



C & C Realty Management, LLC
P O Box 2506
Augusta, ME 04338-2506
Telephone (207) 621-7700
Toll-free 1-866-621-7705

MULTI-FAMILY APPLICATION

Received Date _____ Time _____

(Above info Office Use)

Name: _____
Address: _____

Home Phone: _____
Work Phone: _____
Cell Phone: _____
Email: _____

Separate Applications required for each Adult Member unless you have lived together for 3 or more years consecutively. Please call for an additional application if applicable.

Monmouth – Pine Ridge Estates __ 1 Bedroom or __ 2 Bedroom

How did you hear about the apartment? Please indicate which newspaper or name of person or agency that referred you to us: _____

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.*** 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:

1. Does anyone in the household pose a **direct threat**? Yes No
2. Is anyone in the household a **current, illegal user of or addicted to a controlled substance**? Yes No
3. Has anyone in the household **been convicted** including pleading guilty of any criminal offense at any time in the past? Yes No
4. Does anyone in the household have charges now pending for any **criminal offense**? Yes No
5. 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
6. Is anyone in the household subject to a lifetime sex offender registration requirement in any state? Yes No

Explain any “Yes” answers, attach additional sheets if necessary:

HOUSEHOLD COMPOSITON AND CHARACTERISTICS

List all members who will be living in the home and give the relationship of each member. 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				



Answer All Questions Below

- How many people live in your home now? _____ Describe any pets: _____
- Has anyone in the household resided in a place, currently or within the last 12 months that has/had bedbugs or any other type of infestation? *If yes, explain, attach additional sheets if necessary:*

- 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/are you now receiving rental assistance? [] Yes [] No If yes, describe: _____
- 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

RESIDENTIAL HISTORY: We need to know all of the addresses where you have lived, even if you did not pay rent or have a Landlord. Please be sure to provide a **ten year minimum** timeline. Incomplete information may result in the denial of your application. Attach additional sheets if more space if needed.

Current address:			
Landlord Name & Phone #:			Date of move in:
(circle which applies)	Own	Rent	Live with: _____

Prior Address:			
Landlord Name & Phone #:			lived there from:
(circle which applies)	Own	Rent	Live with: _____ to:

Prior Address:			
Landlord Name & Phone #:			lived there from:
(circle which applies)	Own	Rent	Live with: _____ to:

Prior Address:			
Landlord Name & Phone #:			lived there from:
(circle which applies)	Own	Rent	Live with: _____ to:

Prior Address:			
Landlord Name & Phone #:			lived there from:
(circle which applies)	Own	Rent	Live with: _____ to:



INCOME INFORMATION

List all money earned or received by everyone living in your household. This includes income from any source, such as wages, self-employment, child support, Social Security, disability payments, worker’s compensation, retirement benefits, TANF, Veterans benefits, rental property income, stock dividends, income from bank account, alimony, unemployment, and all other sources. If more room is needed, attach an additional sheet.

NOTE: Provide Proof of Income with Application

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

1. Do you own real estate? [] Yes [] No Value: \$ _____ Mortgage \$ _____
If yes, what? _____ Where? _____

2. Describe You Credit History _____

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.

***Any application received that does not have the required information necessary to be placed on the waiting list will be returned with a notice as to the information that must be provided.**

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) _____

Enclosed is the information you requested. If you have any questions, please feel free to contact our office at 621-7700, toll-free outside the Augusta area at 1-866-621-7705 or by e-mail at info@ccrealtymanagement.com

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 may be filed with HUD by contacting the Office of Fair Housing at 1-800-669-9777, or (800) 925-9275 (TTY); Complaints for USDA should be sent to USDA, Director, Office of Civil Rights, Washington, DC 20250-9410; call (800) 795-3272 (voice) or (202) 720-6382 (TTY).