

# YORK HOUSING

4 Pine Grove Lane  
York, Maine 03909

## Preliminary Application

Project(s) for which I am applying \_\_\_\_\_

Name \_\_\_\_\_ (Head of Household)

Address \_\_\_\_\_ Home Phone \_\_\_\_\_

\_\_\_\_\_ Work Phone \_\_\_\_\_

Mailing Address: Only if different from above: \_\_\_\_\_

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

### **Present Living Arrangements**

In my own home  Renting  Boarding Home  With relatives/friends

Other \_\_\_\_\_

Number of Bedrooms Desired? \_\_\_\_\_

(Two-person applicants may request two bedrooms)

Complete the following for each member of your household (including yourself) who will be occupying the apartment.

| Name | Birthdate | Relationship | Social Security No. |
|------|-----------|--------------|---------------------|
|------|-----------|--------------|---------------------|

\_\_\_\_\_  
\_\_\_\_\_

Why are you applying? \_\_\_\_\_

### **Past Living Arrangements:**

Please list those places where you have lived during the past three years. Start with the most recent and progress back from this point. If you have resided in your own home over a long period of time, you may complete only the last part of this section.

| RESIDENCE | FROM | TO |
|-----------|------|----|
|-----------|------|----|

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

In my own home for the last \_\_\_\_\_ years.



Equal Housing  
Opportunity

**Income and Assets**

List the sources of money received by each person in the household.

Name

|       |                   |          |           |
|-------|-------------------|----------|-----------|
| _____ | Wages (Gross)     | \$ _____ | Per _____ |
| _____ | Wages (Gross)     | \$ _____ | Per _____ |
| _____ | AFDC              | \$ _____ | Per _____ |
| _____ | Pension/Annuities | \$ _____ | Per _____ |
| _____ | Child Support     | \$ _____ | Per _____ |
| _____ | Unemployment      | \$ _____ | Per _____ |
| _____ | Social Security   | \$ _____ | Per _____ |
| _____ | Social Security   | \$ _____ | Per _____ |
| _____ | S.S.I.            | \$ _____ | Per _____ |
| _____ | Other Income      | \$ _____ | Per _____ |

Name of Bank \_\_\_\_\_

Location \_\_\_\_\_

|                          |                  |
|--------------------------|------------------|
| Checking Account # _____ | Balance \$ _____ |
| Savings Account # _____  | Balance \$ _____ |
| Certificate # _____      | Value \$ _____   |
| Stocks & Bonds _____     | Value \$ _____   |

Name of Bank \_\_\_\_\_

Location \_\_\_\_\_

|                          |                  |
|--------------------------|------------------|
| Checking Account # _____ | Balance \$ _____ |
| Savings Account # _____  | Balance \$ _____ |
| Certificate # _____      | Value \$ _____   |
| Stocks & Bonds _____     | Value \$ _____   |

Real Estate: Do you own a year round home, vacation home, and/or rental property?

|          |       |       |
|----------|-------|-------|
| _____    | _____ | _____ |
| Location | Type  | Value |
| _____    | _____ | _____ |
| Location | Type  | Value |

Is there any outstanding mortgage(s) on your property? If so, please state the total amount outstanding: \$ \_\_\_\_\_

**Do you presently live in subsidized housing, or are you in possession of a state housing voucher?** \_\_\_\_\_ **If so, explain** \_\_\_\_\_

Comments: Please state below any additional information that you would like to include:

**Medical**

Are you, or any person who will be occupying the apartment, disabled or handicapped?

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Are you, or any member of your family who will be occupying the apartment, handicapped?

Do you require the features of an accessible unit? Yes  No

Do you **require** a first floor unit? Yes  No

(There must be a medical reason for you to refuse a second floor unit.)

If you answered yes to either of the above questions please obtain and attach a statement from a medical professional verifying that you require a first floor unit or that you require the features of an accessible unit?

Have you ever resided in the town in which the project that you are applying for is located?

Yes  No  If yes, please indicate:

Town Address Date of Residency

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Do you have a son or daughter residing in the town in which the project that you are applying for is located? Yes  No

City/Town \_\_\_\_\_ Address \_\_\_\_\_  
City/Town \_\_\_\_\_ Address \_\_\_\_\_

If someone is helping you with this application, please indicate who it is in case we need to contact this person when this application is processed.

Name \_\_\_\_\_ Agency \_\_\_\_\_ or Relationship \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_

Are any household members subject to the lifetime sex offender registration?

Yes  No

Please list all states where household members have resided: \_\_\_\_\_

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Comments: Please state below any additional information that you would like to include:

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I understand that a security deposit equal to one month's rent will be required and is payable prior to moving into an apartment.

I certify that the apartment I will occupy will be my permanent residence and that I will not maintain a separate subsidized rental unit in a different location.

I do hereby attest that I have answered all of the questions on this form truthfully, and I understand that it is an illegal act to make false statements in order to obtain Federal Housing Assistance.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

.....  
***(To be completed in applicant's own handwriting)***

Authorization for release of information

I, \_\_\_\_\_; AND \_\_\_\_\_; DO HEREBY AUTHORIZE AND AGENCIES, OFFICES, GROUPS, ORGANIZATIONS OR BUSINESS FIRMS TO RELEASE TO YORK HOUSING AUTHORITY, ANY INFORMATION OR MATERIALS WHICH ARE DEEMED NECESSARY TO COMPLETE MY APPLICATIONS FOR HOUSING. THESE ORGANIZATIONS ARE TO INCLUDE, BUT ARE NOT LIMITED TO: FINANCIAL INSTITUTIONS; CHILD SUPPORT PAYERS; STATE EMPLOYMENT SECURITY COMMISSIONS; PAST OR PRESENT EMPLOYERS; PAST AND PRESENT LANDLORDS; SOCIAL SECURITY ADMINISTRATION; UTILITY COMPANIES; WORKMAN'S COMPENSATION PAYERS; HOSPITALS; PUBLIC AND PRIVATE RETIREMENT SYSTEMS; LAW ENFORCEMENT AGENCIES; ATTORNEYS; REALTORS; DOCTORS; SOCIAL WORKERS.

THIS AUTHORIZATION SHALL CONTINUE FROM THE DATE OF SIGNATURE UNTIL SUCH TIME THAT YORK HOUSING AUTHORITY IS NOTIFIED IN WRITING THAT THE AUTHORIZATION IS CANCELLED. I ALSO UNDERSTAND THAT A PHOTOCOPY IS AS VALID AS THE ORIGINAL.

SIGNED: \_\_\_\_\_ SIGNED: \_\_\_\_\_

SS# \_\_\_\_\_ SS# \_\_\_\_\_

ADDRESS: \_\_\_\_\_ ADDRESS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DATE: \_\_\_\_\_ DATE: \_\_\_\_\_

# York Housing Authority Housing Application Addendum

Housing References - List the past **THREE** years of housing references.

| <u>Your Address</u> | <u>Dates</u> | <u>Rent/Own</u>   | <u>Landlord's Name &amp; Address</u><br>(if applicable) |
|---------------------|--------------|---|---|
| _____               | _____        | <input type="radio"/> <b>Rent</b><br><input type="radio"/> <b>Own</b> | _____   |
| _____               | <i>From</i>  |   | <i>Name</i>   |
| _____               | _____        | <input type="radio"/> <b>Rent</b><br><input type="radio"/> <b>Own</b> | _____   |
| _____               | <i>To</i>    |   | <i>Phone</i>  |
| _____               | _____        | <input type="radio"/> <b>Rent</b><br><input type="radio"/> <b>Own</b> | _____   |
| _____               | <i>From</i>  |   | <i>Name</i>   |
| _____               | _____        | <input type="radio"/> <b>Rent</b><br><input type="radio"/> <b>Own</b> | _____   |
| _____               | <i>To</i>    |   | <i>Phone</i>  |

Do you give York Housing Authority permission to contact the above references? If you do not, please explain. **YES or NO**

**Explain** \_\_\_\_\_  
\_\_\_\_\_

**Personal References** – If you did not list a previous landlord or owned your own home, please list three references.

| <u>Name</u> | <u>Relationship</u> | <u>Years Known</u> | <u>Phone Number</u> |
|-------------|---------------------|--------------------|---------------------|
| _____       | _____               | _____              | _____               |
| _____       | _____               | _____              | _____               |
| _____       | _____               | _____              | _____               |

Please sign acknowledging that the references listed above will be contacted by York Housing Authority unless not permitted.

Signature: \_\_\_\_\_  
Date: \_\_\_\_\_