

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, 10 Free Street, 3rd Floor 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 | Source of | Full Time |
|-----------|------------|-----|---------------|---------------|-----------|-----------|
| | | | | Income | Income | Student |
| | | | | | | Y/N |
| | | | | | | Y/N |
| | | | | | | Y/N |
| | | | | | | Y/N |
| | | | | | | Y/N |

| Contact Information | <u>1:</u> | | | | |
|---------------------|-------------|----------------|------|-------|-----|
| Current Address: | | | | | |
| | Street | | City | State | Zip |
| Mailing Address (if | different): | | | | |
| | Street | | City | State | Zip |
| Phone # | | Email address: | | | |

- Would you prefer a handicap accessible unit, if possible? (Y/N)
- Are you a victim of Domestic Violence? (Y/N), Are you currently Homeless? (Y/N)
- Do you currently have a housing voucher? (Y/N) Issuing Agency:

Please Check all properties that you are interested in:

| Portland, ME | Biddeford, ME | Lewiston/Auburn, ME | Bath, ME | Exeter, NH | |
|--|---|--|--|--|--|
| □ 53 Danforth | ☐ The Mill at | ☐ The Lofts at Bates Mill | □ Huse | □ Squamscott | |
| ☐ Walker Terrace | Saco Falls | ☐ Hartley Block | School | Block | |
| ☐ Casco Terrace | ☐ The Lofts at | ☐ 48 Hampshire | Apartments | | |
| ☐ The Furman | Saco Falls | | | | |
| Block (Age 55+) | ☐ Milliken | | | | |
| | Heights | | | | |
| | (Age 55+) | | | | |
| Apartment Size: | □Studio | □1 Bedroom □2 Bedro | oom | □3 Bedroom | |
| will be verified. Re Management to obta approved by Saco F It is your responsib cannot contact you, I/ WE RECOGNIZ CONSUMER REP AND/OR PREVIO | fusal by the applicant or any ain criminal records and sex alls Management. Final eligility to notify Saco Falls Manit will remove your name from E THAT AS PART OF YOU | d members may be denied housing. All information adult member of the household to submit a signed coffender registry information will automatically discibility will be determined based on a full application agement in writing of any changes in address or phoom the waiting list and you will have to re-apply. JR PROCEDURE FOR PROCESSING MY/OUR ALY BE PREPARED WHEREBY INFORMATION I | onsent form allowing Saco ualify the applicant housel ne number. If Saco Falls M | Falls nold from being Management STIGATIVE | |
| • D | - | er of your household owe money to | o a Property Mana | gement | |
| Have you or anyone in your household been arrested or evicted for drug-related or violent criminal activity during the past three years? If yes, please explain: | | | | | |
| Have you or anyone in your household been required to register as a sex offender in Maine or any other state? Y/N | | | | | |
| List of states you or any of your household have resided in: | | | | | |
| SIGNATUR | | ion, to the best of my knowledge, i | s true and correct. | | |
| (Signature of Tenant | t) | | ate | | |
| (Signature of Co-Te | nant) | | ate | | |

Fair Housing

As part of Saco Falls Management's desire to fully meet the Fair Housing Law of 1988; Section 504 of the 1973 Rehabilitation Act; and the Americans with Disabilities Act, we need your help to ensure all of our program services and activities are fully accessible to persons with disabilities. If you, or anyone in your household, encounters any type of barrier that prevents them from receiving the full benefit of our housing programs, please contact us. You may also contact the Equal Opportunity National toll-free hot line number at 1-800-424-8590. Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD and any owner (or any employee of HUD or the owner) may be subject to penalties for unauthorized disclosures or improper use of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposed cited above. Any person who knowingly or willingly requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more that \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages and seek other relief, as may be appropriate, against the officer or employee of HUD or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at 42 U.S.C. 208(f)(g) and (h). Violation of these provisions are cited as violations of 42 U.S.C. 408 (f)(g) and (h).