

### **Application Instructions**

**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.** 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.

**Driver's license**

**Medicare Card**

**Medical Insurance Card**

**Bank statements**

**Retirement Benefit letter**

**Benefit Letter from government agencies**

**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 are 62 or older on January 31, 2010 and living in subsidized housing at that time.

**3. Proof of US Citizenship** the US Department of Housing and 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 required by all adult applicants**

**5. Return your application to:**

**Foreside Real Estate Management, Inc.**

**202 US Route 1, Suite 206**

**Falmouth, ME 04105**

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

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**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 missing information if you want to be considered for HUD Multifamily housing.**



08/2025

Date/Time received \_\_\_\_\_

Initial \_\_\_\_\_

**APPLICATION FOR HOUSING**  
(Please print all information)

**A. Applicant**

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

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

Tel. # (home) \_\_\_\_\_ (work) \_\_\_\_\_

Email: \_\_\_\_\_

Current landlord: Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_

How long have you lived at this address \_\_\_\_\_ Current Rent\$ \_\_\_\_\_

Do you pay for the utilities? \_\_\_\_\_ How much per month? \_\_\_\_\_

For designated "Elderly" housing: If you are less than 62 years old, are you eligible for occupancy based on your status as an individual with handicaps or disabilities?

Yes  No

Are you displaced? Yes  No

If yes, displacement Agency \_\_\_\_\_

Is your current unit condemned? Yes  No

If yes, by whom? \_\_\_\_\_

Are you currently living in subsidized housing? Yes  No

Have you ever resided in a project financed and/or subsidized by the Government?

Yes  No

If yes, name and address:

\_\_\_\_\_

Do you currently hold a Section 8 Voucher? Yes  No

If yes, name of Housing Authority:

\_\_\_\_\_

Have you ever been evicted from any housing in which you resided? Yes  No

Will you take an apartment when one is available? Yes  No

Do you currently have a pet? Yes  No

If yes, what type? \_\_\_\_\_

**B. Household Composition**

List **ALL** the people who will live in the apartment. List Head of Household first:

Name	Relationship (Head)	Date of Birth	SS#
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Is there any member 18 or older that is a full-time student? Yes  No

If yes, who? \_\_\_\_\_

School Attending \_\_\_\_\_

Does anyone live with you now who is not listed above? Yes  No

If yes, explain \_\_\_\_\_

Do you plan to have anyone living with you in the future who is not listed above?

Yes  No  If Yes, explain \_\_\_\_\_

Do you or any household members require special housing needs? Yes  No

If Yes, explain \_\_\_\_\_

Does applicant require either a handicap/disability adjustment to income or a special handicapped accessible unit or both? Yes  No

Bedroom size needed: One Bedroom  Two Bedroom

Handicap Unit  Three Bedroom

**Community(s) of Interest:****Family Housing Complexes**

- Whispering Pines, Topsham, ME (1 and 2 Bedroom Units)
- Jerrold's Place Apartments, Machias, ME (1,2 and 3 Bedroom Units)
- Kilmarnock Pines, Medford, ME (1 and 2 Bedroom Units)
- Whim Station I, Old Town, ME (1 and 2 Bedroom Units)
- Berry Park, Biddeford ME (2, 3 and 4 Bedroom Units)
- Forrest Haven, Jackman, ME (1 and 2 Bedroom Units)

**Elderly/Disabled Housing Complexes (must be 62+ and/or disabled)**

- Parkwoods Apartments, Anson, ME (1 and 2 Bedroom Units)\*
- Riverview Apartments, Ellsworth, ME (1 Bedroom Units)\*
- Country View Apartments, Pembroke, ME (1 and 2 Bedroom Units)\*
- Ridgeview Apartments, Machias, ME (1 and 2 Bedroom Units)\*
- Shiretown Apartments, Machias, ME (1 and 2 Bedroom Units)\*
- Valley View Apartments, Machias, ME (1 Bedroom Units)\*
- Matthew Sherman Apartments, Enfield, ME (1 and 2 Bedroom Units)\*
- Hazel Dell Apartments, Alfred, ME (1 and 2 Bedroom Units)\*

Please check all communities you are interested in.

**C. Household Income Sources**

List all income sources for all household members who will occupy the apartment. This includes, but is not limited to, full and/or part-time employment. All income from welfare agencies, social security, pension, SSI, disability, armed forces reserves, unemployment compensation, childcare, alimony, child support, scholarships and grants, contract for deed, interest on assets, dividends, annuities, and regular contributions from people not residing with you.

Family Member Name	Source of Income	
_____	A. Social Security- Monthly Amount	\$ _____
_____	Social Security- Monthly Amount	\$ _____
_____	.B. Pension- Monthly Amount	\$ _____
-----	<b>Pension-Monthly Amount</b>	\$ _____
	Source of Pension(s). _____	
_____	C. Veterans Benefits- Monthly Amount	\$ _____
	Claim# _____	
_____	D. SSI Benefits- Monthly Amount	\$ _____
	SSI Benefits- Monthly Amount	\$ _____
_____	.E. Unemployment Comp. - Monthly Amount	\$ _____
	Unemployment Comp. - Monthly Amount	\$ _____
_____	.F. AFDC- Monthly Amount	\$ _____
_____	G. Wages/Salaries- <b>GROSS</b> - Monthly Amount	\$ _____
	Employer Name/Address _____	
	Position Held _____ How long employed? _____	
_____	Wages/Salaries- <b>GROSS</b> - Monthly Amount	\$ _____
	Employer Name/ Address _____	
_____	H. Full time Student Income (Only if 18 yrs. or older)	
	Monthly Income	\$ _____
_____	I. Earned Income Tax Credit- <b>ANNUAL</b> Amount	\$ _____
_____	J. Alimony- Monthly Amount	\$ _____
_____	K. Child Support- Monthly Amount	\$ _____
_____	L. Interest Income- Monthly Amount	\$ _____
	Interest Income- Monthly Amount	\$ _____
	(Include interest in IRAs accrued, but not taken- also on Savings Bonds)	
_____	M. Other Income- Monthly Amount	\$ _____
	Source, _____	

**TOTAL GROSS ANNUAL INCOME** (Multiply all monthly amounts by 12) \$ \_\_\_\_\_

Do you anticipate any changes in this income in the next 12 months? Yes  No

If Yes, explain

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**D. Net Family Assets**

Checking Account(s) #	Bank	_____	Balance _____
		_____	Balance _____
Savings Account(s) #	Bank	_____	Balance _____
		_____	Balance _____
		_____	Balance _____
Trust Account(s) #	Bank	_____	Balance _____
		_____	Balance _____
Certificates #	Bank	_____	Balance _____
		_____	Balance _____
Credit Union #	Bank	_____	Balance _____
Savings Bond(s) #	Maturity Date	_____	Value _____
		_____	Value _____
Life Insurance Policy	-----	-----	Face Value _____

Real Property: Do you own any property? Yes  No

If yes, type of Property \_\_\_\_\_

Location \_\_\_\_\_

Appraised Market Value \$ \_\_\_\_\_ Mortgage Amount \$ \_\_\_\_\_

Annual Ins. Premium \$ \_\_\_\_\_ Most Recent Tax Bill \$ \_\_\_\_\_

Have you sold/dispensed of any property in the last two years? Yes  No

If Yes, type of Property \_\_\_\_\_

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

Amount sold/dispensed for \$ \_\_\_\_\_

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

Have you disposed of any other assets in the last two years? (Example: Given away money to relatives, set up irrevocable trust accounts, etc.) Yes  No

If Yes, describe asset \_\_\_\_\_

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

Amount disposed \$ \_\_\_\_\_

Do you have any other assets not listed above? (Excluding personal property)

Yes  No

If Yes, list type and value \_\_\_\_\_

\_\_\_\_\_

**E. Childcare expenses:** (Complete **only** for children 12 years old and younger)

Name of children cared for \_\_\_\_\_ Age \_\_\_\_\_

\_\_\_\_\_ Age \_\_\_\_\_

\_\_\_\_\_ Age \_\_\_\_\_

Name and address of person or agency caring for children:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

Weekly cost for childcare due to education \$ \_\_\_\_\_

Is childcare cost covered by AFDC or any other source? Yes  No

If Yes, explain \_\_\_\_\_

\_\_\_\_\_

**F. Handicap Assistance expenses**(Complete **only** if handicap expenses allow a household member to **work**.)

Amount of weekly expense\$ \_\_\_\_\_

Indicate the name and age of the individual for which you pay handicapped assistance expenses:

Name \_\_\_\_\_ Age \_\_\_\_\_

List the name and address of the individual providing the handicapped assistance:

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

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

**Medical Costs:** Complete this part **only** if Tenant or Co-tenant is 62 or older, disabled or handicapped.

Do you have Medicare? \_\_\_\_\_ Do you have other medical insurance? \_\_\_\_\_

If yes, indicate Medicare premiums:

Amount per month per household \$ \_\_\_\_\_

Medical Insurance Coverage- Name of Insurance Company and Address:

\_\_\_\_\_ Monthly cost\$ \_\_\_\_\_

Are you receiving medical assistance through welfare? Yes  No 

Are you seeing a physician regularly? \_\_\_\_\_

If so, physician's name and address \_\_\_\_\_

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

If your medical condition is permanent and you will routinely have medical expenses that are not covered by Medicare, Medicaid or medical insurance, please indicate the type of medical expense, the frequency of the expense, and the amount of the expenses.

Type _____	Frequency _____	Amount _____
Type _____	Frequency _____	Amount _____
Type _____	Frequency _____	Amount _____
Type _____	Frequency _____	Amount _____
Type _____	Frequency _____	Amount _____

**H. Reference Information**

Previous landlord: 1. Name.....  
 Address.....  
 Telephone.....

2. Name.....  
 Address.....  
 Telephone.....

Credit references (**list at least three**): (Name, address, phone # and account #)

1. ....  
 2. ....  
 3. ....  
 4. ....  
 5. ....

Personal references (**list at least three** other than relatives): Name, address, and phone#

1. ....  
 2. ....  
 3. ....  
 4. ....

**I. Other Information**

List any cars, trucks or other vehicles owned. You will need to make arrangements with the owner/management regarding parking of vehicle(s).

Type of vehicle \_\_\_\_\_ Year/Make \_\_\_\_\_ Color \_\_\_\_\_  
 License Plate #.....

Type of vehicle \_\_\_\_\_ Year/Make \_\_\_\_\_ Color \_\_\_\_\_  
 License Plate#.....

Person to contact in case of Emergency:

Name \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Address \_\_\_\_\_

Relationship \_\_\_\_\_

**J. Bed Bug Infestation Disclosure**

To the best of your knowledge, have any of the residential units you have resided in throughout the past 12 months been infested with, or are being or have been treated for bedbugs?

Yes  No

If yes, please provide more information, i.e. dates: \_\_\_\_\_

\_\_\_\_\_

**K. Criminal Background**

Has anyone in your household been convicted of a crime?

If yes, please provide more information i, e dates and explanation: -

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

