

## Independent Apartment Rental Application

- 72 Church Street, Westbrook ME
- 741 Main Street, Westbrook, ME
- Croquet Lane Apartments, Croquet Lane, Portland ME
- Pleasant Street Housing, 824 Stevens Avenue, Portland, ME (HUD-subsidized)
- Shalom Apartments, Croquet Lane, Portland ME (HUD-subsidized)
- Valley Apartments, 88 Gilman Street, Portland, ME

**Your application will not be processed if the sections with an asterisk (\*) is not filled out.  
Signature is needed where it is marked with an X.**

<b>*APPLICANT: INFORMATION (you need to put an address or phone number where you can be contacted)</b>			
Name:			
Date of birth:	SSN:	Phone:	
Current address:	Dates from/to:		
City:	State:	ZIP Code:	Monthly rent:
Previous address:	Dates from/to:		
City:	State:	ZIP Code:	Monthly rent:
<b>*APPLICANT: OTHER INFORMATION (USE REVERSE SIDE IF NEEDED)</b>			
Have you ever been convicted of a crime (misdemeanor or felony)?: (circle one) YES NO			
If yes, explain:			
<b>*APPLICANT: SUBSIDY INFORMATION</b>			
Do you have a rental voucher or subsidy?: (circle one) YES NO			
If yes, provide name of housing subsidy program:			
<b>*APPLICANT: STUDENT STATUS INFORMATION</b>			
Are you a full-time student (circle one) YES NO			
If no, provide your student status:			
<b>*APPLICANT: LANDLORD REFERENCES (PAST 5 YEARS, USE REVERSE SIDE IF NEEDED)</b>			
Name:	Dates from/to:		
City:	State:	ZIP Code:	Phone:
Name:	Dates from/to:		
City:	State:	ZIP Code:	Phone:
<b>*APPLICANT: EMPLOYMENT/INCOME INFORMATION (USE REVERSE SIDE IF NEEDED)</b>			
Current/Most Recent Employer(s):	Dates from/to:		
Employer address:	Annual income:		
City:	State:	ZIP Code:	Phone:
<b>*APPLICANT: OTHER INCOME INFORMATION (SEE LIST ON LAST PAGE, USE REVERSE SIDE)</b>			
Do you have any other sources of income?: (circle one) YES NO			
If yes, provide income source and amount received:			
<b>*APPLICANT: ASSET INFORMATION (SEE LIST ON LAST PAGE, USE REVERSE SIDE IF NEEDED)</b>			
Type of Asset:	Value of Asset:		
Type of Asset:	Value of Asset:		
<b>*APPLICANT: EMERGENCY CONTACT</b>			
Name of an adult who will <i>not</i> be residing with you:			
Address:			
City:	State:	ZIP Code:	Phone:
Relationship to Applicant:			

<b>APPLICANT: VEHICLE INFORMATION</b>			
Make:	Model:	Year:	Color:
State:	License Number:		
<b>*CO-APPLICANT: INFORMATION</b>			
Name:	Relationship to Applicant:		
Date of birth:	SSN:	Phone:	
Current address:	Dates from/to:		
City:	State:	ZIP Code:	Monthly rent:
Previous address:	Dates from/to:		
City:	State:	ZIP Code:	Monthly rent:
<b>*CO-APPLICANT: OTHER INFORMATION (USE REVERSE SIDE IF NEEDED)</b>			
Have you ever been convicted of a crime (misdemeanor or felony)? (circle one) YES NO			
If yes, explain:			
<b>*CO-APPLICANT: SUBSIDY INFORMATION</b>			
Do you have a rental voucher or subsidy? (circle one) YES NO			
If yes, provide name of housing subsidy program:			
<b>*CO-APPLICANT: LANDLORD REFERENCES (PAST 5 YEARS, USE REVERSE SIDE IF NEEDED)</b>			
Name:	Dates from/to:		
City:	State:	ZIP Code:	Phone:
Name:	Dates from/to:		
City:	State:	ZIP Code:	Phone:
<b>*CO-APPLICANT: EMPLOYMENT/INCOME INFORMATION (USE REVERSE SIDE IF NEEDED)</b>			
Current/Most Recent Employer(s):	Dates from/to:		
Employer address:	Annual income:		
City:	State:	ZIP Code:	Phone:
<b>*CO-APPLICANT: OTHER INCOME INFORMATION (SEE LIST ON LAST PAGE, USE REVERSE</b>			
Do you have any other sources of income? (circle one): YES If yes, provide income source and amount			
<b>*CO-APPLICANT: ASSET INFORMATION (SEE LIST ON LAST PAGE, USE REVERSE SIDE IF</b>			
Type of Asset:	Value of Asset:		
Type of Asset:	Value of Asset:		
<b>CO-APPLICANT: EMERGENCY CONTACT</b>			
Name of an adult who will <u>not</u> be residing with you:			
Address:			
City:	State:	ZIP Code:	Phone:
Relationship to Co-Applicant:			
<b>CO-APPLICANT: VEHICLE INFORMATION</b>			
Make:	Model:	Year:	Color:
State:	License Number:		
<b>*HOUSEHOLD SIZE</b>			
How many total persons will reside in this household (including Applicant, Co-Applicant, and those named above)?			
<b>*APARTMENT SIZE NEEDED</b>			
How many bedrooms are you requesting? (circle one) One (1) Two (2)			
<b>*ACCESSIBILITY NEEDS</b>			
Are you requesting an accessible unit? (circle one): YES NO			
<b>*PET INFORMATION</b>			
Pet (circle one): YES NO If yes, provide type of animal:			

*ATTACHMENTS: REQUIRED			
1. Background Check Release (TenantNet)			
2. Verification of Disability and Release Form (if applicable)			
<p><b>RELEASE OF CONFIDENTIAL INFORMATION:</b> I hereby authorize <b>Shalom House, Inc.</b> to complete credit and criminal checks and to obtain verification of the information above in order to obtain housing. I authorize my landlords and employers (current and previous) and credit or personal references listed to give necessary information, whether credit or otherwise, to the rental agent. All information received will be used to determine if applicant meets the <b>Shalom House, Inc.</b> Tenant Selection Criteria. Credit reports may be obtained in connection with the application. Upon your request, you will be informed whether or not credit reports were obtained, and if reports were obtained, you will be informed of the name and address of the consumer-reporting agency that furnished the report.</p> <p><b>CERTIFICATION BY APPLICANT:</b> Under penalty of perjury, I/we certify that the information presented in this certification is true and accurate to the best of my/our knowledge. The undersigned further understand(s) that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of a lease agreement. *</p> <p><b>ENERGY DISCLOSURE STATEMENTS:</b> You have the right to obtain a 12-month history of energy consumption and the cost of that consumption from Central Maine Power Company.</p> <p><b>*NOTE:</b> Section 1001 of Title 18 of the U. S. Code makes it a criminal offense to make willful false statements and misrepresentations to any Department or Agency of the United States as to any matter within its jurisdiction.</p>			
<input checked="" type="checkbox"/> Signature of Applicant:	Date:		
Signature of Co-Applicant:	Date:		
Types of Income		Types of Assets	
Employment		Checking Accounts	
Self-employment (salary)		Savings Account	
Net Income from Business		Cash in Safety Deposit Boxes	
Social Security/SS Disability Insurance Benefits		Cash at Home	
Social Security Benefits Through a Number Other Than Your SS#		Trust Accounts	
Survivor Death Benefits		Equity Investments	
Other Social Security Benefits than that listed above		Treasury Bills	
Supplemental Security Income Benefits		Certificates of Deposit	
Insurance Policies(Long-Term Care/Other)		Money Market Funds	
Retirement Funds: Pensions/Annuities		Bonds	
AFDC/TANF/Public or Welfare Assistance		Stocks	
Unemployment Compensation		Mutual Funds	
Disability Compensation		Individual Retirement Accounts/Keoghs	
Worker's Compensation		Pensions/Annuities	
Severance Pay		401K/403B Accounts	
Temporarily Absent Family Members		Life Insurance Policies	
Permanently Confined Family Members		Personal Property Held as Investment (gems, jewelry, coin collections, antique cars)	
Recurring Gifts/Contributions from Friends/Relatives		Lump Sum Receipts (Inheritances, capital gains, one-time lottery winnings, victim's restitution, insurance claim settlements)	
Lottery Winnings		Mortgage or Deed of Trust	
Trust Accounts		Real Estate	
Resident Service Stipends		Other Current Asset(s)	
As a Resident Of an Intermediate Care Facility			
Periodic Withdrawals of Cash/Assets from an Investment			
Income from Assets			
Military Pay			
Veterans Benefits			
Alimony			
Child Support			
All Other Income			
Grants or Scholarships			



**Release of Confidential Information Form**

**HOUSING APPLICANT BACKGROUND CHECK**

(TenantNet, Paulhus; Rental, Credit and Criminal History)

(Please Print Clearly)

<u>Applicant Name</u>	<u>Other Names Known By:</u>
<u>Present Address</u>	<u>Telephone #</u>
<u>Most Recent Prior Address</u>	<u>Social Security #</u>
<u>Employer Name</u>	<u>Date of Birth</u>
<u>Employer Address</u>	<u>Driver's License #</u>
	<u>State Licensed in:</u>

RELEASE: I hereby authorize Shalom House, Inc. to complete a credit and criminal check, and to obtain verification of the information above in order to obtain housing. I authorize any current or prior landlords and/or employers, as well as credit bureaus, consumer reporting bureaus, and/or personal references, and local, state, and/or federal law enforcement agencies or departments or otherwise to give necessary information, whether credit, criminal, or tenant history, to the Shalom House Property Management Office. I authorize SHALOM HOUSE, INC. or any agent/employee of Shalom House, Inc. to contact the above for the purposes of verifying and recording applicant background information and/or confirming suitability of applicant for housing at one of the properties owned and/or managed by Shalom House., Inc.

I authorize and consent to the release and recording of this information and hereby release the above and their agents and employees from any and all liability and responsibility for their doing so.

**X**  
\_\_\_\_\_  
Housing Applicant Signature

\_\_\_\_\_  
Date Signed



**REQUEST FOR VERIFICATION OF MENTAL HEALTH DISABILITY**

Date: \_\_\_\_\_

To: (Provider name) \_\_\_\_\_

(Provider address) \_\_\_\_\_

\_\_\_\_\_

Dear Provider:

\_\_\_\_\_ has applied for housing at one of the properties Shalom House, Inc. either owns or manages. Shalom House, Inc. is required to verify this person's mental health disability to determine their eligibility for such housing.

We ask your cooperation in providing the requested information and returning it as quickly as possible to the address listed above. Your prompt return of this information will help assure timely processing of this person's housing application. At the bottom of this page is the release completed by the applicant consenting to the release of information about their mental health disability.

Please do not hesitate to call with any questions or concerns.

Sincerely,

**Property Management**  
***Shalom House, Inc.***

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**Applicant Consent to the Release of Information**

I, \_\_\_\_\_, hereby give my consent for the release of information regarding my eligibility to receive mental health services. This information is being released to Shalom House, Inc. or its managing agent in order to verify that I am eligible for housing at Shalom House, Inc. because I receive or am eligible to receive mental health services.

**X**  
\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date



**VERIFICATION OF MENTAL HEALTH DISABILITY FORM**

**To: Shalom House, Inc.  
106 Gilman Street  
Portland, ME 04102  
Attention: Property Management**

**INSTRUCTIONS:**

A qualified professional with one of the following credentials (MD, DO, LCPC, LCSW, APRNBC, NP) must complete this form.

Name of Housing Applicant: \_\_\_\_\_

Housing Applicant Social Security Number: \_\_\_\_\_

The above named Housing Applicant is an adult with a major, chronic mental illness Axis I Disorder per the DSM-IV-TR and is, therefore, eligible to receive mental health services for this disorder.

(please check the box below which applies)

YES

NO

\_\_\_\_\_  
**Name and credentials of Provider**

\_\_\_\_\_  
**Telephone Number**

\_\_\_\_\_  
**Agency/Hospital/Provider Group**

\_\_\_\_\_  
**Provider Signature**

\_\_\_\_\_  
**Date Provider Signed**

**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.

<b>Applicant Name:</b>	
<b>Mailing Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>Name of Additional Contact Person or Organization:</b>	
<b>Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>E-Mail Address (if applicable):</b>	
<b>Relationship to Applicant:</b>	
<b>Reason for Contact:</b> (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	
<b>Commitment of Housing Authority or Owner:</b> 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.	
<b>Confidentiality Statement:</b> The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
<b>Legal Notification:</b> 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.