



Shalom House, Inc.
 106 Gilman Street
 P.O. Box 560
 Portland, ME 04112
 Tel: 207-874-1080
 Fax: 207-874-1077
 TTY: 207-842-6888

Apartment Rental Application
Shalom House, Inc.

- Croquet Lane Apartments, Croquet Lane, Portland ME
- Shalom Apartments, Croquet Lane, Portland ME
- 72 Church Street, Westbrook ME

Pleasant Street Housing, Inc.

- 824 Stevens Avenue, Portland, ME

APPLICANT: INFORMATION			
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:
APPLICANT: OTHER INFORMATION (USE REVERSE SIDE IF NEEDED)			
In the past five (5) years, have you been convicted of a crime (misdemeanor or felony)?: (circle one) YES NO			
If yes, explain:			
APPLICANT: SUBSIDY INFORMATION			
Do you have a rental voucher or subsidy?: (circle one) YES NO			
If yes, provide name of housing subsidy program:			
APPLICANT: LANDLORD REFERENCES (PAST 5 YEARS, USE REVERSE SIDE IF NEEDED)			
Name:	Dates from/to:		
City:	State:	ZIP Code:	Phone:
Name:	Dates from/to:		
City:	State:	ZIP Code:	Phone:
APPLICANT: EMPLOYMENT/INCOME INFORMATION (USE REVERSE SIDE IF NEEDED)			
Current/Most Recent Employer(s):	Dates from/to:		
Employer address:	Annual income:		
City:	State:	ZIP Code:	Phone:
APPLICANT: OTHER INCOME INFORMATION (SEE LIST ON LAST PAGE, USE REVERSE SIDE IF NEEDED)			
Do you have any other sources of income?: (circle one) YES NO			
If yes, provide income source and amount received:			
APPLICANT: ASSET INFORMATION (SEE LIST ON LAST PAGE, USE REVERSE SIDE IF NEEDED)			
Type of Asset:	Value of Asset:		
Type of Asset:	Value of Asset:		
Type of Asset:	Value of Asset:		
Type of Asset:	Value of Asset:		
APPLICANT: EMERGENCY CONTACT			
Name of an adult who will <u>not</u> be residing with you:			
Address:			
City:	State:	ZIP Code:	Phone:
Relationship to Applicant:			
APPLICANT: VEHICLE INFORMATION			
Make:	Model:	Year:	Color:
State:	License Number:		

CO-APPLICANT: INFORMATION			
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:
Do you have a rental voucher or subsidy?: (circle one) YES NO			
If yes, provide name of housing subsidy program:			
In the past five (5) years, have you been convicted of a crime (misdemeanor or felony)?: (circle one) YES NO			
If yes, explain:			
CO-APPLICANT: OTHER INFORMATION (USE REVERSE SIDE IF NEEDED)			
In the past five (5) years, have you been convicted of a crime (misdemeanor or felony)?: (circle one) YES NO			
If yes, explain:			
CO-APPLICANT: SUBSIDY INFORMATION			
Do you have a rental voucher or subsidy?: (circle one) YES NO			
If yes, provide name of housing subsidy program:			
CO-APPLICANT: LANDLORD REFERENCES (PAST 5 YEARS, USE REVERSE SIDE IF NEEDED)			
Name:		Dates from/to:	
City:	State:	ZIP Code:	Phone:
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City:	State:	ZIP Code:	Phone:
CO-APPLICANT: EMPLOYMENT/INCOME INFORMATION (USE REVERSE SIDE IF NEEDED)			
Current/Most Recent Employer(s):		Dates from/to:	
Employer address:		Annual income:	
City:	State:	ZIP Code:	Phone:
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Type of Asset:		Value of Asset:	
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Type of Asset:		Value of Asset:	
CO-APPLICANT: EMERGENCY CONTACT			
Name of an adult who will <u>not</u> be residing with you:			
Address:			
City:	State:	ZIP Code:	Phone:
Relationship to Co-Applicant:			
CO-APPLICANT: VEHICLE INFORMATION			
Make:	Model:	Year:	Color:
State:		License Number:	
HOUSEHOLD MEMBERS: OTHER THAN APPLICANT AND CO-APPLICANT			
Provide names of others who will live in the household: (If an adult, we will need a separate application for that person):			
Name:		Date of birth:	SSN:
Name:		Date of birth:	SSN:

PET INFORMATION	
Pet (circle one): YES NO If yes, provide type of animal:	
APARTMENT SIZE NEEDED	
How many bedrooms are you requesting? (circle one) One (1) Two (2)	
ACCESSIBILITY NEEDS	
Are you requesting an accessible unit? (circle one): YES NO	
ATTACHMENTS: REQUIRED	
1. Background Check Release (TenantNet)	
2. Household Student Status Affidavit (even if you are not a student)	
3. Verification of Disability and Release Form (if applicable)	
<p>RELEASE OF CONFIDENTIAL INFORMATION: I hereby authorize Shalom House, Inc. 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 Shalom House, Inc. 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>CERTIFICATION BY APPLICANT: 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>*NOTE: 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>	
Signature of Applicant:	Date:
Signature of Co-Applicant:	Date:
Types of Income	
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, Criminal History)

(Please Print Clearly)

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

Housing Applicant Signature

Date Signed



REQUEST FOR VERIFICATION OF MENTAL HEALTH DISABILITY

Date: _____

To: _____

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,

Shalom House, Inc. – Housing Intake

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.

Applicant's Signature

Date

Witness

Date



VERIFICATION OF MENTAL HEALTH DISABILITY FORM

To: _____

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