



Shalom House, Inc.  
106 Gilman Street  
Portland ME 04102  
Tel: 207-874-1080 Fax: 207-874-1077



## Independent Apartment Rental Application

214 Danforth Street, Portland (Subsidized)

741 Main Street, Westbrook (Subsidized)

Croquet Lane Apartments, Portland (Subsidized)

Shalom Apartments, Croquet Lane, Portland (subsidized)

Pleasant Street Housing, 824 Stevens Avenue, Portland (subsidized)

Valley Apartments, 88 Gilman Street, Portland

3 Parris Street, Portland

72 Church Street, Westbrook

32 Mellen Street, Portland

**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:			
Have you ever lived in any other state?			
If yes, please list:			
Have you or any household members been subject to a lifetime state sex offender registration program in any state?:			
(circle one) YES NO			
<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</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 <i>not</i> be residing with you:			
Address:			
City:	State:	ZIP Code:	Phone:
Relationship to Co-Applicant:			

<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:	
<b>*DO YOU HAVE A SOCIAL SECURITY NUMBER? IF NO:</b>	
Were you age 62 or older as of January 31, 2010 and receiving HUD rental assistance at another location on January 31, 2010?: YES NO	
<b>*ATTACHMENTS: REQUIRED</b>	
1. Background Check Release	
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, lifetime sex offender national registry, 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>	
X Signature of Applicant:	Date:
Signature of Co-Applicant:	Date:

**Please fill in the amounts by the types of Income and/or Assets you currently have:**

Common Types of Income		Common Types of Assets	
Employment	<input type="checkbox"/> Yes \$ _____	Checking Accounts	<input type="checkbox"/> Yes \$ _____
Self-employment (salary)	<input type="checkbox"/> Yes \$ _____	Savings Account	<input type="checkbox"/> Yes \$ _____
Social Security/SS Disability Insurance Benefits	<input type="checkbox"/> Yes \$ _____	Cash at Home	<input type="checkbox"/> Yes \$ _____
Supplemental Security Income Benefits	<input type="checkbox"/> Yes \$ _____		
Child Support	<input type="checkbox"/> Yes \$ _____		
AFDC/TANF/Public or Welfare Assistance	<input type="checkbox"/> Yes \$ _____		
Disability Compensation	<input type="checkbox"/> Yes \$ _____		
Unemployment Compensation	<input type="checkbox"/> Yes \$ _____		
Less Common Types of Income		Less Common Types of Assets	
Social Security Benefits Through a Number Other Than Your SS#	<input type="checkbox"/> Yes \$ _____	Cash in Safety Deposit Boxes	<input type="checkbox"/> Yes \$ _____
Survivor Death Benefits	<input type="checkbox"/> Yes \$ _____	Trust Accounts	<input type="checkbox"/> Yes \$ _____
Other Social Security Benefits than that listed above	<input type="checkbox"/> Yes \$ _____	Equity Investments	<input type="checkbox"/> Yes \$ _____
Net Income from Business	<input type="checkbox"/> Yes \$ _____	Treasury Bills	<input type="checkbox"/> Yes \$ _____
Insurance Policies(Long-Term Care/Other)	<input type="checkbox"/> Yes \$ _____	Certificates of Deposit	<input type="checkbox"/> Yes \$ _____
Retirement Funds: Pensions/Annuities	<input type="checkbox"/> Yes \$ _____	Stocks	<input type="checkbox"/> Yes \$ _____
Worker's Compensation	<input type="checkbox"/> Yes \$ _____	Bonds	<input type="checkbox"/> Yes \$ _____
Severance Pay	<input type="checkbox"/> Yes \$ _____	Mutual Funds	<input type="checkbox"/> Yes \$ _____
Temporarily Absent Family Members	<input type="checkbox"/> Yes \$ _____	Money Market Funds	<input type="checkbox"/> Yes \$ _____
Permanently Confined Family Members	<input type="checkbox"/> Yes \$ _____	Individual Retirement Accounts/Keoghs	<input type="checkbox"/> Yes \$ _____
Recurring Gifts/Contributions from Friends/Relatives	<input type="checkbox"/> Yes \$ _____	Pensions/Annuities	<input type="checkbox"/> Yes \$ _____
Lottery Winnings	<input type="checkbox"/> Yes \$ _____	401K/403B Accounts	<input type="checkbox"/> Yes \$ _____
Trust Accounts	<input type="checkbox"/> Yes \$ _____	Life Insurance Policies	<input type="checkbox"/> Yes \$ _____
Resident Service Stipends	<input type="checkbox"/> Yes \$ _____	Personal Property Held as Investment (gems, jewelry, coin collections, antique cars)	<input type="checkbox"/> Yes \$ _____
As a Resident Of an Intermediate Care Facility	<input type="checkbox"/> Yes \$ _____		
Periodic Withdrawals of Cash/Assets from an Investment	<input type="checkbox"/> Yes \$ _____	Lump Sum Receipts (Inheritances, capital gains, one-time lottery winnings, victim's restitution, insurance claim settlements)	<input type="checkbox"/> Yes \$ _____
Income from Assets	<input type="checkbox"/> Yes \$ _____		
Military Pay	<input type="checkbox"/> Yes \$ _____	Mortgage or Deed of Trust	<input type="checkbox"/> Yes \$ _____
Veterans Benefits	<input type="checkbox"/> Yes \$ _____	Real Estate	<input type="checkbox"/> Yes \$ _____
Alimony	<input type="checkbox"/> Yes \$ _____	Any Other Current Asset(s)	<input type="checkbox"/> Yes \$ _____
Grants or Scholarships	<input type="checkbox"/> Yes \$ _____		
Any Other Income	<input type="checkbox"/> Yes \$ _____		

☐ **Zero Income**

☐ **Zero Assets**

**Release of Confidential Information Form**

**\* HOUSING APPLICANT BACKG ROUND CHECK**

(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>
<u>Email Address (required to process credit check through TenantAlert)</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 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**

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-V-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**

**Race and Ethnic Data  
Reporting Form**U.S. Department of Housing  
and Urban Development  
Office of HousingOMB Approval No. 2502-0204  
(Exp. 10/31/2004)

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**Name of Property****Project No.****Address of Property**

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**Shalom House, Inc.****Name of Owner/Managing Agent****Type of Assistance or Program Title:**

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**Name of Head of Household****Name of Household Member****Date (mm/dd/yyyy):** \_\_\_\_\_

<b>Ethnic Categories*</b>	<b>Select One</b>
Hispanic or Latino	
Not-Hispanic or Latino	
<b>Racial Categories*</b>	<b>Select All that Apply</b>
American Indian or Alaska Native	
Asian	
Black or African American	
Native Hawaiian or Other Pacific Islander	
White	
Other	

**\*Definitions of these categories may be found on the reverse side.****There is no penalty for persons who do not complete the form.**

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**Signature**

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**Date**

**Public reporting burden** for this collection is estimated to average 10 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. This information is required to obtain benefits and voluntary. HUD may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number.

This information is authorized by the U.S. Housing Act of 1937 as amended, the Housing and Urban Rural Recovery Act of 1983 and Housing and Community Development Technical Amendments of 1984. This information is needed to be in compliance with OMB-mandated changes to Ethnicity and Race categories for recording the 50059 Data Requirements to HUD. Owners/agents must offer the opportunity to the head and co-head of each household to "self certify" during the application interview or lease signing. In-place tenants must complete the format as part of their next interim or annual re-certification. This process will allow the owner/agent to collect the needed information on all members of the household. Completed documents should be stapled together for each household and placed in the household's file. Parents or guardians are to complete the self-certification for children under the age of 18. Once system development funds are provided and the appropriate system upgrades have been implemented, owners/agents will be required to report the race and ethnicity data electronically to the TRACS (Tenant Rental Assistance Certification System). This information is considered non-sensitive and does not require any special protection.



**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: (Check all that apply)</b> <div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <input type="checkbox"/> Emergency  <input type="checkbox"/> Unable to contact you  <input type="checkbox"/> Termination of rental assistance  <input type="checkbox"/> Eviction from unit  <input type="checkbox"/> Late payment of rent </div> <div style="width: 48%;"> <input type="checkbox"/> Assist with Recertification Process  <input type="checkbox"/> Change in lease terms  <input type="checkbox"/> Change in house rules  <input type="checkbox"/> Other: _____ </div> </div>	
<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.

Form HUD- 92006 (05/09)