



8/11/2011

C & C Realty Management, LLC
P O Box 2506
Augusta, ME 04338-2506
Telephone (207) 621-7700 Fax (207) 621-7702
Toll-free 1-866-621-7705

APPLICATION FOR HOUSING

Received Date _____ Time _____
Income ELI ___ VLI ___ LI ___ MI ___
(Above info Office Use)

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

(Note "elderly" housing eligibility includes households whose head, spouse or co-head are 62 or older or disabled or handicapped and "family" housing eligibility includes elderly, disabled and handicapped. For some housing, ineligible households, including single individuals who are not elderly, disabled or handicapped may qualify - contact the Property Manager for details)

NOTE: Size is usually based on 1 to 2 people per bedroom. If you are applying for a larger apartment, you will be asked to provide verification of your need for a larger apartment when a unit is available.

- Albion - Meadow by the Brook - elderly/disabled
Bangor - St. Xavier's Home - elderly/disabled
Bath - Orchard Court Apartments - family/elderly/disabled
Belfast - Bayview Apt - elderly/disabled/family
E. Millinocket - Oak Park Manor - elderly/disabled
Farmingdale - Timberwood - elderly/family
Lewiston - Frye School Hsg for the Elderly - 62 or older
Liberty - Lake St. George Apt - family/elderly/disabled
Lubec - Bayview Park - elderly/disabled
Lubec - Sunrise Apt - elderly/disabled
Lubec - Quoddy View Apt - elderly/disabled
Madison - Pinewood Apt - family/elderly/disabled
Manchester - Lindenbrooke - elderly/disabled
Millinocket - Maine Avenue - elderly/disabled
Phillips - Shadagee Seniors - elderly/disabled
Pittsfield - Parkview Apt - elderly/disabled
Rangeley - Townhouse - elderly/disabled
Rockland - Broadway Meadows - elderly/disabled
Rockland - Broadway North I - elderly/disabled
Rockland - Knox St Apt - family/elderly/disabled
Thomaston - Beechwood Apt - elderly/disabled
Vassalboro - Dearborn Apt - elderly/family
Vinalhaven - Carver Apt - elderly/disabled
Vinalhaven - Harborside - elderly/disabled
Waldoboro - Waldoboro Woods - family/elderly/disabled
Windsor Lewis Jones Apt - family/elderly/disabled
1 Bedroom
1 Bedroom (*Restricted (see below) **Smoke Free)
2 Bedroom
2 Bedroom
3 Bedroom 4 Bedroom
1 Bedroom
2 Bedroom
2 Bedroom
2 Bedroom
1 Bedroom
2 Bedroom
2 Bedroom
2 Bedroom
1 Bedroom
2 Bedroom
2 Bedroom
2 Bedroom
1 Bedroom
2 Bedroom
2 Bedroom
2 Bedroom
1 Bedroom
2 Bedroom
2 Bedroom
2 Bedroom
1 Bedroom
2 Bedroom
(N/A) 2 Bedroom

* Restricted to applicants 62 or older except for mobility impaired who need an accessible apartment
**Smoke Free applies to all new tenants, please note that there may be smokers at the property who have been grandfathered;
Unless identified as smoke free, smoking is permitted.

HEAD OF HOUSEHOLD (Make any corrections to spelling or mailing address)

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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1. 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: _____
2. 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 _____

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:

1. Does anyone in the household post such 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 OR** are there **charges now pending for the illegal manufacture or distribution of a controlled substance**? [] Yes [] No
4. Has anyone in the household **been convicted OR** are there **charges now pending of a felony OR any criminal offense OR convicted for any criminal offense at any time in the past**? [] Yes [] No
 Explain any "Yes" answer, attach additional sheets if necessary: _____

HOUSEHOLD COMPOSITON 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				

1. How many people live in your apartment now? _____ Describe any pets: _____
2. Do you expect any changes in your household? [] Yes [] No If yes, describe: _____
3. What do you pay for rent now? \$_____ / per _____ (week, month)
4. What utilities do you pay for now? _____ Monthly cost? \$_____
5. Have you ever received rental assistance? [] Yes [] No If yes, where, when and from what agency? _____

Are you now receiving rental assistance or living in subsidized housing? If yes, where, when and from what agency? _____

6. Do you owe money to any housing agency or former landlord? [] Yes [] No If yes, describe how much and to what agency _____



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INCOME AND ASSET 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.

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, including checking, savings accounts (including IRAs, Keogh accounts, certificates of deposit, stocks, bonds, mutual funds, etc.

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

- Do you own real estate? Yes No Value: \$ _____ If yes, what?
Where? _____ Mortgage \$ _____
- Have you disposed of any assets for less than fair market value within the past two years? Yes No
If yes, describe: _____ \$ _____

ADJUSTMENTS TO INCOME

- If you are applying for a Rural Development assisted development, income eligibility calculations allow a deduction for any household whose head or co-head is elderly, disabled or handicapped. Do you qualify for this deduction? Yes No
- If head or co-head is elderly, disabled or handicapped, please list amount and type of out of pocket medical or handicap assistance expenses: _____
- Please list child care expenses to enable head or co-head to work or go to school: _____ per _____

APPLICANT CERTIFICATIONS

This application does not obligate me/us or the property owner or C & C Realty Management in any way. I/we certify that any apartment offered will 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 Federal law. 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, medical expenses, child care costs, character, prior renting history, prior subsidized housing participation; 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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The information regarding race, national origin and sex designation solicited on this application is requested in order to assure the Federal Government, acting through the USDA Rural Development Agency, that Federal Laws prohibiting discrimination against tenant applicants on the basis of race, color, national origin, religion, sex, familial status, age and handicap are complied with. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However, if you choose not to furnish it, the owner is required to note the race/national origin and sex of individual applicants on the basis of visual observation or surname.

Family Member	Ethnicity: Hispanic or Latino Yes or No	Race: American Indian or Alaskan Native	Race: Asian	Race: Black or African American	Race: Native Hawaiian or Other Pacific Islander	Race: White	Sex: Male or Female

Information supplied by: Applicant, please initial: _____ or Management, initial: _____



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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



P O Box 2506
Augusta, ME 04338-2506

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; call (800) 795-3272 (voice) or (202) 720-6382 (TTY); HUD (800) 669-9777(voice) or (800) 925-9275 (TTY).

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.

Applicant Name:	
Mailing Address:	
Telephone No:	Cell Phone No:
Name of Additional Contact Person or Organization:	
Address:	
Telephone No:	Cell Phone No:
E-Mail Address (if applicable):	
Relationship to Applicant:	
Reason for Contact: (Check all that apply)	
<input type="checkbox"/> Emergency	<input type="checkbox"/> Assist with Recertification Process
<input type="checkbox"/> Unable to contact you	<input type="checkbox"/> Change in lease terms
<input type="checkbox"/> Termination of rental assistance	<input type="checkbox"/> Change in house rules
<input type="checkbox"/> Eviction from unit	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Late payment of rent	
Commitment of Housing Authority or Owner: 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.	
Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
Legal Notification: 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.