

Document List from Applicant for Interview

All occupants aged 17.5 years and older must attend interview. Please bring the following information that pertains to you and your household status to the appointment.

EMPLOYMENT INCOME - For every member of your family over 17 years of age who works bring the following information and /or documents.

- Current pay stubs
- Name, address, telephone number of employer
- Current rate of regular pay and overtime pay and the number of hours per week normally worked.
- Information about any changes you expect in your pay or the number of hours to be worked during the next twelve months.
- Other types of income you expect to receive from employment, such as tips, commissions, profit sharing programs, etc.

SELF-EMPLOYMENT INCOME - Please bring a copy of last year's executed tax return including Schedule C. Also bring a current financial statement, accountant's statement of Net Business Income (projected for the next 12 months), income receipts, or any documentation you can provide to corroborate income projections for the next 12 months.

BENEFIT AND SUPPORT INCOME - If any member of your family receives any of the following types of income, please bring the following information: source of income including name, address and telephone number, amount received and/or written verification of this income:

- Unemployment Compensation
- Social Security - (please call 1-800- 772-1213 to request an award letter.)
- Supplemental Social Security
- Pension- provide most recent statement or check stub for all family members receiving a pension.
- Disability Income
- Alimony/Child Support (copy of support order and/or divorce decree, documentation from court, notarized letter from payee or printout from Mass DOR (applicant can receive a one year print-out of any income they have received from this source)
- Welfare or other public assistance
- Regular support from family members or friends

SAVINGS ACCOUNTS (including Christmas clubs, Certificates of Deposits, IRA and Keogh Accounts) and **CHECKING ACCOUNTS**

- Bring in current statement or passbook for each.

RETIREMENT ACCOUNTS, INCLUDING 401K -Please bring most recent statement and name and address of plan administrator

WHOLE LIFE INSURANCE -Please bring copy of policy.

REAL ESTATE YOU OWN - Please bring information about the current value of the property. If you own property and rent it, bring the address of the property and the information about how much income you receive and what expenses you have for the property. (Bring last year's Schedule E from your income tax forms.)

STOCKS, BONDS, TRUSTS OTHER INVESTMENTS - Please bring account numbers and statements of value on investments and information about income from investments.

OTHER INCOME - For all other types of income, please bring the name, address and telephone number of the source of the income and information about the amount of the income.

ASSETS DISPOSED - If you have sold or given away any assets in the past two years (such as giving a property or an amount of money to another family member), please bring information about those assets as well.

OTHER INFORMATION

- Last Year's tax return and attachments (and current W-2s between January - April)
- Birth Certificates for all household members
- Social Security cards of all members in the household or Passport, VISA or Alien Registration ID
- Student Status information for full-time students
- Student income (grants, scholarships, etc.) for all students (exceptions apply)

APPLICATION FOR HOUSING

Low-Income Housing Tax Credit Property

Please Print Clearly

This is an application for housing at:	Project: The Ledges
	Address 1500 Ledgewood Terrace
	Saco ME 04072
Please complete this application and return to:	The Ledges
	1500 Ledgewood Terrace
	Saco ME 04072

Applications are placed in order of date and time received. An applicant may be interviewed only after the receipt of this tenant application.

A. GENERAL INFORMATION

Applicant Name(s): _____

Address: _____

Street
Apt.#
City
State
ZIP

Daytime Phone: _____ Evening Phone: _____

No. of BR's in current unit: _____ Do you RENT or OWN (check one)

Amount of current monthly rental or mortgage payment: _____

If owned, do you receive monthly rental 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: One BR Two BR Three BR

If you require a handicap-accessible unit, check here

If you require any modifications to an apartment, check here and explain in a note to us

If you have a disability or a handicap, you may request a Reasonable Accommodation if you believe a change in the apartment or policy will assist you living independently.

Do you have a Housing Voucher (i.e., Section 8 Voucher)? Yes No (check one)

If yes, which Housing Authority? _____ (please attach a copy of your voucher).

HOUSEHOLD COMPOSITION:

List ALL persons who will live in the apartment. List the head of household first. (Include any unborn child and due date)

	Name	Relationship to head	Birth Date	Age (optional)	SS#	Student Y/N (If yes, part time or full time)
Head						
Co-T						
3.						
4.						
5.						
6.						
7.						
8.						

Have there been any changes in the last twelve months?	Yes	No
<i>If yes, explain:</i>		
Do you anticipate any changes to the household in the next twelve months?	Yes	No
<i>If yes, explain:</i>		

STUDENT ELIGIBILITY:
 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 a joint tax return?	Yes	No
Are any student(s) enrolled in a job-training program receiving assistance under the Job Training Partnership Act?	Yes	No
Are any full-time student(s) a TANF or a title IV recipient?	Yes	No
Are any full-time student(s) a single parent living with his/her minor child who is not a Dependant on another's tax return?	Yes	No
Was the full time student, at any time, a participant in a state-administered foster care system?	Yes	No

CRIMINAL & RENTAL HISTORY BACKGROUND:

Are you currently under eviction or have you been evicted?	Yes	No
If yes, describe:		
Have you or any member of your household ever been convicted of or pled guilty or “no contest” to any felony?	Yes	No
Have you or any member of your household ever been convicted of or pled guilty or “no contest” to a sexual offense?	Yes	No
Have you or any member of your household ever been convicted of or pled guilty or “no contest” to any drug-related criminal offense?	Yes	No
Do you have a registration requirement under a state sex offender registration program?	Yes	No
If yes, in what state?		
If yes, is the registration a lifetime requirement?	Yes	No
Note: Federal regulations prohibit the admission to federally assisted housing of persons with a lifetime registration requirement Under a state sex offender registration program.		

C. INCOME

List ALL sources of income as requested below. If a section doesn't apply, cross out or write NA. Do not leave any section blank.

Household Member Name	Source of Income	Gross Monthly Amount
	Social Security	
	Social Security	
	Social Security	
	Social Security	
	SSI Benefits	
	SSI Benefits	
	SSI Benefits	
	SSI Benefits	
	Pension (list source)	
	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	
	Contributions to the Household (monetary or not)	
	Full-Time Student Income (18 & Over Only)	

Household Member Name	Source of Income	Monthly Amount
	Full-Time Student Income (18 & Over Only)	
	Interest Income (source)	
	Interest Income (source)	
	Interest Income (source)	
	Long Term Medical Care Insurance Payments in excess of \$180/day	
	Employment amount	
	Employer:	
	Address:	
	Phone:	
	Position Held :	How long employed:
	Employment amount	
	Employer:	
	Address:	
	Phone:	
	Position Held :	How long employed:
	Employment amount	
	Employer:	
	Address:	
	Phone:	
	Position Held :	How long employed:
	Employment amount	
	Employer:	
	Address:	
	Phone:	
	Position Held :	How long employed:
	Alimony	
	Are you <i>legally entitled</i> to receive alimony?	Yes No
	If yes, list the amount you are <i>entitled</i> to receive.	
	Do you receive alimony?	Yes No
	If yes list amount you receive.	

		Child Support	
		Are you <i>legally entitled</i> to receive child support?	Yes No
		If yes list the amount you are <i>entitled</i> to receive.	
		Do you receive child support?	Yes No
		If yes, list the amount you receive.	
		Other Income	
		Other Income	
		Other Income	
TOTAL GROSS ANNUAL INCOME (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?			Yes No
Is any member of the household legally entitled to receive income assistance?			Yes No
Is any member of the household likely to receive income or assistance (monetary or not) from someone who is not a member of the household as listed on Page 2?			Yes No
If yes to any of the above, explain:			
Is the income received?			Yes 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 NA.			
Checking Accounts	#	Bank	Balance \$
	#	Bank	Balance \$
	#	Bank	Balance \$
Savings Accounts	#	Bank	Balance \$
	#	Bank	Balance \$
	#	Bank	Balance \$

Trust Account	#	Bank	Balance \$	
Certificates	#	Bank	Balance \$	
	#	Bank	Balance \$	
	#	Bank	Balance \$	
	#	Bank	Balance \$	
Credit Union	#	Bank	Balance \$	
	#	Bank	Balance \$	
Savings Bonds	#	Maturity Date	Value \$	
	#	Maturity Date	Value \$	
	#	Maturity Date	Value \$	
Life Insurance Policy			Cash Value \$	
Life Insurance Policy			Cash Value \$	
Mutual Funds	Name:	#Shares:	Interest or Dividend \$	Value \$
	Name:	#Shares:	Interest or Dividend \$	Value \$
	Name:	#Shares:	Interest or Dividend \$	Value \$
Stocks	Name:	#Shares:	Dividend Paid \$	Value \$
	Name:	#Shares:	Dividend Paid \$	Value \$
	Name:	#Shares:	Dividend Paid \$	Value \$
Bonds	Name:	#Shares:	Interest or Dividend \$	Value \$
	Name:	#Shares:	Interest or Dividend \$	Value \$
Investment Property			Appraised Value \$	
Real Estate Property: <i>property?</i>	<i>Do you own any</i>		Yes No	
<i>If yes, Type of property</i>				

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 member of the household as listed on Page 2?	Yes No
<i>If yes, describe:</i>	
Do they have access to the asset(s)?	Yes No

Have you sold/disposed of any property in the last 2 years?	Yes No
<i>If yes, Type of property</i>	
Market value when sold/disposed	\$
Amount sold/disposed for	\$
Date of transaction	

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

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

E. ADDITIONAL INFORMATION

Are you or any member of your family currently using an illegal substance?	Yes	No
Have you or any member of your family ever been convicted of a felony?	Yes	No
<i>If yes, describe:</i>		
Have you or any member of your family ever been evicted from any housing?	Yes	No
<i>If yes, describe</i>		
Have you ever filed for bankruptcy?	Yes	No
<i>If yes, describe</i>		
Will you take an apartment when one is available?	Yes	No
<i>Briefly describe your reasons for applying:</i>		

F. REFERENCE INFORMATION

Current Landlord	Name:	
	Address:	
	Home Phone:	
	Bus. Phone:	
	How Long?	
Prior Landlord	Name:	
	Address:	
	Home Phone:	
	Bus. Phone:	
	How Long?	

Credit Reference #1:	
Address:	
Account #:	Phone #:
Credit Reference #2:	
Address:	
Account #:	Phone #:
Credit Reference #3:	
Address:	
Account #:	Phone #:
Personal Reference #1:	
Address:	
Relationship:	Phone #:
Personal Reference #2:	
Address:	
Relationship:	Phone #:
Personal Reference #3:	
Address:	
Relationship:	Phone #:

In case of emergency notify:	
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. Arrangements 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?	Yes	No	
<i>If yes, describe:</i>			

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 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 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.

SIGNATURE (S):

_____	_____
(Signature of Tenant)	Date
_____	_____
(Signature of Co-Tenant)	Date
_____	_____
(Signature of Co-Tenant)	Date
_____	_____
(Signature of Co-Tenant)	Date

AUTHORIZATION TO RELEASE INFORMATION

THIS SECTION TO BE COMPLETED BY MANAGEMENT AND EXECUTED BY TENANT

Property:

Re:

As managing agents for this Low Income Housing Tax Credit Project, Federal Regulations require we verify the program eligibility of all members of families applying for admission and verify this information periodically for residents. To comply with this requirement, your cooperation is needed in supplying the information requested. This information will be held in strict confidence for use in determining eligibility status and income for this family. **A signed authorization for your release appears below. Please complete the attached form and return it to the address below at your earliest convenience. Thank you for your assistance.**

Signature
Community Manager

Date

Release by Applicant/Tenant

I, _____, hereby authorize you to furnish all requested information.

Signature

Date

BACKGROUND INQUIRY RELEASE

The Caleb Foundation may make inquiries, including but not limited to, your consumer credit history, education, professional licensing, criminal history, driving history, your personal character, abilities, work habits, mode of living, residency, immigration status, general reputation, performance, experience and other qualities pertinent to your qualifications.

Please complete and sign the form that follows, authorizing, without reservation, any party, including but not limited to; financial institutions, law enforcement agencies, state agencies, and private information bureaus or repositories, contacted by an outside agency to furnish any or all of the above listed information. Your authorization releases the outside agency from any and all liability for damages arising from the investigation and disclosure of the requested information. Further it releases and discharges all liability from all companies, agencies, officials, officers, employees and other persons, who, in good faith, provide to the outside agency the above mentioned information as requested, in order to successfully complete a background investigation. Your signature allows a photocopy or fax copy of this authorization to be as valid as the original.

For your records, a copy of this completed notice that a consumer report may be obtained for business purposes will be provided. Please retain it for your records. (Fill one out for every adult 18 or over)

PRINT FULL NAME: _____

SOCIAL SECURITY #: _____ DATE OF BIRTH: _____

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

APPLICANT SIGNATURE: _____ DATE: _____

*Date of birth is being requested only for the purposes of identification in obtaining accurate retrieval of records and it will not be used for discriminatory purposes.

PRINT FULL NAME: _____

SOCIAL SECURITY #: _____ DATE OF BIRTH: _____

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

APPLICANT SIGNATURE: _____ DATE: _____

*Date of birth is being requested only for the purposes of identification in obtaining accurate retrieval of records and it will not be used for discriminatory purposes

Supplemental and Optional Contact Information for Housing Applicants

SUPPLEMENT TO APPLICATION FOR HOUSING
This form is to be provided to each applicant for 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.

Check this box if you choose not to provide the contact information.

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 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.

ADDENDUM for
APPLICATION FOR HOUSING

Low-Income Housing Tax Credit Property

In accordance with The Department of Housing and Urban Development's Handbook 4350.3 Rev-1: Occupancy Requirements of Subsidized Multifamily Housing Programs", Change 4, the following additional questions must be answered for all applicants of a household who are 18 and over prior to move-in.

Please list all States applicants 18 and over have lived in:

Head: _____	States: _____
Other: _____	States: _____
Other: _____	States: _____
Other: _____	States: _____

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

Yes ___ No ___

If yes, please list member(s): _____

Head of Household Signature

Date

Co-Head of Household Signature

Date

Other Adult Member Signature

Date

Other Adult Member Signature

Date