

I N S T R U C T I O N S

PLEASE READ CAREFULLY. INCOMPLETED APPLICATION **WILL NOT BE ACCEPTED.**

First Name Last Name

1. **COMPLETE ALL AREAS.** If an item does not apply to you, answer “NO” on that question or mark with a “0” if it is a dollar amount line or section.
 - a) All sources of earned income must be reported for all household members 18 years and older.
 - b) All unearned income and assets must be reported for all household members, including minors.
2. **SIGNATURES are required** by all adult applicants (18 and older).
3. **COPIES OF SOCIAL SECURITY CARDS** are required for everyone on the application.
4. **RETURN YOUR APPLICATION TO:**
River Valley Village
Office Building #84
84 Strawberry Avenue
Lewiston, ME 04240

NOTE: PETS ARE ONLY ALLOWED FOR PERSONS WITH DISABILITIES WHO REQUIRE A SERVICE ANIMAL. **(documentation is required)**

Your application is being returned because:

- You did not complete all areas or you did not sign the application.**

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

**Housing Credit Program
Applicant Questionnaire**

Household Information



Starting with Head of Household, list all household members that are applying to live in this apartment with you.

Name First, Middle, Last	Full-Time Student Y/N	Relationship to Head of Household	M/F	Social Security Number	Birth Date Mth/day/yr
First Name Last Name		Head			
Current Address					
Day Time Phone:			Evening Phone: () -		

WHAT SIZE APARTMENT ARE YOU APPLYING FOR? 1BR 2BR 3BR

- YES NO 1. Do you, or any member of your household request handicap accessible unit? (special unit design)
- YES NO 2. Do you expect any additions to the household within the next twelve months?
 Name and Relationship: _____
 Explanation: _____
- YES NO 3. Is there anyone living with you now who won't be living with you at this property?
 Name and Relationship: _____
 Explanation: _____
- YES NO 4. Do you have full custody of your child(ren)? (If no, obtain proof of amount of time child(ren) will be living with you in unit.)
 Explanation: _____
- YES NO 5. Are there any absent household members who under normal conditions would live with you? (For example, a spouse in the military.)
 Explanation: _____
- YES NO 6. Does your household have or anticipate having any pets other than those used as service animals?
- YES NO 7. Have you or anyone else named on this application filed for bankruptcy?
 Explanation: _____
- YES NO 8. Have you or anyone else named on this application been convicted of a felony?
 Explanation: _____
- YES NO 9. Have you or anyone else named on this application been convicted for dealing or manufacturing illegal drugs?
 Explanation: _____
- YES NO 10. Have you or anyone else named on this application been convicted of property damage?

YES NO

Explanation: _____

11. Have you or anyone else named on this application been evicted from a rental unit of any type including an apartment, home, mobile home or trailer?

Explanation: _____

Housing References

(If additional space is required, use a separate sheet of paper)

	Current Landlord's Name/ Address/Phone	Your Address	Own/Rent	Dates
Name:	_____	_____	<input type="checkbox"/> Own	_____From
Address:	_____	_____	<input type="checkbox"/> Rent	_____To
	_____	_____	Amount of Rent \$ _____	
Phone:	_____			

	Previous Landlord's Name/ Address/Phone	Your Address	Own/Rent	Dates
Name:	_____	_____	<input type="checkbox"/> Own	_____From
Address:	_____	_____	<input type="checkbox"/> Rent	_____To
	_____	_____		
Phone:	_____			

Name:	_____	_____	<input type="checkbox"/> Own	_____From
Address:	_____	_____	<input type="checkbox"/> Rent	_____To
	_____	_____		
Phone:	_____			

Have you or any member of your household been arrested or convicted of a criminal offense:
___ yes ___ no If yes, please list / explain: _____

Vehicle Identification

List vehicle information for all vehicles that are owned or operated by any household member.

	Tag/License Plate #	State Issued	Make/Model/Year
Vehicle #1	_____	_____	_____
Vehicle #2	_____	_____	_____

Emergency Contact

List someone in the area that is not already on the application.

Name: _____

Address: _____

Phone: _____ Relationship _____ Years Known _____

Income Information

Income is counted for anyone 18 or older (unless legally emancipated). However, if the income is unearned such as a grant or benefit, it is counted for all household members including minors. (such as SSI)

**Include all income anticipated for the next 12 months.
Do YOU or ANYONE in your household receive OR expect to receive income from:**

YES NO 12. Employment wages or salaries? *(include overtime, tips, bonuses, commissions and payments received in cash.)*

Household Member	Name of Company	Amount
_____	_____	_____
_____	_____	_____
_____	_____	_____

YES NO 13. Self-employment? *(include overtime, tips, bonuses, commissions and payments received in cash.)*

Household Member	Type of Business	Amount
_____	_____	_____
_____	_____	_____
_____	_____	_____

YES NO 14. Regular pay as a member of the Armed Forces/Military?

Household Member	Base Name and Branch	Amount
_____	_____	_____
_____	_____	_____
_____	_____	_____

YES NO 15. Unemployment benefits or workman's compensation?

Household Member	Case Worker	Amount
_____	_____	_____
_____	_____	_____
_____	_____	_____

<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	16. Public Assistance, General Relief, AFDC or Temporary Assistance for Needy Families (TANF)?												
				<table border="0"> <tr> <td style="text-align: center;">Household Member</td> <td style="text-align: center;">Case Worker</td> <td style="text-align: center;">Amount</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </table>	Household Member	Case Worker	Amount	_____	_____	_____	_____	_____	_____	_____	_____	_____
Household Member	Case Worker	Amount														
_____	_____	_____														
_____	_____	_____														
_____	_____	_____														

<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	17. a) Child Support or Alimony? <i>(We must count court-ordered support whether or not it is received unless legal action has been taken to remedy. We must also count support that is not court-ordered, but received directly from payer.)</i>									
				<table border="0"> <tr> <td style="text-align: center;">Household Member</td> <td style="text-align: center;">Case Worker</td> <td style="text-align: center;">Amount</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </table>	Household Member	Case Worker	Amount	_____	_____	_____	_____	_____	_____
Household Member	Case Worker	Amount											
_____	_____	_____											
_____	_____	_____											

b) How is the support received? *(Check all that apply)*

<input type="checkbox"/>	Child Support Enforcement Agency	Name of Agency: _____
<input type="checkbox"/>	Court of Law	Name of Court: _____
<input type="checkbox"/>	Directly from individual	Name of Person: _____
<input type="checkbox"/>	Other	Explain: _____

<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	c) If support/alimony is court-ordered but not actually received, are you taking legal action to remedy?
				Explanation: _____

<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	18. Social Security, SSI, or any other payments from Social Security Administration?									
				<table border="0"> <tr> <td style="text-align: center;">Household Member</td> <td style="text-align: center;">SSA Office</td> <td style="text-align: center;">Amount</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </table>	Household Member	SSA Office	Amount	_____	_____	_____	_____	_____	_____
Household Member	SSA Office	Amount											
_____	_____	_____											
_____	_____	_____											

<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	19. Regular payments from a Veteran's benefit, pension, retirement benefit or annuities?									
				<table border="0"> <tr> <td style="text-align: center;">Household Member</td> <td style="text-align: center;">Source of Benefit</td> <td style="text-align: center;">Amount</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </table>	Household Member	Source of Benefit	Amount	_____	_____	_____	_____	_____	_____
Household Member	Source of Benefit	Amount											
_____	_____	_____											
_____	_____	_____											

<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	20. Regular payments from a severance package?									
				<table border="0"> <tr> <td style="text-align: center;">Household Member</td> <td style="text-align: center;">Source of Benefit</td> <td style="text-align: center;">Amount</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </table>	Household Member	Source of Benefit	Amount	_____	_____	_____	_____	_____	_____
Household Member	Source of Benefit	Amount											
_____	_____	_____											
_____	_____	_____											

<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	21. Regular payments from any type of settlement? (for example, insurance settlements.)									
				<table border="0"> <tr> <td style="text-align: center;">Household Member</td> <td style="text-align: center;">Source of Benefit</td> <td style="text-align: center;">Amount</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </table>	Household Member	Source of Benefit	Amount	_____	_____	_____	_____	_____	_____
Household Member	Source of Benefit	Amount											
_____	_____	_____											
_____	_____	_____											

<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	22. Regular payments or gifts or payments from anyone outside of household? <i>(this includes anyone supplementing your income or paying any of your bills)</i>									
				<table border="0"> <tr> <td style="text-align: center;">Household Member</td> <td style="text-align: center;">Source of Benefit</td> <td style="text-align: center;">Amount</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </table>	Household Member	Source of Benefit	Amount	_____	_____	_____	_____	_____	_____
Household Member	Source of Benefit	Amount											
_____	_____	_____											
_____	_____	_____											

YES NO 23. Regular payments from lottery winnings or inheritances?

Household Member	Source of Benefit	Amount

YES NO 24. Regular payments from rental property or other types of real estate transactions?

Household Member	Source of Benefit	Amount

YES NO 25. Any other sources of income not listed?

Household Member	Source of Benefit	Amount

YES NO 26. Do you or any other household members expect any changes to your income in the next 12 months?

Explanation: _____

Asset Information

Include all assets held and the income derived from the asset. INCLUDE ALL ASSETS HELD BY ALL HOUSEHOLD MEMBERS. (attach additional page if necessary)

Do YOU or ANYONE in your household have:

YES NO 27. Checking or Savings Account?

Household Member	Financial Institute	Amount

YES NO 28. CD's, money market accounts, or treasury bills?

Household Member	Financial Institute	Amount

YES NO 29. Stocks, bonds, or securities?

Household Member	Financial Institute	Amount

_____	_____	_____
_____	_____	_____

YES NO

30. Trust Funds?

Household Member	Financial Institute	Amount
_____	_____	_____
_____	_____	_____

YES NO

31. Pensions, IRAs, Keogh or other retirement accounts?

Household Member	Financial Institute	Amount
_____	_____	_____
_____	_____	_____

YES NO

32. Whole life insurance policy?

Household Member	Insurance Carrier	Amount
_____	_____	_____
_____	_____	_____

YES NO

33. Real estate, rental property, land contracts/contract for deeds or other real estate holdings?
(this includes your personal residence, mobile homes, vacant land, farms, vacation homes or commercial property.)

Household Member	Address of Property	Amount
_____	_____	_____
_____	_____	_____

YES NO

34. Personal property held as an investment? *(this includes paintings, coin/stamp collections, artwork, collector or show cars and antiques. This does not include your personal belongings such as your car, furniture, or clothing.)*

Household Member	Description of Property	Amount
_____	_____	_____
_____	_____	_____

YES NO

35. A safe deposit box?

Household Member	Financial Institute	Description/ Amount
_____	_____	_____
_____	_____	_____

YES NO

36. Have you or any other household members disposed of or given away any asset(s) for LESS than fair market value within the past 2 years?

Household member: _____ Amount: _____

Explanation: _____

Applicant Status

The following questions pertain to specific eligibility requirements of the Housing Credit Program.

YES NO

37. Are you or any other ADULT household members claiming zero income?

Household member: _____

Explanation: _____

YES NO

38. **Will all of the persons 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?**

If you answered YES, complete the following:

Are any full-time student(s) married and filing a joint tax return?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Are any student(s) enrolled in a job-training program Receiving assistance under the Job Training Partnership Act?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Are any full-time student(s) a Title IV (AFDC/TANF) recipient?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Are any full-time student(s) a single parent living with his/her minor child who is not a dependent on another's' tax return?	<input type="checkbox"/> YES <input type="checkbox"/> NO

YES NO

39. Will you or any other ADULT household members require a live-in care attendant to live independently?

Name of attendant: _____

Relationship (if one): _____

YES NO

40. Will your household be receiving Section 8 rental assistance at time of move-in?

Name of Agency: _____

Contact Person: _____

YES NO 41. Will your household be eligible or are you applying to receive Section 8 rental assistance in the next 12 months?
 Expected Date: _____
 Name of Agency: _____
 Contact Person: _____

YES NO 42. Will your household be eligible for any preference for housing listed on the attached page? If so, please identify:

Preference:

- Natural disaster displacement
- Public action displacement
- Displacement by domestic violence

Signature Clause

I understand that management is relying on this information to prove my household's eligibility for the Housing Credit 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 release 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, addresses, phone numbers, and account numbers where applicable and any other information required for expediting this process. I understand that my occupancy is contingent on meeting the management's resident selection criteria and the Housing Credit Program requirements.

All ADULT household members must sign below:

(✓) _____
 Signature of Head of Household Date

(✓) _____
 Signature of other household member 18 years or older Date

(✓) _____
 Signature of other household member 18 years or older Date

*****For Office Use Only*****

Date of Interview: _____ By: _____

Please sign ALL Black Checkmarks

Authorization

I/we do hereby authorize Harbor Management Company and its staff to contact any agencies, offices, credit bureaus, landlords, or professional references for the purpose of verifying the information I/we have provided on the application. The information provided will be used solely for the determination of my/our eligibility and admission to the housing I/we are applying for and the information that is supplied will be kept confidential.

Signature

(✓)

Applicant Signature

Date

(✓)

Co-Applicant Signature

Date

Driver's License No. & State (Please Provide): _____

Please sign ALL Black Checkmarks

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Signature

(✓)

Applicant Signature

Date

(✓)

Co-Applicant Signature

Date

Driver's License No. & State (Please Provide): _____