

### *Housing Types:*

“Elderly” housing eligibility includes households whose head, co-head, or spouse are age 62 or older or disabled or handicapped.

“Family” housing eligibility includes those of all ages, including elderly, disabled and handicapped.

**Households that are not elderly, including single individuals, may still qualify to reside at an Elderly property if they are disabled and/or handicapped - contact the Property Manager for details.**

### **Properties Managed By C&C Realty Management**

**Albion - Meadow by the Brook**, 1 BR’s apartments for elderly/disabled.  
**Bangor - St. Xavier’s**, Studios & 1 BR’s, Must be 62yrs/older OR in need of accessible unit.  
**Camden – Megunticook House**, 1 & 2 BR’s, elderly/disabled.  
**E. Millinocket -Oak Park Manor**, 1 & 2 BR’s for elderly/disabled.  
**E. Millinocket – Silverwood Court**, 1 & 2 BR’s for families, elderly, and disabled.  
**Farmingdale - Timberwood Apartments**, 1 & 2 BR’s for families, elderly, and disabled.  
**Farmington – Blueberry Hill**, 1 & 2 BR’s for families, elderly, and disabled.  
**Gardiner - Riverview Terrace**, 2 BR’s for family, elderly, and disabled.  
**Lewiston -Frye School**, 1 BR’s , Must be 62 or older.  
**Liberty - Lake St. George Apartments**, 1 & 2 BR’s for families, elderly, and disabled.  
**Lubec - Sunrise Apartments**, 1 BR’s for elderly and disabled.  
**Lubec - Quoddy View Apartments**, 1 & 2 BR’s for elderly and disabled  
**Madawaska – Hillside Apartments**, Studio & 1BR’s for elderly and disabled.  
**Manchester – Lindenbrooke Park**, 1 & 2 BR’s for elderly and disabled.  
**Millinocket - Maine Avenue Manor**, 1 & 2 BR’s for elderly and disabled.  
**Oakland – Hillside Acres**, 1 & 2 BR’s for families, elderly, and disabled.  
**Phillips - Shadagee Seniors – Studio & 1 BR’s** for elderly and disabled.  
**Pittsfield - Parkview Apartments**, 1 & 2 BR’s for elderly and disabled.  
**Pittsfield – Westbranch Terrace**, 1 & 2 BR’s for elderly and disabled.  
**Rangeley – Rangeley Townhouse**, 1 & 2 BR’s for elderly and disabled.  
**Richmond- Richmond Terrace**, 1 & 2 BR’s for elderly and disabled.  
**Rockland - Broadway Meadows**, 1 & 2 BR’s for elderly and disabled.  
**Rockland - Broadway North I -1 & 2 BR’s** for elderly and disabled.  
**Sabattus – Garden Heights Apartments**, 1, 2, & 3 BR’s for families, elderly, and disabled.  
**Skowhegan- Mountain View Terrace**, 1, 2, & 3 BR’s for families, elderly, and disabled.  
**Thomaston - Beechwood Apartments**, 1 & 2 BR’s for elderly and disabled.  
**Thomaston – Pine Street Apartments**, 1 & 2 BR’s for families, elderly, and disabled.  
**Thomaston – Water Street Apartments**, 1 & 2 BR’s for families, elderly, and disabled.  
**Topsham – Barron’s Hill Apartments**, 1 & 2 BR’s for elderly and disabled.  
**Vassalboro - Dearborn Hill Apartments**, 1 & 2 BR’s for families, elderly, and disabled.  
**Vinalhaven – John Carver Apartments**, 1 & 2 BR’s for elderly and disabled.  
**Vinalhaven – Harborside Apartments**, 1 & 2 BR’s for elderly and disabled.  
**Waldoboro - Waldoboro Woods**, 1 & 2 BR’s for families, elderly, and disabled.  
**Windsor - Lewis Jones Apartments**, 2 BR’s for families, elderly, and disabled.  
**Wiscasset – Deer Ridge Farm**, 1 & 2 BR’s for elderly and disabled.

**ALL of the above properties listed are Smoke Free Communities – smoking is not allowed in apartments, or within 25 feet of the buildings.**



**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:</b> (Check all that apply)   |   |
| <input type="checkbox"/> Emergency<br><input type="checkbox"/> Unable to contact you<br><input type="checkbox"/> Termination of rental assistance<br><input type="checkbox"/> Eviction from unit<br><input type="checkbox"/> Late payment of rent   | <input type="checkbox"/> Assist with Recertification Process<br><input type="checkbox"/> Change in lease terms<br><input type="checkbox"/> Change in house rules<br><input type="checkbox"/> Other: _____ |
| <p><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.</p>   |   |
| <p><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.</p>  |   |
| <p><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.</p> |   |

Check this box if you choose not to provide the contact information.

|  |  |
|--|--|
|  |  |
|--|--|

**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.



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**Email: [Info@ccrealtymanagement.com](mailto:Info@ccrealtymanagement.com)**

APPLICATION FOR HOUSING

Received Date \_\_\_\_\_ Time \_\_\_\_\_  
Income ELI \_\_\_ VLI \_\_\_ LI \_\_\_ MI \_\_\_

(Above info Office Use)  
rev. 8/1/2018 web

**HEAD OF HOUSEHOLD – Please make any corrections to spelling or mailing address.**

Name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_  
Email Address: \_\_\_\_\_

**Please note that application must be completed before placement on waiting list can be made; Incomplete applications will be returned.**

**Please list the name of the property or the city/town where you are seeking housing:**

**1<sup>st</sup> choice:** \_\_\_\_\_  
**2<sup>nd</sup> choice:** \_\_\_\_\_  
**3<sup>rd</sup> choice:** \_\_\_\_\_

**Please list the bedroom size(s) for which you are interested and would qualify:**

**1<sup>st</sup> choice:** \_\_\_\_\_  
**2<sup>nd</sup> choice:** \_\_\_\_\_  
**3<sup>rd</sup> choice:** \_\_\_\_\_

**Apartment 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.**

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: \_\_\_\_\_

Are you currently living in subsidized housing or receiving rental assistance?  Yes  No

Have you ever received rental assistance?  Yes  No If yes, where, when and from what agency \_\_\_\_\_

**How did you hear about our housing? Please indicate which newspaper, agency/name of person that referred you. If you found us online, please say which website:** \_\_\_\_\_

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. Do you owe money to any housing agency or former landlord?  Yes  No If yes, describe how much and to what agency \_\_\_\_\_



**You have the right to obtain a 12 month history of energy consumption and the cost of that consumption from the energy supplier for the properties locations you have applied for on this application. See below electricity contacts:  
 Central Maine Power 1-800-750-4000, Bangor Hydro Electric 1-800-499-6600,  
 Fox Island Electric 207-863-4900, Emera Maine 1-855-363-7211  
 (14 M.R.S.A. §6030-C1)**

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 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 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                      |               |                        |                       |   |
|                           |                           |               |                        |                       |   |
|                           |                           |               |                        |                       |   |
|                           |                           |               |                        |                       |   |
|                           |                           |               |                        |                       |   |

Please provide a list of ALL STATES in which any household member has resided: \_\_\_\_\_



## 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 |
|--------------------|----------------------|-----------------|----------------|---------|
|                    |                      |                 |                |         |
|                    |                      |                 |                |         |
|                    |                      |                 |                |         |
|                    |                      |                 |                |         |

1. Do you own real estate?  Yes  No Value: \$ \_\_\_\_\_
2. If yes, what? \_\_\_\_\_ Where? \_\_\_\_\_  
Mortgage \$ \_\_\_\_\_
3. 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

1. 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
2. If head or co-head is elderly, disabled or handicapped, please list amount and type of out of pocket medical or handicap assistance expenses:  
\_\_\_\_\_
3. Please list child care expenses to enable head or co-head to work or go to school: \_\_\_\_\_ per \_\_\_\_\_

### CREDIT HISTORY

Please describe your credit history. List all past due accounts and amounts in collections: \_\_\_\_\_

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**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.

**\*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) \_\_\_\_\_

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

*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 do to 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.*

**Information supplied by: Applicant, please initial: \_\_\_\_\_ or Management, initial: \_\_\_\_\_**

*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).*

**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](mailto:info@ccrealtymanagement.com)**

