



PRE-APPLICATION

PLEASE PRINT CLEARLY

1. Fill in your correct full name, address, (including apt number), city, state, zip code & telephone number.

NAME: _____ TELEPHONE: _____ E-MAIL _____

CURRENT ADDRESS: _____

MAILING ADDRESS IF DIFFERENT FROM CURRENT ADDRESS : _____

HOW DID YOU HEAR ABOUT THE APPLICATION PROCESS? _____

TOTAL HOUSEHOLD GROSS MONTHLY INCOME _____

For Greenfield Applicants only: Do you currently have a Section 8 voucher? YES NO

2. List all members of your family that **will be living** with you and state their age, sex, race and ethnicity.
INCLUDE YOURSELF If expecting, list child with estimated due date.

NAME	RELATIONSHIP TO HEAD	DATE OF BIRTH	AGE	DISABLED Y OR N	SEX	RACE/ ETHNICITY	STUDENT Y OR N	SOCIAL SECURITY #
	HEAD			Y N		/	Y N	
				Y N		/	Y N	
				Y N		/	Y N	
				Y N		/	Y N	
				Y N		/	Y N	

RACE - 1. WHITE 2. BLACK/AFRICAN AMERICAN 3. AMERICAN INDIAN/ALASKAN NATIVE 4. HAWAIIAN/PACIFIC ISLANDER 5. ASIAN
ETHNICITY 1. HISPANIC 2. NON-HISPANIC

3. Background Information

Are you or have you ever been in subsidized housing?

YES NO IF YES, WHERE & WHEN _____

Do you owe money to a Housing Authority?

YES NO IF YES, WHERE _____

Have you **ever applied** for housing with Bangor Housing in the past?

YES NO IF YES, APPROXIMATELY WHEN? _____

Former Last Name(s) or Maiden Name _____

CRIMINAL HISTORY: As part of our investigation of persons applying for subsidized Housing, we are required to check with the Law Enforcement Agencies on all family members and all children of family members whether residing in the unit or elsewhere. Failure to provide information or providing false information is cause to deny your application for rental assistance. List any and all criminal convictions of any and all members of your household regardless of the date the incident occurred. Give date, charge, town, State, court and disposition:

List all other states in which any household member has resided: _____

Are any members of the household subject to a registration requirement under any state sex offender registration program? Yes No. If yes, who and which state or states: _____

**Bangor Housing
161 Davis Road
Bangor, ME 04401**

Bangor Housing utilizes this application for the following properties:

1. Public Housing – Capehart, Birch Circle and Griffin Park - 2 and 3 bedroom units for families.
2. Nason Park Manor, Autumn Park West, Crestwood Place - 1 bedroom units for adults 62 or older, disabled or handicapped.
3. Greenfield Apartments – 3 bedroom townhouses.

Rent is based on 30% of adjusted gross household income **EXCEPT** Greenfield Apartments.

There are 4 different rent levels at Greenfield Apartments. This is a rent restricted program that is **not based** on 30% of your adjusted gross income. Please call for more information on this program.

All units are smoke free.

You **MUST** indicate the bedroom size(s) and property(s) for which you are applying:

- 1 BR @ Nason Park Manor, Autumn Park West or Crestwood Place
- 2 BR @ Capehart, Birch Circle or Griffin Park 3 BR @ Capehart, Birch Circle or Griffin Park
- 3 BR @ Greenfield Apartments

Do you have any pets? Yes No If Yes, how many and what kind: _____

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 briefly: _____

Do you require any **specific design features**, such as but not limited to wheelchair, visual or hearing accessibility needs or a single floor apartment?

Yes No If yes, please describe briefly: _____

WARNING Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentation to any department or agency of the U.S. as to any matter within its jurisdiction. Furnishing false or incomplete information can result in a fine of up to \$10,000 or imprisonment for up to five years.

**Bangor Housing
161 Davis Road
Bangor, ME 04401**

4. Your signature below authorizes Bangor Housing to obtain the following information:

- (1) a criminal history directly from any Law Enforcement Agency for all family members age 15 or older.
- (2) a reference from your current and all prior landlords
- (3) a credit report

APPLICANT CERTIFICATION: *The undersigned hereby represents that all of the above statements are true and complete and hereby authorizes Bangor Housing to obtain verifications directly from Law Enforcement agencies and prior landlords. Failure to answer any of the above inquiries entitles Bangor Housing to reject this application. False information given above entitles Bangor Housing to (1) reject this application and/or (2) terminate tenants right to occupancy or participant's right to rental assistance if the false information is discovered after occupancy or assistance begins.*

Applicant Signature _____ **Date** _____

**Co-Applicant/
Spouse Signature** _____ **Date** _____

Other Adult Applicant Signature _____ **Date** _____

EQUIFAX: As part of our investigation of persons applying for subsidized Housing, we obtain a credit report for the purpose of evaluating your application. We compare the credit report data to the information you provide.

PLEASE PRINT CLEARLY

FULL NAME: _____

SOCIAL SECURITY # XXX-XX- _____ DATE OF BIRTH _____

FULL NAME: _____

SOCIAL SECURITY # XXX-XX- _____ DATE OF BIRTH _____

FULL NAME: _____

SOCIAL SECURITY # XXX-XX- _____ DATE OF BIRTH _____

POLICE DEPARTMENT USE ONLY

NOTHING ON RECORD

SEE ATTACHED

COMMENTS: _____

SIGN/DATE: _____

RESIDENTIAL ADDRESSES

**ONE SHEET MUST BE COMPLETED FOR EACH ADULT MEMBER
PLEASE LIST THE PLACES THAT YOU HAVE LIVED/STAYED FOR THE PAST SEVEN YEARS**

CURRENT ADDRESS

STREET ADDRESS		CITY	STATE	ZIP
FROM MM/YR	TO MM/YR	RENT <input type="checkbox"/>	OWN <input type="checkbox"/>	RELATIVE <input type="checkbox"/>
IF RENTING- LANDLORD NAME		LANDLORD MAILING ADDRESS	LANDLORD PHONE NUMBER & FAX NUMBER	

PREVIOUS ADDRESSES

STREET ADDRESS		CITY	STATE	ZIP
FROM MM/YR	TO MM/YR	RENT <input type="checkbox"/>	OWN <input type="checkbox"/>	RELATIVE <input type="checkbox"/>
IF RENTING- LANDLORD NAME		LANDLORD MAILING ADDRESS	LANDLORD PHONE NUMBER & FAX NUMBER	

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FROM MM/YR	TO MM/YR	RENT <input type="checkbox"/>	OWN <input type="checkbox"/>	RELATIVE <input type="checkbox"/>
IF RENTING- LANDLORD NAME		LANDLORD MAILING ADDRESS	LANDLORD PHONE NUMBER & FAX NUMBER	

IF MORE ROOM IS NEEDED, PLEASE WRITE ON THE BACK OF THIS FORM

Signature _____			
Please Print Full Name _____			
Date of Birth _____	SS # _____	Telephone # _____	

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Please Print Full Name _____			
Date of Birth _____	SS # _____	Telephone # _____	



NOTICE OF RIGHT TO REASONABLE ACCOMMODATION

WHAT IS A REASONABLE ACCOMMODATION?

A change to our procedures and rules which assist an otherwise eligible person with a disability to benefit from our housing provided the changes do not pose an undue financial and administrative burden to Bangor Housing or result in a fundamental alteration of the program.

WHO MAY REQUEST A REASONABLE ACCOMMODATION?

Any person who meets the definition of disability under the Maine Human Rights Act and there is a direct nexus or a link between the disability and the request.

HOW DO I MAKE A REQUEST FOR A REASONABLE ACCOMMODATION/MODIFICATION?

Complete the Reasonable Accommodation Request Form, which can be picked up at the front counter. If you need help filling out this form or if you want to give us your request in some other way, we will help you. Becky Foley has been designated as the 504 coordinator for Bangor Housing. You can contact her or Angie McCluskey if you have any questions regarding Reasonable Accommodations by calling 942-6365, or email bfoley@bangorhousing.org or amclluskey@bangorhousing.org.

HOW LONG DOES THE PROCESS TAKE?

Your request will be reviewed and you will receive a response within 30 calendar days after we have received your request unless there is a problem getting the information we need or unless you agree to a longer time. We will notify you if we need more information or verification from you or if we would like to talk to you about other ways to meet your needs.

WHAT HAPPENS IF MY REQUEST FOR A REASONABLE ACCOMMODATION IS DENIED?

If we deny your request, we will explain the reasons and you will have the opportunity to supply further information if you think it will help gain approval. You can also request a hearing.

FOR DENIAL, LEASE VIOLATION, EVICTION, OR TERMINATION

If this problem is as a result of a disability, you have a right to a reasonable accommodation – some plan that would enable you to meet the terms of the lease or other housing obligations. If you think such a plan or a change is likely to correct the problem, you can call Becky Foley or Angie McCluskey. If you make such a request, you will need some evidence that the problem was caused by the disability and that the plan is likely to work. If it involves someone else, you need evidence that they will provide the assistance.
