contains inaccurate information, the CRA must investigate the items (usually within 30 days) by presenting to its information source all relevant evidence you submit, unless your dispute is frivolous. The source must review your evidence and report its findings to the CRA. (The source also must advise national CRAs -- to which it has provided the data -- of any error.) The CRA must give you a written report of the investigation, and a copy of your report if the investigation results in any change. If the CRA's investigation does not resolve the dispute, you may add a brief statement to your file. The CRA must normally include a summary of your statement in future reports. If an item is deleted or a dispute statement is filed, you may ask that anyone who has recently received your report be notified of the change.

- **Inaccurate information must be corrected or deleted.** A CRA must remove or correct inaccurate or unverified information from its files, usually within 30 days after you dispute it. **However, the CRA is not required to remove accurate data from your file unless it is outdated (as described below) or cannot be verified.** If your dispute results in any change to your report, the CRA cannot reinsert into your file a disputed item unless the information source verifies its accuracy and completeness. In addition, the CRA must give you a written notice telling you it has reinserted the item. The notice must include the name, address and phone number of the information source.

- **You can dispute inaccurate items with the source of the information.** If you tell anyone -- such as a creditor who reports to a CRA -- that you dispute an item, they may not then report the information to a CRA without including a notice of your dispute. In addition, once you've notified the source of the error in writing, it may not continue to report the information if it is, in fact, an error.

- **Outdated information may not be reported.** In most cases, a CRA may not report negative information that is more than seven years old; ten years for bankruptcies.

- **Access to your file is limited.** A CRA may provide information about you only to people with a need recognized by the FCRA -- usually to consider an application with a creditor, insurer, employer, landlord, or other business.
- **Your consent is required for reports that are provided to employers, or reports that contain medical information.** A CRA may not give out information about you to your employer, or prospective employer, without your written consent. A CRA may not report medical information about you to creditors, insurers, or employers without your permission.
- **You may choose to exclude your name from CRA lists for unsolicited credit and insurance offers.** Creditors and insurers may use file information as the basis for sending you unsolicited offers of credit or insurance. Such offers must include a toll-free phone number for you to call if you want your name and address removed from future lists. If you call, you must be kept off the lists for two years. If you request, complete, and return the CRA form provided for this purpose, you must be taken off the lists indefinitely.
- **You may seek damages from violators.** If a CRA, a user or (in some cases) a provider of CRA data, violates the FCRA, you may sue them in state or federal court.

The FCRA gives several different federal agencies authority to enforce the FCRA:

FOR QUESTIONS OR CONCERNS REGARDING:	PLEASE CONTACT:
CRAs, creditors and others not listed below	Federal Trade Commission Consumer Response Center - FCRA Washington, DC 20580 1-877-382-4367 (Toll-Free)
National banks, federal branches/agencies of foreign banks (word "National" or initials "N.A." appear in or after bank's name)	Office of the Comptroller of the Currency Compliance Management, Mail Stop 6-6 Washington, DC 20219 800-613-6743
Federal Reserve System member banks (except national banks, and federal branches/agencies of foreign banks)	Federal Reserve Board Division of Consumer & Community Affairs Washington, DC 20551 202-452-3693
Savings associations and federally chartered savings banks (word "Federal" or initials "F.S.B." appear in federal institution's name)	Office of Thrift Supervision Consumer Programs Washington, DC 20552 800-842-6929
Federal credit unions (words "Federal Credit Union" appear in institution's name)	National Credit Union Administration 1775 Duke Street Alexandria, VA 22314 703-518-6360
State-chartered banks that are not members of the Federal Reserve System	Federal Deposit Insurance Corporation Division of Compliance & Consumer Affairs Washington, DC 20429 800-934-FDIC
Air, surface, or rail common carriers regulated by former Civil Aeronautics Board or Interstate Commerce Commission	Department of Transportation Office of Financial Management Washington, DC 20590 202-366-1306
Activities subject to the Packers and Stockyards Act, 1921	Department of Agriculture Office of Deputy Administrator - GIPSA Washington, DC 20250 202-720-7051

Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING

This form is to be provided to each applicant for federally assisted housing

Instructions: Optional Contact Person or Organization: You have the right by law to include as part of your application for housing, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. **You may update, remove, or change the information you provide on this form at any time.** You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form.

Applicant Name:	
Mailing Address:	
Telephone No:	**Cell Phone No:**
Name of Additional Contact Person or Organization:	
Address:	
Telephone No:	**Cell Phone No:**
E-Mail Address (if applicable):	
Relationship to Applicant:	

Reason for Contact: (Check all that apply)

- ☐ Emergency
- ☐ Unable to contact you
- ☐ Termination of rental assistance
- ☐ Eviction from unit
- ☐ Late payment of rent
- ☐ Assist with Recertification Process
- ☐ Change in lease terms
- ☐ Change in house rules
- ☐ Other: ______________________________

Commitment of Housing Authority or Owner: If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.

Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.

Legal Notification: Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.

☐ Check this box if you choose not to provide the contact information.

Signature of Applicant	**Date**

The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). The public reporting burden is estimated at 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Section 644 of the Housing and Community Development Act of 1992 (42 U.S.C. 13604) imposed on HUD the obligation to require housing providers participating in HUD's assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend, or person associated with a social, health, advocacy, or similar organization. The objective of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any delivery of services or special care to the tenant and assist with resolving any tenancy issues arising during the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and maintained as confidential information. Providing the information is basic to the operations of the HUD Assisted-Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fraud, waste and mismanagement. In accordance with the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless the collection displays a currently valid OMB control number.

Privacy Statement: Public Law 102-550, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions.