



# Meadow View Apartments

**Hancock County Homes Foundation**  
25 Tweedie Lane~Ellsworth, Maine 04605  
Phone: 207-667-2651 ~ Fax: 207-667-7468  
TDD#: 1-800-457-1220

Email: meadowvw@gwi.net

*Housing for "62 Years of Age or Older, Handicapped/Disabled Regardless of Age"*

## TENANT SELECTION CRITERIA

The following summary will give you some information regarding housing at Meadow View Apartments

We are able to place on our waiting list all applicants:

**Who** are 62 years of age or older.

**Who** are disabled, and have the capacity to enter into a legal lease agreement.

**Whose** adjusted income does not exceed the income limits.

**Who** have sufficient income to maintain an apartment.

Potential tenants are selected from our waiting lists by date and time of application, and by the type of unit available.

Waiting lists are maintained for:

**Very Low Income Applicants**  
**Low Income Applicants**  
**Moderate Income Applicants**  
**Disabled Applicants**

The very low adjusted income levels are set by Rural Development for Hancock County is as follows:

**One Person Household..... \$24,650**  
**Two Person Household..... \$28,150**

The maximum adjusted incomes allowed to be eligible for housing are:

**One Person Household..... \$44,900**  
**Two Person Household..... \$50,500**

Income levels are set by calculations, which include your actual income (Social Security, Pensions & Wages) and your income from assets (C.D.s, mortgages, money market, checking accounts, etc.), or imputed income of total assets (same as above, plus any real estate) whichever is greater. Deductions are made from this amount: \$400.00 per elderly household, \$480.00 for household member under 18 and a full time student, plus allowable medical expenses which exceed 3.0% of your gross income. The final figure from these calculations is your adjusted income, which is the one your eligibility level and rent is determined.

### **NOTE:**

**The Meadow View Complex is 100% Smoke Free. No smoking of any kind is allowed anywhere on Meadow View property either by tenants, staff or visitors to the complex.**

**NO EXCEPTIONS**

## RENTAL AMOUNTS

79 apartments at Meadow View have Rural Development Rental Assistance. For these apartments, should you qualify, your rent would be based on 30% of your adjusted monthly income. 7 of the apartments have NO Rental Assistance and require "Basic" monthly rents between \$500.00 and \$760.00.

## UTILITIES

Our apartments have all electrical appliances and heat. You are responsible for your own electrical usage. However, each apartment is designated a "Utility Allowance" for the coming year and that allowance is deducted from your rental amount which you pay us.

*Example:*

<b>\$250.00.....Gross Rental Amount</b>
<b>-84.00.....Utility Allowance</b>
<hr/>
<b>\$166.00.....Net Rent Payable</b>

## APPLICANT REFERENCE CHECKS

All applicants applying for residency at Meadow View Apartments will undergo Prior Landlord and Criminal Records checks.

## REJECTION OF APPLICATIONS

Hancock County Homes Foundation (Meadow View Apartments) may reject an application under the following conditions:

- \*Poor credit history of applicant
- \*Poor prior landlord report
- \*Past history of violence and harassment of neighbor(s)
- \*Past history of disturbing quiet enjoyment of neighbor(s)
- \*Past history of violations of previous rental agreements, such as destruction of unit or failure to maintain a unit in sanitary condition.

## PETS

Meadow View Apartments allows apartment type pets (e.g., cats, small to medium size dogs, birds, fish, turtles and hamsters) and requires completion of a **Pet Policy Addendum** to the Lease, which outlines the tenant's responsibilities. A security deposit of \$150.00 is required on dogs and cats, not small caged animals. (Note: Only one cat or dog is allowed)

## OTHER INFORMATION

If your name comes to the top of our waiting list and an apartment of the type you selected, at the income level you qualify for is offered, and you decline said apartment, your name will be placed at the **bottom** of our waiting list. If after being contacted two (2) times and refusing the apartment, your name will be **removed** from our waiting list until you desire to complete a new application. Some apartments have carpeting with the exception of the kitchen and bathroom, which have vinyl flooring. Some apartments have vinyl planking throughout the apartment. All apartments are unfurnished with the exception of the range and refrigerator. Laundry facilities are available onsite using laundry cards (coinless/cashless pre-loaded money cards).

**If you require more detailed information, please do not hesitate to call or drop by our office. Our phone number is (207) 667-2651. (TDD# 1-800-472-1220) and our office hours are Monday through Friday, 8:00 to 4:00.**

"In accordance with Federal Law and USDA Policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability (not all prohibited bases apply to all programs). To file a complaint of discrimination, write to: USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Avenue, SW, Washington, D.C., 20250-9410, or call 1-800-795-3272 (voice) or 202-720-6382 (TDD). USDA is an equal opportunity provider and employer."

Revised June 2, 2020



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Housing for "62 Years Of Age or Older, Handicapped/Disabled Regardless of Age"

[meadowvw@gwi.net](mailto:meadowvw@gwi.net)

For office use only:

Processed by: \_\_\_\_\_

Date rec'd: \_\_\_\_\_

Time rec'd: \_\_\_\_\_

Waiting list: \_\_\_\_\_

Eligibility: \_\_\_\_\_

Move-in: \_\_\_\_\_

Rejection: \_\_\_\_\_

Move-out: \_\_\_\_\_

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## APPLICATION-Rural Development

Date Received: \_\_\_\_\_

Time Received: \_\_\_\_\_

(Leave Blank)

(Leave Blank)

This is an application for housing in Meadow View Apartments located in Ellsworth, Maine. Please complete this application and return it to the address listed at the end of this form. Applications are placed in order of the date and time they are received. An applicant may be interviewed only after Hancock County Homes Foundation receives the tenant application.

HCHF Staff Processing: \_\_\_\_\_

### A. GENERAL INFORMATION

Applicant Name(s): \_\_\_\_\_

Address: \_\_\_\_\_  
 (Street) (Apt.) (City) (State) (Zip)

Telephone: \_\_\_\_\_ Present Rent: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ @ \_\_\_\_\_

Bedroom Size requested:

Efficiency: \_\_\_\_\_ One Bedroom: \_\_\_\_\_ Two Bedroom: \_\_\_\_\_ Handicapped: \_\_\_\_\_

### B. HOUSEHOLD COMPOSITION

Include all persons who will reside in the apartment. Please list the head of household first.

NAME

BIRTHDATE

\*\*SOCIAL SECURITY #

NOTE: Copy of Social Security Card(s)  
must be included with application

#1: \_\_\_\_\_

#2: \_\_\_\_\_

#3: \_\_\_\_\_

**NOTICE: Meadow View Property is Smoke Free. No smoking of any kind is allowed by either tenants, their visitors, staff, or groups meeting here**

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**C. INCOME****SOURCE OF THE INCOME**

Name: \_\_\_\_\_

\_\_\_\_\_ a. Soc. Security Monthly Amount \$ \_\_\_\_\_  
 \_\_\_\_\_ Soc. Security Monthly Amount \$ \_\_\_\_\_  
 \_\_\_\_\_ Soc. Security Monthly Amount \$ \_\_\_\_\_  
 \_\_\_\_\_ b. Pension Monthly Amount \$ \_\_\_\_\_  
 \_\_\_\_\_ Pension Monthly Amount \$ \_\_\_\_\_

Source of Pensions: \_\_\_\_\_

\_\_\_\_\_ c. Veterans Benefits Monthly Amt. \$ \_\_\_\_\_  
 \_\_\_\_\_ Veterans Benefits Monthly Amt. \$ \_\_\_\_\_  
 \_\_\_\_\_ d. SSI Benefits Monthly Amount \$ \_\_\_\_\_  
 \_\_\_\_\_ SSI Benefits Monthly Amount \$ \_\_\_\_\_  
 \_\_\_\_\_ e. Unemployment Monthly Comp \$ \_\_\_\_\_  
 \_\_\_\_\_ Unemployment Monthly Comp \$ \_\_\_\_\_  
 \_\_\_\_\_ f. AFDC Monthly Amount \$ \_\_\_\_\_  
 \_\_\_\_\_ g. Wages Gross Monthly Amount \$ \_\_\_\_\_

Employer: \_\_\_\_\_

Position Held: \_\_\_\_\_

Time employed: \_\_\_\_\_

Wages Gross Monthly Amount \$ \_\_\_\_\_

Employer: \_\_\_\_\_

Position Held: \_\_\_\_\_

Time employed: \_\_\_\_\_

\_\_\_\_\_ h. FT Student Monthly Income \$ \_\_\_\_\_  
 (Only full time students 18 & over)  
 \_\_\_\_\_ FT Student Monthly Income \$ \_\_\_\_\_  
 (Only full time students 18 & over)

\_\_\_\_\_ i. ANNUAL Earned Income Tax Credit \$ \_\_\_\_\_  
 \_\_\_\_\_ j. Alimony Monthly Amount \$ \_\_\_\_\_  
 \_\_\_\_\_ k. Child Support Monthly Amount \$ \_\_\_\_\_  
 \_\_\_\_\_ l. Interest Income Monthly Amount \$ \_\_\_\_\_  
 Interest Income Monthly Amount \$ \_\_\_\_\_  
 \_\_\_\_\_ m. Other Income Monthly Amount \$ \_\_\_\_\_  
 Other Income Monthly Amount \$ \_\_\_\_\_

**TOTAL GROSS ANNUAL INCOME** (Base this on the monthly amounts listed above and multiply by 12).....\$ \_\_\_\_\_

Do you anticipate and changes in this income in the next 12 months? Yes \_\_\_ No \_\_\_

If Yes Explain:

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

**D. ASSETS**

Checking Accounts	#	Bank	Balance
	#	Bank	Balance
	#	Bank	Balance
Savings Accounts	#	Bank	Balance
	#	Bank	Balance
Certificate of Deposit	#	Bank	Balance
	#	Bank	Balance
Trust Accounts	#	Bank	Balance
	#	Bank	Balance
Credit Union	#	Bank	Balance
	#	Bank	Balance
Savings Bonds	#	Bank	Balance
	#	Bank	Balance
Life Insurance Policy	#		Face value

Real Estate Property: Do you own any property? Yes \_\_\_ No \_\_\_

If yes, type of property: \_\_\_\_\_

Location: \_\_\_\_\_

Appraised Market Value \$ \_\_\_\_\_

Mortgage or outstanding loans, balance due \$ \_\_\_\_\_

Amount of annual insurance premium \$ \_\_\_\_\_

Amount of recent tax bill \$ \_\_\_\_\_

Have you sold/dispensed of any property in the past two years? Yes \_\_\_ No \_\_\_

If Yes, type of property: \_\_\_\_\_

Market value when sold/dispensed of \$ \_\_\_\_\_

Amount sold/dispensed of \$ \_\_\_\_\_

Date of transaction: \_\_\_\_\_

Have you disposed of any assets in the past two years (Example: given money away to relatives, set up irrevocable trust accounts)? Yes \_\_\_ No \_\_\_

If yes, describe assets: \_\_\_\_\_

Date of disposition: \_\_\_\_\_

Amount disposed: \_\_\_\_\_

**E. MEDICAL/CHILDCARE/DISABILITY ASSISTANCE EXPENSES**

Medical Costs: Complete this part only if head of household or spouse is 62 or older or disabled.

Medicare Premiums.....Monthly Amount \$ \_\_\_\_\_

Monthly Amount \$ \_\_\_\_\_

Medical Insurance coverage, name of insurance company: \_\_\_\_\_

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

Monthly Amount \$ \_\_\_\_\_

Anticipated medical/prescription/drug costs NOT covered by insurance or reimbursed, monthly amount: \_\_\_\_\_

\$ \_\_\_\_\_ (FOR OVER THE COUNTER DRUGS, RECEIPTS MUST BE RETAINED)

*Medical continued on next page*

Name of your pharmacy: \_\_\_\_\_

Medical bills or outstanding costs you are making monthly payments to: \_\_\_\_\_

Balance Due: \$ \_\_\_\_\_

Monthly Payments: \$ \_\_\_\_\_

Payable to: \_\_\_\_\_

(Optional) Are you seeing a physician on a regular basis? Yes \_\_\_ No \_\_\_

Projected costs not covered by insurance, nor reimbursed for in the next 12 months: \$ \_\_\_\_\_

Child care costs: (Complete ONLY for children 12 and under)

Name(s) of children cared for: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name and address of agency or person caring for children: \_\_\_\_\_

Weekly cost for childcare due to employment: \$ \_\_\_\_\_

Weekly cost of childcare due to education: \$ \_\_\_\_\_

Disability assistance expenses: (Complete ONLY if disability expenses allow the disabled or other household member to WORK.) List type of expenses, weekly amount paid to whom: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

#### **F. PROGRAM INFORMATION**

If you are not 62 years old, are you eligible for occupancy based on your status as an individual with disabilities? Yes \_\_\_ No \_\_\_ (If you checked YES, please provide proof of Social Security disability status)

Are you currently living in subsidized housing? Yes \_\_\_ No \_\_\_

Do you wish to have priority for an apartment with special design features for individuals with disabilities? Yes \_\_\_ No \_\_\_

Have you ever resided in a project financed and/or subsidized by the Government? Yes \_\_\_ No \_\_\_

If YES, give name and address: \_\_\_\_\_

Have you ever been evicted from public housing or any other Federal housing project? Yes \_\_\_ No \_\_\_

If YES, where? \_\_\_\_\_

Describe the circumstances: \_\_\_\_\_

Have you ever been evicted from other housing? Yes \_\_\_ No \_\_\_

If YES, where and why: \_\_\_\_\_

Have you ever been convicted of a FELONY crime? Yes \_\_\_ No \_\_\_

If YES, what was the charge(s): \_\_\_\_\_

How did you hear about this housing project: \_\_\_\_\_

Will you take an apartment when one becomes available? Yes \_\_\_ No \_\_\_

Briefly describe your reasons for applying: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**G. REFERENCE INFORMATION**

Current Landlord:

Name \_\_\_\_\_

Address \_\_\_\_\_

Home Phone Number: \_\_\_\_\_

Business Phone Number: \_\_\_\_\_

Previous Rental Information:

Prior Landlord Name: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_

Prior Landlord Name: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_

Credit References:

#1. Name: \_\_\_\_\_

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

Phone: \_\_\_\_\_

#2. Name: \_\_\_\_\_

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

Phone: \_\_\_\_\_

#3. Name: \_\_\_\_\_

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

Phone: \_\_\_\_\_

Personal References:

#1. Name: \_\_\_\_\_

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

Phone: \_\_\_\_\_

#2. Name: \_\_\_\_\_

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

Phone: \_\_\_\_\_

#3. Name: \_\_\_\_\_

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

Phone: \_\_\_\_\_

In case of emergency please contact: \_\_\_\_\_

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

Phone #: \_\_\_\_\_

**H. OTHER REQUIRED INFORMATION**

Vehicle(s): 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: \_\_\_\_\_

Color: \_\_\_\_\_

Year/Make: \_\_\_\_\_

License #: \_\_\_\_\_

Type of vehicle: \_\_\_\_\_

Color: \_\_\_\_\_

Year/Make: \_\_\_\_\_

License #: \_\_\_\_\_

Do you own any pets? Yes \_\_\_ No \_\_\_

If yes, describe: \_\_\_\_\_

**I. CERTIFICATION AUTHORIZATION****Certification**

I/We hereby certify that I/We do not maintain a separate subsidized unit in another location. I/We further certify that this will be my/our permanent residence. I/We understand that I/We must pay a Security Deposit for this apartment prior to our occupancy. I/We understand that my/our eligibility for housing will be based on Rural Development guidelines selection criteria. I/We certify that all information in this application is true to the best of my/our knowledge and that I/We understand that false statements or information is punishable by law and will lead to cancellation of this application or termination of tenancy after occupancy.

SIGNATURE: \_\_\_\_\_  
(Head of household)

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

\_\_\_\_\_  
(Spouse/Other)

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

**Authorization**

I/We do hereby authorize Hancock County Homes Foundation and it's staff, or authorized representative, to contact agencies, offices, groups, or organizations to obtain and verify information or materials which are deemed necessary to complete my/our application for housing in programs administered by Hancock County Homes Foundation.

SIGNATURE: \_\_\_\_\_  
(Head of Household)

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

\_\_\_\_\_  
(Spouse/Other)

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

**Disclosure Statement**

"The information regarding race, national origin, and sex designation solicited on this application is requested in order to assure the Federal Government, acting through the Rural Development, Rural Housing Service that Federal Laws prohibiting discrimination against tenant applicants on the basis of race, color, national origin, religion, sex, familial status, age and handicap are complied with. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However, if you choose not to furnish it, the owner is required to note the race/national origin and sex of individual applicants on the basis of visual observation of surname."

Ethnicity: \_\_\_\_\_ Hispanic or Latino \_\_\_\_\_ Not Hispanic or Latino  
(National Origin)

Race: \_\_\_\_\_ American Indian or \_\_\_\_\_ Asian \_\_\_\_\_ Black or \_\_\_\_\_ Native Hawaiian or \_\_\_\_\_ White  
Alaskan Native African American Other Pacific Islander

Sex: \_\_\_\_\_ Male \_\_\_\_\_ Female

Information supplied by: Applicant: \_\_\_\_\_ Management: \_\_\_\_\_  
Initials Initials

**Please return this application to:**  
**Hancock County Homes Foundation**  
**Meadow View Apartments**  
**25 Tweedie Lane**  
**Ellsworth, Maine 04605**

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Revised September 2019