

AFFORDABLE HOUSING RENTAL APPLICATION

This Affordable Housing Rental Application is the first step in seeking to rent an apartment owned and/or managed by Community Concepts, Inc. Property Management Department. Due to State and Federal legislation and regulations, extensive information is required by the agencies involved. This is to assure the government that housing, which might be subsidized by them, is used fairly and to maximum efficiency.

Affordable Housing Locations

South Paris

- * 14 High Street: 6 one-bedroom
- * Stony Brook Housing 6 one-bedroom
(Stony Brook is a smoke-free building)
- High Street Apartments: 12 three-bedroom

Rumford

- * 408 Penobscot Street 4 one-bedroom

Brownfield

Willard Bickett Apartments: 5 two-bedroom & 3 three-bedroom

Fryeburg

Willard Bickett Apartments: 4 two-bedroom & 8 three-bedroom
399 Main Street: 3 one-bedroom & 1 three-bedroom

Lewiston

- * 195 Sabattus Street: 4 one-bedroom
- * 138/140 Horton Street: 2 one-bedroom & 3 two-bedroom
- 130 Oxford Street: 1 two-bedroom & 7 three-bedroom
- 60 Maple Street: 2 two-bedroom, 12 three-bedroom & 2 four-bedroom
- * Bates St. Senior Housing: 26 one-bedroom, 4 two-bedroom (This is a smoke-free building)
- * Mt David Housing: 14 one-bedroom & 1 two-bedroom

Norway

Norway Family Housing:
2 two-bedroom & 16 three-bedroom

Bethel

Bethel Station Apartments: 12 three-bedroom

Farmington

Farmington Hills Apartments:
4 two-bedroom & 6 three-bedroom

- * Mt Blue Housing: 5 one-bedroom (This is a smoke-free building)

Please return completed application to:

**Community Concepts, Inc.
Property Management
240 Bates Street
Lewiston, ME 04240**

IMPORTANT: Please be sure to fill out all required information with complete addresses and phone numbers where applicable. Adults 18 years of age or older who will be residing in the apartment must sign and date application. Incomplete applications will be returned for completion and will only be processed once they have been completely filled out. Thank you.

* **Indicates special requirements apply for eligibility**

Referred to Community Concepts by: _____

Please list the location(s) you are applying for:

1. _____ 2. _____ 3. _____



VERY IMPORTANT

PLEASE READ BEFORE PROCEEDING

IN order for us to be able to process your application efficiently, you **MUST** fill in an answer on **ALL** lines of this application for **ALL** questions asked. You **MUST** either fill in the question with the correct information, **OR** write in **N/A** if the question is **NOT APPLICABLE** to you.

It is especially important to fill in the complete phone number and address of your **current and/or prior Landlord(s)** and character references. We require two years of positive prior landlord verification other than family. Exceptions may apply.

All applications will be processed for State and National Sex Offenders Registry and a local police check.

Your application **will not be accepted as complete** if you fail to fill in all the questions as outlined above, and it will be returned to you as incomplete.

THIS WILL HOLD UP THE PROCESSING OF YOUR APPLICATION.

If you have any questions, or need assistance filling out the application, you may contact us Mondays through Fridays between 8:00 AM and 4:30 PM by calling (207) 795-4065 or (207) 743-7716 and asking to speak with someone in the Property Management Department.

Thank you for your cooperation and interest in our Affordable Rental Housing.

Property Management

EXPECTATIONS OF OUR TENANTS

Basically, being a good tenant is treating the home as if it were your very own, and to be respectful of your neighbors.

PAY—THE RENT ON TIME.

READ—ALL HOUSEHOLD POLICIES AND INSTRUCTIONS AND KEEP THIS INFORMATION IN A HANDY PLACE FOR EASY REFERENCE.

FOLLOW—THE RULES OF THE LEASE AND HOUSEHOLD POLICIES.

ALWAYS—REPORT IF YOU HAVE BROKEN SOMETHING OR IF THERE IS A MAINTENANCE PROBLEM. WE ARE VERY UNDERSTANDING AND APPRECIATIVE OF KNOWING THAT SOMETHING HAS HAPPENED.

BE—COURTEOUS TO OTHERS IN THE APARTMENTS THAT ARE AROUND YOU.

KEEP—THE APARTMENT CLEAN. CARPETS, FLOORS, WALLS, WINDOWS, BATHROOMS, AND APPLIANCES ARE TO BE VACUUMED, SWEEPED, AND CLEANED REGULARLY.

LEAVE—THE APARTMENT EXACTLY AS YOU FOUND IT WHEN YOU MOVED-IN, BARRING NORMAL WEAR AND TEAR.

UNDERSTAND—YOUR APARTMENT WILL BE INSPECTED AT LEAST 3 TIMES PER YEAR, POSSIBLY MORE.

A. GENERAL INFORMATION

Last Name: _____ First Name: _____ MI: _____

Mailing Address: _____

Residence: _____
 Street Apt. # City State Zip

Telephone Number: Day: _____ Evening: _____

I require a: One Bedroom _____, Two Bedroom _____, Three Bedroom _____
 Four Bedroom _____, Handicapped Unit _____, Other Requirements _____

Do you rent _____, or own _____

Current monthly rent \$ _____ or mortgage payment \$ _____

Do you currently hold a Section 8 Housing Choice Voucher? YES _____ NO _____
 If YES, what BR size is the Section 8 Voucher? 0 BR _____, 1 BR _____, 2 BR _____, 3 BR _____, 4 BR _____
 Other _____

Are you currently Homeless or at risk of Homelessness? YES _____ NO _____
 If YES, are you living with friends or relatives? YES _____ NO _____
 If YES, please Explain: _____

B. HOUSEHOLD COMPOSITION

List **ALL** persons, including children, who will live in the apartment. Please list **Head of Household first**:

<u>Last Name</u>	<u>First Name</u>	<u>MI</u>	<u>M/F</u>	<u>Relation to head of household</u>	<u>Date of Birth</u>	<u>SSN #</u>
H _____	_____	_____	_____	<u>Head</u>	_____	_____
2 _____	_____	_____	_____	_____	_____	_____
3 _____	_____	_____	_____	_____	_____	_____
4 _____	_____	_____	_____	_____	_____	_____
5 _____	_____	_____	_____	_____	_____	_____
6 _____	_____	_____	_____	_____	_____	_____
7 _____	_____	_____	_____	_____	_____	_____
8 _____	_____	_____	_____	_____	_____	_____

Custody status of all minors listed above: Full _____, Shared Visitation _____, Joint Custody _____
 Do you anticipate any additions to your household in the next twelve months? YES _____ NO _____
 If YES, please Explain: _____

Full Time Students:

Are **ALL** of the persons living in your household currently Full Time Students, OR have been Full Time Students within the last calendar year, OR are planning on becoming Full Time Students within the next 12 months?

YES _____ NO _____ (If answered NO, skip questions a-d)

If answered YES you **MUST** continue with the following questions:
 (You will need to provide verification of all items to which you answered YES.)

- a. Are the household members married ***and*** currently filing a joint tax return? YES_____ NO_____
- b. Is at least one household member receiving assistance through TANF (the Temporary Aid for Needy Families program)? YES_____ NO_____
- c. Is at least one household member enrolled in a federal, state or local job training program? YES_____ NO_____
- d. Does the household consist of a single parent with a dependent child (or children) and neither the parent nor the child (or children) is claimed as a dependent by anyone else on their tax return? YES_____ NO_____



The following information is requested by the apartment owner in order to assure that the Federal Laws prohibiting discrimination against tenant applicants on the basis of race, color, religion, sex, age, familial status, national origin, or physical or mental 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.

<u>PLACE OF BIRTH</u>	<u>U. S. CITIZEN</u> (Y/N)	<u>RACE</u> * indicate by code below	<u>ELIGIBILITY</u> **indicate by code
H _____	_____	_____	_____
2 _____	_____	_____	_____
3 _____	_____	_____	_____
4 _____	_____	_____	_____
5 _____	_____	_____	_____
6 _____	_____	_____	_____
7 _____	_____	_____	_____
8 _____	_____	_____	_____

* Race: WNH=white non-Hispanic, WH=white Hispanic, A=American Indian/Alaskan Native, P=Pacific Islander, B=Black
 ** Eligibility: M=Minor, FTS=Full Time Student, E=Elderly, D/H=Disabled, H=Handicapped

C. INCOME INFORMATION: List ALL sources of income for all household members.

PLEASE LIST GROSS AMOUNTS (BEFORE ANY DEDUCTIONS)

Household Member:

_____ Employment: Hourly Rate \$ _____ Hours Per Week: _____ Weeks per Year: _____
If applicable, Annual Gross Salary: \$ _____

Employer: _____ Address: _____

_____ Employment: Hourly Rate \$ _____ Hours Per Week: _____ Weeks per Year: _____
If applicable, Annual Gross Salary: \$ _____

Employer: _____ Address: _____

_____ Self Employment _____ Monthly Amount \$ _____
If applicable, Annual Gross Salary: \$ _____

_____ Social Security Benefits Monthly Amount \$ _____
_____ Social Security Benefits Monthly Amount \$ _____

_____ SSI benefits Monthly Amount \$ _____
_____ SSI benefits Monthly Amount \$ _____
_____ Maine State Supplement Monthly Amount \$ _____

_____ Pension Monthly Amount \$ _____
_____ Pension Monthly Amount \$ _____

_____ Veterans Benefits Monthly Amount \$ _____
_____ Veterans Benefits Monthly Amount \$ _____

_____ Unemployment Compensation Monthly Amount \$ _____
_____ Unemployment Compensation Monthly Amount \$ _____

_____ TANF Monthly Amount \$ _____
_____ TANF Monthly Amount \$ _____

_____ Child Support Monthly Amount \$ _____
_____ Child Support Monthly Amount \$ _____

_____ Alimony Monthly Amount \$ _____
_____ Alimony Monthly Amount \$ _____

_____ Interest Income Monthly Amount \$ _____
_____ Interest Income Monthly Amount \$ _____
Source of Interest Income _____
Address _____

_____ Other Income Gross Monthly Amount \$ _____
Source _____ Address _____

Do you anticipate any changes in this income in the next 12 months? YES _____ NO _____

If YES, explain: _____

D. ASSETS FOR ALL HOUSEHOLD MEMBERS: List ALL sources of assets for all household members
(Include children's accounts)

Bank Name: _____ Address: _____
Checking Account #: _____ Balance: _____
Savings Account #: _____ Balance: _____
Name(s) on Account: _____

Bank Name: _____ Address: _____
Checking Account #: _____ Balance: _____
Savings Account #: _____ Balance: _____
Name(s) on Account: _____

Bank Name: _____ Address: _____
Trust or CD Account # _____ Balance: _____
Name(s) on Account: _____

Stocks, Bonds, Money Market, Mutual Funds, Annuities or Capitol Gains

Name of Broker of Fund or Capitol Gains recipient _____
Address _____
Value as of Today's Date \$ _____, Rate of Return _____%, Annual Dividend _____, # of Shares _____

Whole and/or Universal Life Insurance Policies

Name of Insurance Company: _____ Address: _____
Name of Insured: _____
Type of Policy: _____
Value as of Today's Date \$ _____, Rate of Return _____%, Annual Dividend _____, # of Shares _____

Real Property

Do you own any property? YES _____ NO _____ If YES, please provide a copy of your tax bill.

Type and Location of property: _____

Does your property produce income? YES _____ NO _____.

If YES, Monthly Amount of Income: \$ _____

Mortgage or Outstanding loans – Balance: \$ _____

What is the current value of the property: \$ _____

Is your property for sale? YES _____ NO _____.

If YES, Name & Address of selling agent: _____

Address of Town Office your tax bill comes from: _____

Tax Map # _____ Lot # _____ Town _____

Have you sold/disposed of any property/assets in the last 2 years? YES _____ NO _____

If YES, Type of property/asset: _____

Market value when sold/disposed: \$ _____

Amount sold/disposed for: \$ _____

Date of transaction: _____

E. REFERENCE INFORMATION: PLEASE FILL OUT COMPLETELY

Have you or has anyone in your household ever been a previous tenant in any rental housing owned or managed by Community Concepts, Inc.?

YES _____ NO _____

If YES: Address: _____ Unit #: _____ Date rented: _____

Current Landlord:

Landlord Name and Address: _____

Landlord Home Phone #: _____ Business Phone #: _____

Rental Address and Unit #: _____

Monthly Rent Amount \$ _____ Date Moved In: _____ Date Moved Out: _____

How long have you lived there? _____

Reason for Moving? _____

Prior Landlord:

Landlord Name and Address: _____

Landlord Home Phone #: _____ Business Phone #: _____

Rental Address and Unit #: _____

Monthly Rent Amount \$ _____ Date Moved In: _____ Date Moved Out: _____

How long did you live there? _____

Reason for Moving? _____

Prior Landlord:

Landlord Name and Address: _____

Landlord Home Phone #: _____ Business Phone #: _____

Rental Address and Unit #: _____

Monthly Rent Amount \$ _____ Date Moved In: _____ Date Moved Out: _____

How long did you live there? _____

Reason for Moving? _____

Prior Landlord:

Landlord Name and Address: _____

Landlord Home Phone #: _____ Business Phone #: _____

Rental Address and Unit #: _____

Monthly Rent Amount \$ _____ Date Moved In: _____ Date Moved Out: _____

How long did you live there? _____

Reason for Moving? _____

Character References: (We prefer business/community contacts i.e. employer, teacher, minister, counselor, etc.)
(PLEASE NO RELATIVES)

1. Name: _____ Relationship: _____
Mailing Address: _____ Telephone #: _____
2. Name: _____ Relationship: _____
Mailing Address: _____ Telephone #: _____
3. Name: _____ Relationship: _____
Mailing Address: _____ Telephone #: _____

EMERGENCY CONTACTS:

Primary Contact:

Name: _____ Telephone #: _____
Address: _____ City/State: _____ Zip: _____

Secondary Contact:

Name: _____ Telephone #: _____
Address: _____ City/State: _____ Zip: _____

F. VEHICLE, PET AND ASSISTIVE ANIMAL INFORMATION

Vehicles: List all cars, trucks, or other vehicles owned.

Type of Vehicle: _____ Year/Make: _____ Color: _____
License Plate #: _____

Type of Vehicle: _____ Year/Make: _____ Color: _____
License Plate #: _____

Driver's License Number for Head of Household: _____

Driver's License Number for Household Member 2: _____

PLEASE NOTE:

WE HAVE A STRICT "NO PETS" POLICY AT MOST OF OUR PROPERTIES.

Pets: DO YOU HAVE ANY PETS?: YES _____ NO _____
If YES: Dogs: * _____ Cats: * _____ Other: _____
* Please indicate Breed, Size and Weight: _____

Assistive Animal: DO YOU REQUIRE AN ASSISTIVE ANIMAL?: YES _____ NO _____
If YES: Dogs: _____ Cats: _____ Other: _____
Please indicate Breed, Size and Weight: _____

We will require documentation for the need of any assistive animal.

G. ADDITIONAL INFORMATION

Have YOU or has ANY member of your household listed on this application EVER been arrested and/or charged with ANY crime including drug use, sales and/or possession? YES _____ NO _____

If YES, please indicate who and explain: _____

If YES, did it result in a conviction? YES _____ NO _____

If YES, you **MUST** include detailed information including the type and date of the conviction, if there was any jail time served and for how long, and if you were or are currently on probation or on parole and for how long. If available attach copies of the conviction and sentencing. If it was a Felony conviction you must indicate what type and class of Felony charge(s) _____

Are YOU or is ANY member of your household listed on this application required to register as a Sex Offender in the state of Maine or in any state in the United States of America? YES _____ NO _____

If YES, you **MUST** describe the type and class of Felony sex offense(s), who on this application must register as a Sex Offender, and in which states they are required to register: _____

Have you or has any member of your household listed on this application ever been evicted from any housing? YES _____ NO _____

If YES, please describe who, when, where, and why: _____

Have you or has any member of your household listed on this application ever filed for bankruptcy?

YES _____ NO _____

If YES, please indicate year and describe: _____

If YES, has the case been closed? YES _____ NO _____

If YES, date closed: _____ You will be required to provide documentation that it has been closed.

If NO, please explain: _____

Have you or has any member of your household listed on this application had any exposure to, or had extermination treatments for, bed bugs or cockroaches in any place you have lived at within the last 12 months?

YES _____ NO _____

If YES, please explain: _____

Application Checklist

In order to speed up the processing of your request for affordable housing, please remember the following:

- Did you either provide the correct information for **ALL** questions on the application, or mark them as N/A if they do not apply?
- Did you list **ALL** persons on the application who will be residing in the apartment?
- Did you provide us with a minimum of your last 2 years of previous landlord rental history and/or any other housing history for **ALL** adult members on the application?
(You **MUST** provide **ALL** prior Landlord names, addresses and correct telephone numbers)
- **Did you attach copies of Social Security Cards for ALL persons who will reside in the apartment?**
- Did all household members over 18 years of age supply all information required: Such as: **ALL** Income of **ALL** family members; Landlord and character references for all adults on the application; Answer the Felony related questions for **ALL** members of the household; Etc.
- Did **ALL** adult household members over 18 years of age sign the application and the certification/authorization form?
- If you are homeless or about to become homeless did you provide us with verification?
- Did you provide us with your current telephone number and mailing address?

Once we have completely reviewed your application, you will be contacted by mail or telephone indicating the status of your Affordable Housing Rental Application.

Thank You



CERTIFICATION / AUTHORIZATION

AUTHORIZATION

I/We hereby authorize Community Concepts, Inc., and its staff or authorized representative to contact any persons, agencies, offices, groups or organizations to obtain and verify any information in this application, which may be necessary for housing and/or housing programs administered and/or managed by Community Concepts, Inc.

CONDITIONS

I/We agree that a photocopy of this authorization may be used for the purposes stated above. The original of this authorization is on file with the management's office and will remain in effect for a long as I reside in any apartment complex managed by Community Concepts, Inc. I/We understand I have a right to review my file and correct any information that I can prove is incorrect.

CERTIFICATION

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 my/our eligibility for housing will be based on Maine State Housing Authority (MSHA), and/or the Department of Housing and Urban Development (HUD), and/or the Low Income Housing Tax Credit Program (LIHTC) income/occupancy limits and program regulations, and by Community Concepts, Inc. selection criteria. I/We certify that all information in this application is true and complete 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.

Head of Household (Signature) Printed Name Date

Spouse/Co-Tenant (Signature) Printed Name Date

Adult Member (Signature) Printed Name Date





OPTIONAL CONFIDENTIAL QUESTIONS:

Answering yes to any of the following question **MAY** assist us in providing affordable housing to you sooner and **WILL NOT** have an adverse affect on your possible selection for housing we offer.

We may be required to verify all yes answers as applicable depending on the location of the housing.

PLEASE INDICATE IF YOU ARE CURRENTLY:

HOMELESS?

YES _____ **NO** _____

Please explain: _____

A VICTIM OF DOMESTIC VIOLENCE?

YES _____ **NO** _____

If so are you engaged in services with SAFE VOICES?

YES _____ **NO** _____

Other domestic violence recovery agency?

YES _____ **NO** _____

Name of agency: _____

RECOVERING FROM SUBSTANCE ABUSE?

YES _____ **NO** _____

If so are you engaged in services with Community Concepts. Inc.

Alcohol and Drug treatment Services?

YES _____ **NO** _____

Other substance abuse agency?

YES _____ **NO** _____

Name of agency: _____

**ENGAGED IN SERVICES WITH COMMUNITY CONCEPTS, INC.
HEAD START OR EARLY HEAD START PROGRAM?**

YES _____ **NO** _____

**ENGAGED IN SERVICES WITH COMMUNITY CONCEPTS, INC.
FAMILY SUPPORT PROGRAM?**

YES _____ **NO** _____

**ENGAGED IN SERVICES WITH TRI-COUNTY MENTAL HEALTH?
OTHER MENTAL HEALTH AGENCY?**

YES _____ **NO** _____

YES _____ **NO** _____

Name of agency: _____

ON A WAITING LIST FOR SECTION 8 HOUSING?

YES _____ **NO** _____

If so, name of agency or housing authority: _____



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)	
<input type="checkbox"/> Emergency	<input type="checkbox"/> Assist with Recertification Process
<input type="checkbox"/> Unable to contact you	<input type="checkbox"/> Change in lease terms
<input type="checkbox"/> Termination of rental assistance	<input type="checkbox"/> Change in house rules
<input type="checkbox"/> Eviction from unit	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Late payment of rent	
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.

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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.



**EQUAL HOUSING
OPPORTUNITY**

**We Do Business in Accordance With the Federal Fair
Housing Law**

(The Fair Housing Amendments Act of 1988)

**It is illegal to Discriminate Against Any Person
Because of Race, Color, Religion, Sex,
Handicap, Familial Status, or National Origin**

- In the sale or rental of housing or residential lots
- In the provision of real estate brokerage services
- In advertising the sale or rental of housing
- In the appraisal of housing
- In the financing of housing
- Blockbusting is also illegal

Anyone who feels he or she has been discriminated against may file a complaint of housing discrimination:

**1-800-669-9777 (Toll Free)
1-800-927-9275 (TDD)**

**U.S. Department of Housing and
Urban Development
Assistant Secretary for Fair Housing and
Equal Opportunity
Washington, D.C. 20410**