

APPLICATION – DEERING PAVILION

880 Forest Ave., Portland, ME 04103

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www.deeringpavilion.com

All items must be completed in order to determine eligibility

NAME (Head of Household) _____

STREET ADDRESS _____

CITY, STATE, ZIP _____

PHONE NUMBER _____

MAILING ADDRESS: Only if different from above: _____

Please check only ONE circumstance that qualified your household for subsidized housing:

_____ **Person 62 of age or older** _____ **Person with physical handicap**

Applying for: _____ **Studio Apt.** _____ **1 Bedroom Apt.** _____ **2 Bedroom Apt.**

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

NAME	Relationship To Head	Birthdate	Social Security Number	Drivers Lic. #
_____	_____	_____	_____	_____

Information from applicants who were age 62 or older as of January 31, 2010, and who do not have a SSN, if they were receiving HUD rental assistance at another location on January 31, 2010. This information is needed in order for the owner to verify whether the applicant qualifies for the exemption from disclosing and providing verification of a SSN.

Do you anticipate any changes in your household composition? _____ If yes, explain

Deering Pavilion does not discriminate in the rental of housing, the provision of services, or in any other manner, based on race, color, sex, ancestry, national origin, familial status, sexual orientation, or status as a recipient of public assistance.

PLEASE INCLUDE COPIES OF SOCIAL SECURITY CARDS AND COPIES OF BIRTH CERTIFICATES FOR ALL FAMILY MEMBERS, WITH YOUR APPLICATION



Deering Pavilion is a smoke free environment

INCOME AND ASSETS

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

Name of member receiving income
_____ Wages (Gross) \$ _____ per _____
_____ Social Security \$ _____ per _____
_____ Social Security \$ _____ per _____
_____ SSI \$ _____ per _____
_____ Unemployment \$ _____ per _____
_____ Pension/Annuity \$ _____ per _____
_____ Other Income \$ _____ per _____

MEDICAL

Medicare \$ _____ per _____
Medicare Part D \$ _____ per _____
Health Insurance \$ _____ per _____

HOUSEHOLD ASSETS

Bank or Institution: _____ Address: _____
Checking Acct. Balance: _____ Savings Acct. Balance: _____
Certificate Value: _____ Stocks and Bonds Value: _____

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Checking Acct. Balance: _____ Savings Acct. Balance: _____
Certificate Value: _____ Stocks and Bonds Value: _____

REAL ESTATE: Do you own a year round home, vacation home, rental property, or land? _____

Location	Type	Value
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Is there any outstanding mortgage(s) on your property? _____

If so, please state the total amount outstanding. \$ _____

Do you have whole life insurance? _____ If yes, please give name, address of carrier: _____

CERTIFICATION OF DISPOSITION OF ASSETS

In calculating your eligibility, we are required to consider any assets you have given away or disposed of for less than full market value. We are required to estimate the value of these assets and count that amount as if it would earn at least 2% interest for the year, if you had kept the asset. We would use a higher amount if it can be determined that the asset would have actually earned that amount if you had kept it.

You are required to report any assets that you have disposed of during the past two years for which you did not receive full market value. Two common examples are: selling or giving away a house or business for less than you could have sold it for on the open market and giving money, stocks, bonds, etc.. to relatives or others. The federal government requires that transactions such as these be reported to us at the time of certification or recertification.

You do not have to report any assets disposed of as a result of foreclosure, bankruptcy or a divorce settlement.

I hereby certify that I have _____ or have not _____ disposed of any assets for less than fair market value during the past two years.

If assets have been disposed of during the above period for less than fair market value:

Date Disposed of Assets: _____

Type of Asset(s): _____

Amount Received: \$ _____

Market Value of Asset(s):
at time of disposition \$ _____

Signature, Head of Household

Date

Signature, Spouse, Co-head

Date

+++++

Do you own a pet? _____ If yes, what kind? _____

Have you ever been convicted of any crime? _____ If yes, please explain what and when

LANDLORD REFERENCE

Please list the most current landlord from whom you've rented. 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 ADDRESS

FROM TO

Landlord's Name

Landlord's phone #

Landlord's Complete Address

OWNED MY OWN HOME FOR THE LAST _____ YEARS.

If we have questions regarding your application, is there someone other than yourself you would like us to contact? _____ yes _____ no

If yes, please provide the following information about the person you would like for us to contact:

Name: _____

Address: _____

Telephone: _____ Relationship to you: _____

CRIMINAL & SEX OFFENDER BACKGROUND INFORMATION

Federal law requires us to get drug and criminal background and sex offender registration information about all adult household members applying for subsidized housing. To enable us to do that, all household members age 18 or older must answer the questions below, and then sign below to consent to a background check. The questions ask about drug related and other criminal activity that could adversely affect the health, safety, and welfare of other residents.

Deering Pavilion will deny the application of any applicant who does not provide complete and accurate information on this form or does not consent to a background check.

1. Have you ever been evicted from a federally assisted site for drug related criminal activity? Yes No
2. Do you currently use illegal drugs or abuse alcohol? Yes No
3. Are you currently subject to a lifetime registration requirement under a state sex offender registration program? Yes No
4. Have you been convicted of any drug-related crime?
 Yes No
5. Have you been convicted of any crime? Yes No
6. Have you been convicted of any crime involving fraud or dishonesty?
 Yes No
7. Have you been convicted of any crime involving violence?
 Yes No
8. Are you currently charged with any of the above criminal activities? Yes No
9. Please list all states in which you have lived or have held licenses to drive (include driver's license #s)

10. Have you ever used or been known by any other name? Yes No
If yes, please list names used _____

I understand that the above information is required to determine my eligibility for residency. I certify that my answers to the above questions are true and complete to the best of my knowledge. I understand that making false statements on this form is grounds for rejection or termination of my lease. I authorize Deering Pavilion to verify the above information, and I consent to the release of the necessary information to determine my eligibility.

I hereby authorize law enforcement agencies to release criminal records and/or sex offender registration information to Deering Pavilion, to a public housing authority, or to an agency contracted by Deering Pavilion to conduct criminal background checks.

Applicants Signature _____ Date _____

Applicants Name (Please Print) _____

Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING

This form is to be provided to each applicant for federally assisted 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.

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 federally assisted 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.