



Shalom House, Inc.
 106 Gilman Street
 Portland, ME 04102
 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

315 Valley Street LP

- 88 Gilman Street, 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)				
Have you ever 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:
CO-APPLICANT: OTHER INFORMATION (USE REVERSE SIDE IF NEEDED)			
Have you ever 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)			
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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:
CO-APPLICANT: OTHER INCOME INFORMATION (SEE LIST ON LAST PAGE, USE REVERSE SIDE IF NEEDED)			
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Type of Asset:		Value of Asset:	
Type of Asset:		Value of Asset:	
Type of Asset:		Value of Asset:	
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:
Name:		Date of birth:	SSN:
HOUSEHOLD SIZE			
How many total persons will reside in this household (including Applicant, Co-Applicant, and those named above)?			
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			
PET INFORMATION			
Pet (circle one): YES NO If yes, provide type of animal:			
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		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>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: (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.

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: 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