



C & C Realty Management, LLC  
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082006

APPLICATION FOR HOUSING  
**Supportive Housing Programs**

Received Date \_\_\_\_\_ Time \_\_\_\_\_  
 Income ELI \_\_\_ VLI \_\_\_ LI \_\_\_ MI \_\_\_  
*(Above info Office Use)*

**For which development(s) and apartment size(s) are you applying?**

*Note: Apartment size is usually based on 1 to 2 people per bedroom. If you are applying for a larger apartment, you may be asked to provide verification of your need for a larger apartment.*

- Augusta, Pleasant St. Apts. \_\_\_\_\_ 3 Bedroom  
 Housing for qualified homeless households, verification of homeless status is required
- Augusta, Stanley St. Apts. \_\_\_\_\_ 1 Bedroom \_\_\_\_\_ 2 Bedroom  
 Housing for DHHS clients, verification of Title 17 eligibility required.

**HEAD OF HOUSEHOLD**

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
 \_\_\_\_\_ Co-Head Work Phone: \_\_\_\_\_

**How did you hear about our housing? Please indicate which newspaper or name of person or agency that referred you to us:**

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*C & C Realty Management does business in accordance with the Federal Fair Housing Law. We do not discriminate against any person because of race, color, religion, sex, handicap, familial status, or national origin. We do not discriminate on the basis of handicap status in admission or access to, or treatment or employment in, federally assisted programs and activities. The responsible person designated to coordinate compliance with the nondiscrimination requirements is Catherine Whitney. Qualified individuals with handicaps may request reasonable accommodations to rules, policies, and procedures of dwelling units to assure equal opportunity to receive and enjoy the benefits of our housing programs. C & C Realty Management, LLC is an Equal Opportunity Provider. Complaints of discrimination should be sent to USDA, Director, Office of Civil Rights, Washington, DC 20250-9410; or call (800) 795-3272 (voice) or (202) 720-6382 (TTY); HUD (800) 669-9777 (voice) or (800) 925-9275 (TTY).*

Do you require a specific accommodation in order to fully utilize the program or services of the housing development?  Yes  No  
 If yes, please describe what you will need: \_\_\_\_\_

Do you wish to be placed on a waiting list for an apartment with specific design features, such as one with features designed for persons using wheelchairs?  Yes  No If yes, describe: \_\_\_\_\_

You will be asked for personal character references and for information about your prior renting history, credit and whether you have any criminal or complaint history. **It is important that you answer all questions as completely and accurately as possible to meet the Tenant Selection Criteria.** We reserve the right to deny any application that is incomplete, inaccurate or does not meet the criteria.

**Nothing in our policies, nor the Fair Housing Act, provides that an apartment be made available to anyone whose tenancy would constitute a direct threat to the health or safety of other individuals or whose tenancy would result in substantial physical damage to the property of others or who is a current, illegal user of or addicted to a controlled substance. Please answer the following questions and provide details of any "Yes" response:**



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Does anyone in the household post such a direct threat? [ ] Yes [ ] No

Is anyone in the household a current, illegal user of or addicted to a controlled substance? [ ] Yes [ ] No

Has anyone in the household been convicted or are there charges now pending for the illegal manufacture or distribution of a controlled substance? [ ] Yes [ ] No

Has anyone in the household been convicted or are there charges now pending of a felony or any criminal offense? [ ] Yes [ ] No

Explain any "Yes" answer, attach additional sheets if necessary: \_\_\_\_\_

**HOUSEHOLD COMPOSITION AND CHARACTERISTICS**

List the Head of Household and all other members who will be living in the apartment. Give the relationship of each family member to the head. If more room is needed to list additional members, attach another sheet.

Family member's full name	Relationship to applicant	Date of Birth	Social Security Number	US Citizen? Yes or No	Full-Time or Part-Time Student? Yes or No
	Head				

- How many people live in your home now? \_\_\_\_\_ Describe any pets: \_\_\_\_\_
- Do you expect any changes in your household? [ ] Yes [ ] No If yes, describe: \_\_\_\_\_
- What do you pay for rent or mortgage now? \$ \_\_\_\_\_ / per \_\_\_\_\_ (week, month)
- What utilities do you pay for now? \_\_\_\_\_ Monthly Cost? \$ \_\_\_\_\_
- Have you ever, or are you now receiving rental assistance or lived in subsidized housing? [ ] Yes [ ] No
- If yes, where, when and from what agency? \_\_\_\_\_
- Do you owe money to any housing agency or former landlord? [ ] Yes [ ] No If yes, describe how much and to what agency or person: \_\_\_\_\_

Please list three personal character references. These should not include relatives or close friends. It is helpful to have the names of other people who know you and can recommend you for proposed tenancy.

Name	Address	Phone Number

Please list your residential history for the last ten years. Please be sure to provide contact information: full name and phone number of prior landlord or manager and the address where you lived. Please indicate if the residence was not in your name (or your name has changed). Attach additional sheets if more space is needed.

Current and prior addresses Where you lived street, city, state	Name(s) on Lease	Dates you lived there	Landlord/Manager Contact Name & Phone Number



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**INCOME AND ASSET INFORMATION:** Please provide the following information to assist us in assessing your ability to pay the rent and any tenant-paid utilities:

List all money earned or received by everyone living in your household.

Family member with income	Gross amount of money received	How often money is received week/month/year	Name of employer, agency, person, company, bank who pays this income	Type of income, such as wage, Soc Sec, SSI, VA, TANF, child support, etc

List all assets of all household members.

Family Member Name	Bank or Company Name	Type of Account	Account Number	Balance

Do you own real estate?  Yes  No

If yes, what? \_\_\_\_\_ Where? \_\_\_\_\_ Value? \_\_\_\_\_

**Please describe your credit history.** Be sure to list any past due rent or other amounts owed to current or prior landlords as well as your experience with obtaining and paying your bills:


### APPLICANT CERTIFICATIONS

*This application does not obligate me/us or the property owner or C & C Realty Management in any way. I/we understand that any apartment offered must be my/our permanent, primary residence and I/we will not maintain a separate subsidized rental unit in a different location.*

**IMPORTANT INFORMATION ABOUT FRAUD OR MISREPRESENTATION:** By signing below I/we confirm that I/we understand that false statements or information are punishable under any State or Federal law or housing program that may apply to this housing. I/we also understand that false statements or information are grounds for denial of my/our application, termination of housing assistance and/or termination of tenancy.

**AUTHORIZATION FOR RELEASE OF INFORMATION:** By signing below I/we hereby authorize C & C Realty Management, LLC, to obtain any information relative to my/our application for housing and proposed tenancy, including, but not limited to inquiries of my/our assets, income, character, prior renting history, obtain a credit report; obtain information from any court or law enforcement agency about any complaint or criminal or conviction data.

**CERTIFICATION AS TO ACCURACY:** By signing below I/we hereby certify that the above information is true, complete and accurate to the best of my/our knowledge and belief.

Signature(s) of Head of Household and all adult members of household

Signature of Head of Household \_\_\_\_\_ Date: \_\_\_\_\_

Other Adult(s) in Household Signature(s) \_\_\_\_\_



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## Stanley Street Apartments Augusta, Maine

### Verification of Program Eligibility

In order to document the eligibility of a housing applicant, we need written verification from one of the designated mental health community support provider agencies (if the housing applicant is receiving community support services) or through the regional mental health team leader (if the housing applicant is not actively receiving services).

I, \_\_\_\_\_ [person providing verification] of  
\_\_\_\_\_  
\_\_\_\_\_ [designated support provider  
agency], confirm that \_\_\_\_\_ [applicant] meets the definition of  
eligibility for Adult Mental Health Services under the MaineCare Benefits Manual Section 17.

The purpose of this verification is to determine eligibility for housing funded either in part or in whole by the Department of Health and Human Services (DHHS) or housing that is intended to be available to consumers of DHHS. This verification does not automatically entitle an individual for such services.

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

Note: The designated community support providers in the Augusta area include: Motivational Services, Catholic Charities, Kennebec Valley Mental Health, HealthReach, and Intensive Community Support (ICMs) through DHHS.

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