



If owned, do you receive monthly income from property?  Yes  No (Check one)

Check utilities paid by you:  Heat  Electricity  Gas  Other (specify)

Approximate monthly cost of utilities paid by you (excluding phone and cable TV): \$ \_\_\_\_\_

Bedroom size requested:  Studio  One BR  Two BR  Three BR  Handicap

Desired move-in date: \_\_\_\_\_ Are any of the household members smokers?  Yes  No

Does your name currently appear on a public housing or Section 8 wait list?  Yes  No  
If yes with whom? \_\_\_\_\_

Do you currently hold a housing voucher?  Yes  No If yes with whom? \_\_\_\_\_

Do you currently live in subsidized housing?  Yes  No

	Name	Relationship to head	Birth Date	Age (Optional)	Social Security Number	Full Time - Student Y/N
Head						
Co-T						
3.						
4.						
5.						
6.						

Have there been any changes in household composition in the last twelve months?  Yes  No

**If yes explain:** \_\_\_\_\_

Do you anticipate any changes in household composition in the next twelve months?  Yes  No

**If yes explain:** \_\_\_\_\_

**Will all of the persons in the household be or have been full-time students during five calendar months of this year or plan to be in the next calendar year at an educational institution (other than a correspondence school) with regular faculty and students?**  Yes  No

**IF YES, ANSWER THE FOLLOWING QUESTIONS:**

Are any full-time student(s) married and filing joint tax return?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are any full-time student(s) previously in a foster care program under Part B or Part E of Title IV of the Social Security Act?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are any full-time student(s) enrolled in a job-training program receiving assistance under the Job Training Partnership Act?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Are any full-time student(s) a TANF or a title IV recipient?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are any full time student(s) a single parent living with his/her minor child who is not a Dependent on another's tax return?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**C. INCOME**

List ALL sources of income as requested below. If a section doesn't apply, cross out or write N/A.

Household Member Name	Source of Income	Gross Monthly Amount
	Social Security	\$
	SSI Benefits	\$
	SSI Benefits	\$
	Pension (List Source)	\$
	Pension (List Source)	\$
	Veteran's Benefits (List Claim #)	\$
	Veteran's Benefits (List Claim #)	\$
	Unemployment Compensation	\$
	Unemployment Compensation	\$
	Title IV/ TANF	\$
	Title IV/ TANF	\$
	Full-Time Student Income (18 & Over Only)	\$
	Full-Time Student Income (18 & Over Only)	\$
	Interest Income (Source)	\$
	Long Term Medical Care Insurance Payments in excess of \$180/ day	\$

Household Member Name	Source of Income	Gross Monthly Amount
	<b>Employment amount</b>	\$
	Employer:	
	Address:	
	Position Held:	
	How long employed:	
	<b>Employment amount</b>	\$
	Employer:	
	Address:	
	Position Held:	
	How long employed:	
	<b>Employment amount</b>	\$
	Employer:	
	Address:	

	Position Held:	
	How long employed:	
	<b>Alimony</b>	
	Are you <b>legally entitled</b> to receive alimony?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, list the amount you are <b>entitled</b> to receive.	\$
	Do you receive alimony?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, list the amount you receive.	\$
	<b>Child Support</b>	
	Are you <b>legally entitled</b> to receive child support?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, list the amount you are <b>entitled</b> to receive.	\$
	Do you receive Child Support?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, list the amount you receive.	\$
	<b>Other Income</b>	\$
	<b>TOTAL GROSS ANNUAL INCOME</b> (Based on the monthly amounts listed above x 12)	\$
	TOTAL GROSS ANNUAL INCOME FROM PREVIOUS YEAR	\$
	Do you anticipate any changes in this income in the next 12-months?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Is any member of the household legally entitled to receive income assistance?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Is any member of the household likely to receive income or assistance from someone who is not a member of the household as listed on Page 2?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<b>If yes to any of the above, explain:</b>	
	Is the income received?	<input type="checkbox"/> Yes <input type="checkbox"/> No

**D. ASSETS**

If your assets are too numerous to list here, please request an additional form.  
If a section doesn't apply, cross out or write N/A.

Checking Accounts	#	Bank	Balance \$
	#	Bank	Balance \$
	#	Bank	Balance \$
	Bank Address:		
Savings Accounts	#	Bank	Balance \$
	#	Bank	Balance \$
	#	Bank	Balance \$
	Bank Address:		
Trust Account	#	Bank	Balance \$
Bank Address:			
Certificates	#	Bank	Balance \$
	#	Bank	Balance \$
	#	Bank	Balance \$
	#	Bank	Balance \$
	Bank Address:		
Credit Union	#	Bank	Balance \$
	#	Bank	Balance \$
	Bank Address:		
Savings Bonds	#	Maturity Date	Value \$

	#	Maturity Date	Value \$
	#	Maturity Date	Value \$
	Holder Address:		
Life Insurance Policy	#	Whole or Term? _____	Cash Value \$
Life Insurance Policy	#	Whole or Term? _____	Cash Value \$
Mutual Funds	Name:	#Shares:	Interest or Dividend \$
	Name:	#Shares:	Interest or Dividend \$
	Name:	#Shares:	Interest or Dividend \$
Stocks	Name:	#Shares:	Dividend Paid \$
	Name:	#Shares:	Dividend Paid \$
	Name:	#Shares:	Dividend Paid \$
Bonds	Name:	#Shares:	Interest or Dividend \$
	Name:	#Shares:	Interest or Dividend \$
Investment Property			Appraised Value \$

Real Estate Property: <b><i>Do you own any property?</i></b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b><i>If yes</i></b> , Type of property:	
Location of property:	
Appraised Market Value	\$
Mortgage or outstanding loans balance due	\$
Amount of annual insurance premium	\$
Amount of most recent tax bill	\$

Does any member of the household have an asset(s) owned jointly with a person who is NOT a member of the household as listed on Page 2?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b><i>If yes</i></b> , describe:	
Do they have access to the asset(s)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you sold/disposed of any property in the last 2 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b><i>If yes</i></b> , Type of property:	
Market Value when sold/disposed	\$
Amount sold/ disposed for	\$
Date of transaction:	

Have you disposed of any other asset in the last 2 years (Example: Given away money to relatives, set up Irrevocable Trust Account)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b><i>If yes</i></b> , describe the asset:	
Date of disposition:	
Amount disposed	\$

Do you have any other assets not listed above (excluding personal property)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b><i>If yes</i></b> , please list:	

**E. ADDITIONAL INFORMATION**

Are you or any member of your family currently using an illegal substance?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you or any member of your family ever been convicted of a criminal offense?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>If yes, please describe:</b>		
Have you or any member of your family ever been evicted from any housing?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>If yes, describe:</b>		
Have you ever filed for bankruptcy?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>If yes, describe:</b>		
Will you take an apartment when one is available?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**G. REFERENCE INFORMATION**

Current Landlord	Landlord Name:	
	Your Address:	
	Landlord's Address:	
	Landlord Phone:	
	How Long?	

Prior Landlord and Address	Landlord Name:	
	Your Prior Address:	
	Landlord's Address:	
	Landlord Phone:	
	How Long?	

Credit Reference #1:	
Address:	
Account #:	Phone #:
Credit Reference #2:	
Address:	
Account #:	Phone #:
Personal Reference #1:	
Address:	
Relationship:	Phone #:
<b>In case of emergency notify:</b>	
Address:	
Relationship:	Phone #:

**G. VEHICLE AND PET INFORMATION** (if applicable)

List any cars, trucks, or other vehicles owned. Parking will be provided for one vehicle, unless otherwise specified. Arrangement with Management will be necessary for more than one vehicle.

Type of Vehicle:	License Plate #:	
Year/Make:	Color:	
Type of Vehicle:	License Plate #:	
Year/Make:	Color:	
Do you own any pets:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>If yes describe:</b>		

**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 must pay a security deposit for this apartment prior to occupancy. I/We understand that my eligibility for housing will be based on applicable income limits and by management’s selection criteria. I/We certify that all information in this application is true and 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. All adult applicants, 18 or older must sign application.

**A non-refundable application fee of \$35.00 per applicant payable to Saco Falls Management must accompany this application.**

I/ We further hereby deposit \$\_\_\_\_\_ as earnest money payable to **the property for which you are applying to** be refunded to me/us if this application is not accepted. Upon acceptance of this application, this deposit shall be retained as security deposit. When so approved and accepted I/We agree to execute a lease before possession is given, or the deposit will be forfeited as liquidated damages in payment for the agent’s time and effort in processing my inquiry and application, including making necessary investigation of my credit, character and reputation. If this application is not approved and accepted by the owner or agent, the deposit will be refunded, the applicant hereby waiving any claim for damages by reason of non-acceptance, which the owner or his agent may reject without stating any reason for so doing.

I/ WE RECOGNIZE THAT AS PART OF YOUR PROCEDURE FOR PROCESSING MY/OUR APPLICATION, AN INVESTIGATIVE CONSUMER REPORT/CREDIT REPORT MAY BE PREPARED WHEREBY INFORMATION IS OBTAINED THROUGH CURRENT AND/OR PREVIOUS LANDLORDS.

The above information, to the best of my knowledge, is true and correct.

**SIGNATURES (S):**

\_\_\_\_\_  
(Signature of Tenant) \_\_\_\_\_ Date

\_\_\_\_\_  
(Signature of Co-Tenant) \_\_\_\_\_ Date

\_\_\_\_\_  
(Signature of Co-Tenant) \_\_\_\_\_ Date

\_\_\_\_\_  
(Signature of Co-Tenant) \_\_\_\_\_ Date

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**GENERAL AUTHORIZATION**

I/We Do Hereby Authorize Saco Falls Management, and its staff or authorized representative to contact any agencies, local police departments, offices, groups, individuals, or organizations to obtain and verify any information or materials which are deemed necessary to determine my/our eligibility for housing in programs administered/managed by Saco Falls Management. I/We do hereby authorize Saco Falls Management to photocopy this General Authorization with my/our signature for verification purposes as outlined above.

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SIGNATURE(S):

\_\_\_\_\_  
TENANT/APPLICANT SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PRINTED NAME

\_\_\_\_\_  
UNIT (if applicable)

\_\_\_\_\_  
CO-TENANT/APPLICANT SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PRINTED NAME

\_\_\_\_\_  
OTHER ADULT SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PRINTED NAME

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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).

**APPLICATION/MOVE-IN PROCEDURES**

- ~ Return completed application with \$35.00 **non-refundable**, check, money order or cashier's check with any supporting documentation to **Saco Falls Management..** The purpose of the application is to verify employment, income, asset income, credit reference, criminal history, personal reference (non-relatives) and prior rental history. Please also include a copy of all household members' social security cards at the time of application. Application fee is waived for Project Based Voucher applicants.
- ~ Applications must be completed and dated within 120 days of actual move in dates. So, if approved, you may be asked to complete a second application to confirm all original information prior to move in.
- ~ Due to IRS mandated regulations of the LIHTC program, the entire household cannot be comprised of full time students. \*Some exceptions apply.
- ~ In order to "hold" an apartment, a security deposit equal to one month's rent must be submitted- made payable to **the property for which you are applying:** (separate check from the application fee) unless otherwise noted by management. This amount is due *in full* in the form of a check, money order or cashier's check. This will be cashed / deposited and held in a non-interest bearing account until all leaseholders have vacated the unit. This amount will be forfeited by the applicant, if you decide, for any reason not to take residency after approval. If for any reason the application is not approved, the deposit will be returned to you.
- ~ To qualify, our Tenant Selection Process indicates the following – a Landlord reference and previous landlord reference must be favorable, Credit and Eviction reports must be favorable, criminal history will be reviewed and income must be verified, and the rent to income ratio must not exceed 40%\*. \* Some exceptions apply.
- ~ Affordable applications can take up to 14 business days to process. We are required to confirm in writing via third party reference all income and assets of all applicants. Please be patient during this time, as delays sometimes do arise.
- ~ A maximum of two (2) **indoor** cats are allowed at our properties with a \$50.00 per cat fee. Sorry, no dogs allowed. A pet addendum will also be included in your lease agreement.
- ~ This is strictly a **non-smoking property**. There is no smoking in the apartments, in the common areas, on the grounds or in any common area on the grounds of the property. We reserve the right to deny an application on the grounds of smoking.

Please sign that you have read and understand the terms above:

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Applicant Signature	Date	Applicant Signature	Date
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