



APPLICATION FOR HOUSING

Instructions: Please follow carefully - Incomplete applications will be returned

1. **Complete all areas.** If an item does not apply to you, mark "N/A" on that line.
2. **We need copies of Social Security Cards and Birth Certificate** The government **requires** that all applicants, except those who are not US citizens who do not claim eligible immigration status, submit a copy of their social security card with the attached housing application. If you do not have a social security card, we can accept one of the following, as long as your social security number appears on the document. If you are applying for senior/disabled housing and are under the age of 62, proof of disability must accompany the application. SSDI payments are not proof of disability.
Driver's License Medicare Card Passport

Note: Copies of Metal Social Security Cards are not acceptable.

If you cannot provide us with any of the above documents and are not an ineligible noncitizen, it will be necessary for you to certify that you have made application to the Social Security Office for a new card before we will accept your housing application. You may not need a social security card if you were 62 or older on January 31, 2010 and living in HUD subsidized housing at that time.

3. **Proof of US Citizenship** The US Department of Housing & Urban Development will only provide subsidy in Section 8, Rent Supplement, RAP or Section 236 communities to household members who are US Citizens, nationals or certain categories of eligible noncitizens. If you are applying to one of these types of communities, you **must** have the attached Declaration of Section 214 Status forms completed by **EACH** family member (including yourself). Please make sure you follow the instructions on the Declaration Form.
4. **Signatures are required by all adult applicants**
5. **Return your application to:**

Alpha Management
PO Box 310
Scarborough, ME 04070-0310

Note: Pets are only allowed in our senior citizen properties or for persons with disabilities who require a service animal.

Your application is being returned because:

- ☐ You did not complete all areas or you did not sign the application.
- ☐ You did not provide the required social security cards for all household members.
- ☐ The Declaration of Section 214 Status and Family Summary Sheet were not completed/signed as instructed above.

Please return your application along with the information that was missing if you want to be considered for HUD Multifamily housing.



Date Received: _____
 Time Received: _____

Property: (Check box)

- ☐ Centennial Place, Old Orchard (62 & Older/Disabled)
☐ Coughlin Park, Rockland (Family Housing - 2/3/4 Bdrms)
☐ Village at Oak Hill, Scarborough (62 & Older/Disabled)
☐ Meadow Woods, Scarborough (Median Income Based Rental Program available to eligible applicants)
☐ Nottingham Woods, Saco (Median Income Based Rental Program available to eligible applicants)

Mail Completed Application to:

PO Box 310, Scarborough, Maine 04070-0310 (207) 883-5505

How many bedrooms are you requesting?

☐ 0 bedrooms
 ☐ 1 bedroom
 ☐ 2 bedrooms
 ☐ 3 bedrooms
 ☐ 4 bedrooms

HOUSEHOLD INFORMATION (List all the household members including yourself.)

NAME	Relationship to Head of Household	Gender (M or F)	Social Security Number	Birth date (mm/dd/yyyy)	Marital Status	Student Status (Y or N)
	Head of Household					

COPIES OF BIRTH CERTIFICATES AND SOCIAL SECURITY CARDS FOR ALL HOUSEHOLD MEMBERS MUST BE ATTACHED TO THIS APPLICATION.

Mailing Address: _____

Street City State Zip

Current Address (if different): _____

Street City State Zip

Daytime Phone Number: _____ Cell Phone Number: _____ email: _____

Office Use Only Does this applicant qualify for a preference? YES ____ NO ____

	YES	NO
Are you displaced by government action or Federally Declared disaster?	☐	☐
Has one or more adult members of the household worked more than 30 hours a week for the last six months?	☐	☐
1. Do you expect any adult additions to your household in the next twelve months? If yes, Name and Relationship _____	☐	☐
2. Is there anyone living with you now who will not be living with you at this property? Explanation _____	☐	☐
3. Do you have full custody of your child(ren)? (if applicable) Explanation _____	☐	☐



4. Are there any absent household members who normally live with you? ☐ ☐
Explanation _____
5. Does your household have or anticipate having any pets other than service animals? ☐ ☐
Type _____ Weight _____



INCOME INFORMATION FOR EVERYONE 18 AND OLDER AND ALL EMANCIPATED MINORS
(UNEARNED INCOME, SUCH AS GRANTS OR BENEFITS, IS COUNTED FOR ALL INCLUDING MINORS)
(ALL TENANT HOUSEHOLD DATA IS VERIFIED USING THE SECURE HUD EIV SYSTEM)

For the next 12 months, do YOU or ANYONE in your household expect to receive income from:

				YES	NO
6. Employment or wages? (Including overtime, tips, bonuses, commissions, etc.)				☐	☐
Household Member	Name of Company	Amount	Weekly/Monthly		
_____	_____	_____	_____		
_____	_____	_____	_____		
Previous Employment?					
Household Member	Employer	Pay Rate	Termination Date		
_____	_____	_____	_____		
_____	_____	_____	_____		
_____	_____	_____	_____		
_____	_____	_____	_____		
7. Self-Employment? (Including overtime, tips, bonuses, commissions, etc.)				☐	☐
Household Member	Type of Business	Amount	Weekly/Monthly		
_____	_____	_____	_____		
_____	_____	_____	_____		
8. Regular pay as a member of the Armed Forces or Military?				☐	☐
Household Member	Base and Branch	Amount	Weekly/Monthly		
_____	_____	_____	_____		
_____	_____	_____	_____		
9. Unemployment Benefits or Worker's Compensation?				☐	☐
Household Member	Caseworker	Amount	Weekly/Monthly		
_____	_____	_____	_____		
_____	_____	_____	_____		
10. Public Assistance, General Relief, AFDC, TANF?				☐	☐
Household Member	Caseworker	Amount	Weekly/Monthly		
_____	_____	_____	_____		
_____	_____	_____	_____		
11. Child support or alimony? (ATTACH COURT ORDER)				☐	☐
Household Member	Name of Payee	Amount	Weekly/Monthly		
_____	_____	_____	_____		
_____	_____	_____	_____		
12. Social Security, SSI, or any other payment from the Social Security Office?				☐	☐
Household Member	SSA Office	Amount	Weekly/Monthly		
_____	_____	_____	_____		
_____	_____	_____	_____		
13. Regular payments from Veteran's Benefits, pension, retirement or annuity?				☐	☐
Household Member	Source of Benefit	Amount	Weekly/Monthly		
_____	_____	_____	_____		
_____	_____	_____	_____		



				YES	NO
14. Regular payments from any type of settlement?				☐	☐
Household Member	Source of Benefit	Amount	Weekly/Monthly		
_____	_____	_____	_____		
_____	_____	_____	_____		
15. Regular gifts or payments from anyone outside the household?				☐	☐
Household Member	Source of Benefit	Amount	Weekly/Monthly		
_____	_____	_____	_____		
_____	_____	_____	_____		
16. Regular payments from lottery winnings or inheritances?				☐	☐
Household Member	Source of Benefit	Amount	Weekly/Monthly		
_____	_____	_____	_____		
_____	_____	_____	_____		
17. Regular payments from a rental property or other real estate transaction?				☐	☐
Household Member	Source of Benefit	Amount	Weekly/Monthly		
_____	_____	_____	_____		
_____	_____	_____	_____		
18. Any other income sources that are not listed above?				☐	☐
Household Member	Source of Benefit	Amount	Weekly/Monthly		
_____	_____	_____	_____		
_____	_____	_____	_____		
19. Do you or any member of your household expect a change to your income in the next twelve months?				☐	☐
Explanation: _____					
20. Are you or any adult household members claiming zero income?				☐	☐
Household Member	Explanation				
_____	_____				
_____	_____				

ASSET INFORMATION FOR EVERYONE 18 AND OLDER AND ALL EMANCIPATED MINORS

Do YOU or ANYONE in your household have:

21. Checking Accounts?				☐	☐
Household Member	Financial Institution	Amount			
_____	_____	_____			
_____	_____	_____			
22. Savings Accounts?				☐	☐
Household Member	Financial Institution	Amount			
_____	_____	_____			
_____	_____	_____			
23. CD's, Money Market Accounts, Treasury Bills, Cash or other?				☐	☐
Household Member	Financial Institution	Amount			
_____	_____	_____			
_____	_____	_____			



YES NO

24. Stocks, Bonds, or Securities?

Household Member Financial Institution Amount

☐ ☐

25. Trust Fund, Annuity, IRA, 401K, other Retirement Fund?

Household Member Financial Institution Amount

☐ ☐

26. Whole Life Insurance, Term Life Insurance, or Universal Life Insurance?

Household Member Insurance Carrier Amount

☐ ☐

**27. Real Estate, Rental Property, Land, Land Contract or Contract for Deeds?
 or other Real Estate belongings? (Including your residence, trailer, land, etc.)**

Household Member Address of Property Amount

☐ ☐

28. Personal property held as an investment? (Stamps, Coins, Art, Antiques)

Household Member Item Amount

☐ ☐

**29. Have you or anyone in your household disposed of any assets or given
 away any assets for LESS than Fair Market Value in the past two years?**

Household Member Reason Amount

☐ ☐

30. MEDICAL EXPENSES

If you, your spouse or co-head are 62 years of age or older, or disabled, list approximate medical expenses (hospital, prescription, doctor, health insurance) paid directly by you and not reimbursed by an outside agency.

1. Provider's Name _____ Monthly Amount _____
 Provider's Address _____
2. Provider's Name _____ Monthly Amount _____
 Provider's Address _____
3. Provider's Name _____ Monthly Amount _____
 Provider's Address _____

31. DEPENDANT CARE EXPENSES – FOR CHILDREN UNDER 13

If you currently have childcare expense paid directly by you and not reimbursed by an outside agency.

1. Provider's Name _____ Monthly Amount _____
 Provider's Address _____

32. Are all members of your household United State Citizens?

☐ ☐



YES NO

33. Are you or anyone in your household a student?

☐ ☐

a. Are ALL household members fulltime students? *

☐ ☐

b. Are any students under 24 AND enrolled in an institute of higher learning? **

☐ ☐

* Exemptions must be met to qualify for a Tax Credit unit.

** Exemptions must be met to qualify for rental assistance at HUD S8 properties.

Household Member	Institution	Status
_____	_____	☐ Full-time ☐ Part-time
_____	_____	☐ Full-time ☐ Part-time
_____	_____	☐ Full-time ☐ Part-time

34. Will you or other members in your household be able to meet the requirements of the lease?

☐ ☐

35. Does your household require and want an accessible unit?

☐ ☐

36. Will you be receiving rental subsidy at the time of move in?

☐ ☐

If yes, Name of Agency? _____

Contact Person? _____

37. Have you or anyone on the application filed for bankruptcy?

☐ ☐

Explanation: _____

38. Have you or anyone on the application been convicted of a crime?

☐ ☐

Explanation: _____

39. Have you or any member of your household been subject to a lifetime sex offender registration requirement in any state?

☐ ☐

40. Have you or anyone on the application been convicted of dealing or manufacturing illegal drugs?

☐ ☐

Explanation: _____

41. Have you or anyone on the application been convicted of arson?

☐ ☐

Explanation: _____

42. Have you or anyone on the application been evicted from a rental unit, or public housing of any kind, including an apartment, home, mobile home, or trailer, or been terminated from a Section 8 rental assistance program?

☐ ☐

Explanation: _____

43. How did you hear about this property?

Explanation: _____

HOUSING HISTORY – PLEASE LIST YOUR HOUSEHOLD’S LAST 5 YEARS OF HOUSING

(If no landlords, list three personal, but non-related references)

DO YOU CURRENTLY RECEIVE SUBSIDIZED HOUSING?

Name _____ Landlord _____

Address _____

Amount of Rent Paid _____ Telephone _____

☐ Yes

☐ No

☐ Rent

☐ Own

From: _____

To: _____



Name _____ Landlord _____
Address _____
Amount of Rent Paid _____ Telephone _____

☐ Rent ☐ Own
From: _____ To: _____

If you or a member of your household was 62 years old or older on
January 31, 2010 and do not have a social security number, were you or they
receiving HUD rental assistance somewhere else?

☐ Yes ☐ No

Head of Household (only):

Race:

☐ Hispanic ☐ Non-Hispanic

Ethnicity:

☐ American Indian or Alaskan Native ☐ Asian ☐ Black
☐ Native Hawaiian or Other Pacific Islander ☐ White

PLEASE LIST ALL STATES THE MEMBERS OF YOUR HOUSEHOLD HAVE LIVED:

Name _____	States _____
Name _____	States _____
Name _____	States _____
Name _____	States _____

EMERGENCY CONTACT – LIST SOMEONE IN THE AREA NOT ON THIS APPLICATION

Name _____	Relationship _____
Address _____	Telephone _____

SIGNATURE CLAUSE

I understand that management is relying on this information to prove my household's eligibility for HUD, Rural Development and/or LIHTC Program. I certify that all information and answers to the above questions are true and complete to the best of my knowledge. I consent to the release of the necessary information to determine my eligibility. I understand that providing false information or making false statements may be grounds for denial of my application. I also understand that such action may result in criminal penalties.

I authorize my consent to have management verify the information contained in this application for purposes of proving my eligibility for occupancy. I will provide all necessary information including source names, address, phone numbers, accounts numbers where applicable and other information required for expediting this process. I understand that my occupancy is contingent on meeting management, resident selection criteria and HUD, Rural Development and/or LIHTC Program requirements.

ALL HOUSEHOLD MEMBERS 18 AND OVER MUST SIGN

_____	_____
Head of Household	Date
_____	_____
Applicant	Date
_____	_____
Applicant	Date
_____	_____
Applicant	Date

"The information solicited on this application is requested by the apartment owner in order to assure the Federal Government....that Federal Laws prohibiting discrimination against tenant applicants on the basis of race, color, national origin, religion, sex, age, handicap, disability or sexual orientation 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 in any way. However, if you choose not to furnish it, the owner is required to note the race/national origin and sex of the applicant on the basis of visual observation or surname."

EIV FORM – 1

To: Applicants

If you are submitting an application for residency at a HUD property, Alpha Management will verify household data using the Secure HUD EIV System. This includes household income, including critical data (birth dates, names, and social security numbers).

Management Staff

All applicants with a disability may qualify for a reasonable accommodation in order to participate in the application process and they have the right to request such an accommodation.



AUTHORIZATION AND RELEASE OF INFORMATION

I / We Do Hereby Authorize **Alpha Management Corp.** its staff or authorized representative to contact the below listed agencies, local police departments, offices, groups 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:

The Dept. of Housing and Urban Development

"Title 18, Section 1001 of the U.S Code state 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 uses of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes 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 than \$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 208 (a) (6), (7) and (8). Violation of these provisions are cited as violations of 42 U.S.C. 408 (a) (6), (7) and (8).**

Rural Development (USDA) Low Income Tax Credit Housing (IRS) State or Local Housing Agencies

**ONLY SOURCES LISTED BELOW FOR DETERMINING ELIGIBILITY OR
ACCEPTABILITY FOR AN APARTMENT WILL BE CONTACTED.**

_____	_____
_____	_____
_____	_____

SIGNATURE(S)

*Applicant/Tenant does not have to sign this consent form if it is not clear who will provide the information or who will receive the information

_____ Tenant/Applicant	_____ Date
_____ Tenant/Applicant	_____ Date
_____ Tenant/Applicant	_____ Date
_____ Tenant/Applicant	_____ Date

THIS FORM MAY BE PHOTOCOPIED

