



Office Use Only
Time/Date Received

Preliminary Application for Saco Falls Management

This information will be used to make a preliminary determination of eligibility and place your household on the waiting list(s) for Saco Falls Management apartments. Please answer all questions completely and accurately. Please return this application to Saco Falls Management, 482 Congress St. Suite 203, Portland, ME 04101; via e-mail at admin@sacofallsmanagement.com or via fax at 207-245-6442. If you have any questions, please call 207-228-8800.

Please provide the following information for Head and Co-Head of Household (if applicable):

Last Name	First Name	SSN	Disabled	Date of Birth	Monthly Gross Income	Source of Income	Full Time Student
			Y/N				Y/N
			Y/N				Y/N

Please provide the following information for any other person(s) who will be living with you:

Last Name	First Name	SSN	Date of Birth	Monthly Gross Income	Source of Income	Full Time Student
						Y/N
						Y/N
						Y/N
						Y/N
						Y/N

Contact Information:

Current Address: _____

Mailing Address (if different): _____

Phone # _____ Email address: _____

- Would you prefer a handicap accessible unit, if possible? (Y/N)
- Do you currently have a housing voucher? (Y/N) Issuing Agency: _____

