

## Independent Apartment Rental Application

- 72 Church Street, Westbrook ME
- 741 Main Street, Westbrook, ME
- Croquet Lane Apartments, Croquet Lane, Portland ME (must be on the Portland Housing waitlist)
- 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
- 3 Parris Street, Portland, ME
- 214 Danforth 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:			
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 <b><i>not</i></b> 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 <b><i>not</i></b> 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:	
<b>*ATTACHMENTS: REQUIRED</b>	
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, 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</p>	
<input checked="" type="checkbox"/> 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:

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	
Lottery Winnings	Lump Sum Receipts (Inheritances, capital gains, one-time lottery winnings, victim's restitution, insurance claim settlements)
Trust Accounts	
Resident Service Stipends	Mortgage or Deed of Trust
As a Resident Of an Intermediate Care Facility	Real Estate
Periodic Withdrawals of Cash/Assets from an Investment	Other Current Asset(s)
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.

**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**