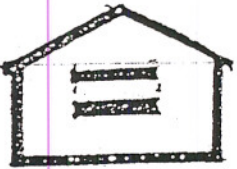


EASTON HOUSING CORPORATION  
P.O. BOX 444  
EASTON, MAINE 04740



EQUAL  
HOUSING  
OPPORTUNITY

APPLICATION - FmHA 515 PROGRAM DATE \_\_\_\_\_ 19\_\_

PLEASE PRINT

This is an application for housing in the WEST RIDGE MANOR located in Easton, Maine. Please complete this application and return to Easton Housing Corp. at the address listed at the top of this page. This is an ELDERLY - HANDICAPPED/DISABLED complex and you must be 62 years of age or handicapped/disabled to apply, and must meet all other income and FmHA guidelines.

NAME OF APPLICANT : \_\_\_\_\_

PRESENT ADDRESS: \_\_\_\_\_ TELEPHONE \_\_\_\_\_

MARITAL STATUS OF APPLICANT (CHECK ONE)

//Married //Separated //Unmarried (including single, divorced or widowed)

The following information is necessary to determine eligibility and is confidential. All information must be completed. An incomplete application will be returned.

FAMILY COMPOSITION: Complete the following information for each member of your family (including yourself) who will be occupying the apartment:

<u>NAME</u>	<u>BIRTHDATE</u>	<u>RELATIONSHIP</u>	<u>SOC. SEC. NO.</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Number of bedrooms required: One \_\_\_\_\_ Two \_\_\_\_\_

CURRENT GROSS FAMILY INCOME:

EMPLOYMENT:

Gross Wages: \$ \_\_\_\_\_/hour, \$ \_\_\_\_\_/week

Name and address of Employer: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SOCIAL SECURITY .....	\$ _____	Per Mo.
SUPPLEMENTAL SECURITY INCOME .....	_____	Per Mo.
PENSION .....	_____	Per mo.
UNEMPLOYMENT COMPENSATION .....	_____	per Mo.
VETERANS ADMINISTRATION BENEFITS .....	_____	Per Mo.
OTHER (list) .....	_____	per Mo.
OTHER (list) .....	_____	Per Mo.

ASSETS AND SAVINGS:

Checking Account # \_\_\_\_\_ Bank \_\_\_\_\_ Balance \$ \_\_\_\_\_  
 # \_\_\_\_\_ Bank \_\_\_\_\_ Balance \$ \_\_\_\_\_  
 Savings Account...# \_\_\_\_\_ Bank \_\_\_\_\_ Balance \$ \_\_\_\_\_  
 # \_\_\_\_\_ Bank \_\_\_\_\_ Balance \$ \_\_\_\_\_  
 Trust Account....# \_\_\_\_\_ Bank \_\_\_\_\_ Balance \$ \_\_\_\_\_  
 Certificates.....# \_\_\_\_\_ Bank \_\_\_\_\_ Balance \$ \_\_\_\_\_  
 # \_\_\_\_\_ Bank \_\_\_\_\_ Balance \$ \_\_\_\_\_  
 Savings Bonds....Maturity Dates \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_,  
 \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, Value \$ \_\_\_\_\_  
 Other..... Value \$ \_\_\_\_\_

Real Property: Do you own any property? yes \_\_\_ no \_\_\_  
 If yes, Type of Property: \_\_\_\_\_  
 Location: \_\_\_\_\_  
 Appraised Market Value: \$ \_\_\_\_\_  
 Mortgage on property? \_\_\_\_\_ Balance \$ \_\_\_\_\_

Have your Sold/Disposed of any property in the last 2 years?  
 Yes \_\_\_\_\_ No \_\_\_\_\_, If Yes, Type of Property? \_\_\_\_\_  
 Market Value when sold/dispensed \$ \_\_\_\_\_  
 Amount Sold/Disposed for \$ \_\_\_\_\_  
 Date of Transaction: \_\_\_\_\_

Please answer yes or no to the following questions:

1. I am eligible to receive an elderly/handicap/disability adjustment to income. Yes \_\_\_\_\_ No \_\_\_\_\_
2. Does anyone in the household require a handicapped accessible unit? Yes \_\_\_\_\_ No \_\_\_\_\_
3. Do you own a pet? If so, cat \_\_\_\_\_, dog \_\_\_\_\_, other \_\_\_\_\_? If you own a pet, you are required to sign a Pet Agreement.
4. Are you or a family member a current illegal user of a controlled substance? Yes \_\_\_\_\_ No \_\_\_\_\_.
5. Have you or a family member had a previous conviction for the illegal use of a controlled substance? Yes \_\_\_\_\_ No \_\_\_\_\_.
6. Have you or a family member ever been convicted of the illegal manufacture or distribution of a controlled substance? Yes \_\_\_\_\_ No \_\_\_\_\_
7. If you answered questions number 4 or 5 with a "yes", have you or a family member involved successfully completed a controlled substance abuse recovery program or are you or the family member presently

8. Are you currently living in subsidized Housing? Yes \_\_\_ No \_\_\_

9. Have you ever resided in a project financed and/or subsidized by the Government? Yes \_\_\_ No \_\_\_. If YES, Name & Address:

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

10. Have you ever been evicted from public housing or any other Federal Program? Yes \_\_\_ NO \_\_\_. If YES, where \_\_\_\_\_

when \_\_\_\_\_ Describe reasons \_\_\_\_\_

\_\_\_\_\_

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

MEDICAL COSTS: Which may be deductible from Gross Income in Subsidized Housing.

Medicare Premiums .....\$ \_\_\_\_\_ per mo.

Medical Supplement Insurance .....\$ \_\_\_\_\_ per mo.

Name of Insurer \_\_\_\_\_ Plan \_\_\_\_\_

Estimated permanent prescription costs that are not covered by insurance or reimbursed: \$ \_\_\_\_\_ per mo.

Estimated Medical, Dental, Eye or any other Health expense that is not covered by insurance \$ \_\_\_\_\_

OTHER REQUIRED INFORMATION:

VEHICLES: 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 \_\_\_\_\_ year \_\_\_\_\_ Make \_\_\_\_\_ Color \_\_\_\_\_  
License plate # \_\_\_\_\_

PETS: If you own a pet please describe \_\_\_\_\_  
\_\_\_\_\_

WHO TO NOTIFY IN CASE OF EMERGENCY: NAME \_\_\_\_\_

Relationship: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

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

REFERENCES:

Current Landlord: Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Tel. No. \_\_\_\_\_

Prior Landlord: Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Tel. No. \_\_\_\_\_

Credit References:

1. Name \_\_\_\_\_ Address \_\_\_\_\_ Tel.No. \_\_\_\_\_
2. Name \_\_\_\_\_ Address \_\_\_\_\_ Tel.No. \_\_\_\_\_
3. Name \_\_\_\_\_ Address \_\_\_\_\_ Tel.No. \_\_\_\_\_

Personal (Not Relatives) References:

1. Name \_\_\_\_\_ Address \_\_\_\_\_ Tel.No. \_\_\_\_\_
2. Name \_\_\_\_\_ Address \_\_\_\_\_ Tel.No. \_\_\_\_\_
3. Name \_\_\_\_\_ Address \_\_\_\_\_ Tel.No. \_\_\_\_\_

I/We hereby certify that the housing I/we will occupy will be my/our permanent residence and that I/we will not maintain a separate subsidized rental unit in a different location.

I/We hereby certify that the above information is true and complete to the best of my/our knowledge and I/we understand that false statements or information are punishable by law and will lead to cancellation of this application or termination of tenancy after occupancy. This application does not obligate me or Easton Housing Corporation in any manner. I/We understand that a security deposit will be required prior to my/our moving into an apartment. I/We also understand that the pet policy will be adhered to.

The following information regarding race, national origin, and sex designation solicited on this application is requested in order to assure the Federal Government, acting through Farmers Home Administration 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

sex of individual applicants on the basis of visual observation or surname.

RACE/NATIONAL ORIGIN OF APPLICANT (Check one)

// White, Non-Hispanic // Black, Non-Hispanic // Hispanic  
// Asian or Pacific Islander // American Indian or Alaska Native

SEX OF APPLICANT

// Male // Female

Date: \_\_\_\_\_ Applicant Signature \_\_\_\_\_

Co-Applicant Signature \_\_\_\_\_

AUTHORIZATION TO OBTAIN INFORMATION

I/We hereby authorize EASTON HOUSING CORPORATION and it's staff or authorized representative(s) to obtain any information relative to this application, which EASTON HOUSING CORPORATION may retain, from any bank, any finance company, any loan company, any credit bureau, law enforcement agency, my/our employer(s), or any other source of information determined necessary, each such source hereby authorized to provide EASTON HOUSING CORPORATION with such information.

Date: \_\_\_\_\_ Applicant Signature: \_\_\_\_\_

Co-Applicant Signature: \_\_\_\_\_

Please return this application to:

EASTON HOUSING CORPORATION  
P.O. BOX 444  
EASTON, MAINE  
04740