

Dear Applicant:

You recently requested an application for housing from Bangor Housing Authority. Enclosed are a Pre-application form; form for previous addresses; and a Notice of Right to a Reasonable Accommodation.

You must answer all questions on the pre-application form and include, on the address form, your current address and addresses for the past seven years, landlord names, and complete mailing addresses and telephone numbers for all applicants age 18 and older. Incomplete forms will be returned. After completed forms have been received your name will be placed on the waiting list and you will receive a confirming letter.

When your name comes to the top of the waiting list, information you have provided will be verified and your pre-application will be reviewed for eligibility for housing. After that review, we will then send a letter regarding your approval status and, if you are denied, you have the right to an informal review. Approved pre-applications will be contacted to schedule an appointment and to complete the next step of the application process. Once the interview has been conducted and all the information has been obtained, orientation will be scheduled. Once you have attended orientation, your name will be placed on a waiting list according to date and time of your completed application.

Bangor Housing has adopted waiting list preferences for single persons who are age 62 or older, displaced, or persons with disabilities over other single persons, and, in the case of buildings designed for the elderly and disabled, elderly families, disabled families, and near-elderly families. If you believe that you or your family qualify for one of these waiting list preferences, please select the appropriate preference on the pre-application. By selecting a preference, you may be required to submit specific documentation that supports your claim.

You are required to inform Bangor Housing Authority, in writing, of any changes in family composition, income, and address, as well as any changes in preference status. You are also required to respond to requests from Bangor Housing Authority to update information on your application, or to determine your continued interest in assistance.

Failure to provide information or to respond to Bangor Housing Authority will result in your name being removed from the waiting list.

Providing false information will result in cancellation or denial of your application and/or termination of your tenancy or housing assistance if it is discovered later. In addition, providing false information on your pre-application is a federal felony.

Please note: This application is not for Section 8 Housing. To apply for Section 8 Housing, go to <http://affordablehousing.com> or call the Section 8 Department at 207-942-6365 and request an application.

RENTAL PRE-APPLICATION

By submitting this Pre-Application, your household will be placed on a waiting list for the development you select below. The Housing Authority of the City of Bangor (“BHA”) will determine how many bedrooms your household is eligible for in accordance with applicable occupancy standards. When you reach the top of the waiting list, you will be contacted to provide further information to BHA to determine your household’s eligibility for admission. This Pre-Application is not an offer of housing.

If you or anyone in your household is a person with a disability and requires an accommodation in order to fully utilize our programs and services, including completing this Pre-Application, please complete a **Reasonable Accommodation Request Form**.

PLEASE PRINT CLEARLY

1. Properties. Please choose all properties to which you would like to apply.

1, 2, and 3-bedroom units:

- Capehart
- Birch Circle
- Griffin Park

1-bedroom units:

- Autumn Park West
- Crestwood Place
- Nason Park

2. Preference. Please select the preference for which you or your household may qualify, if any.

- Disabled family:** a family whose head, co-head, spouse, or sole member is a person with a disability
- Elderly family:** a family whose head, co-head, spouse, or sole member is a person who is at least 62.
- Near-elderly family:** a family whose head, co-head, spouse, or sole member is a person who is between 50 and 62.
- Displaced family:** a family in which each member, or whose sole member, is a person displaced by governmental action, or a person whose dwelling has been extensively damaged or destroyed as a result of a disaster declared or otherwise formally recognized pursuant to Federal disaster relief.
- Chronically homeless family:** a family whose head or co-head is disabled and has been homeless for at least 12 months or on at least 4 separate occasions in the last 3 years, totaling at least 12 months.

BHA has adopted waiting list preferences for single persons who are age 62 or older, displaced, or persons with disabilities over other single persons, and, in the case of buildings designed for the elderly and disabled, elderly families, disabled families, and near-elderly families.

By selecting a preference, you may be required to submit specific documentation that supports your claim.

3. Applicant/Head of Household.

Last Name:	First Name:	Middle Name:
Street Address:	Apartment:	Total Household Monthly Gross Income:
City:	State:	Zip:
Phone:	Email Address:	

4. Household. Please list all persons who will reside in the unit, including yourself.

NAME	RELATIONSHIP TO HEAD	DATE OF BIRTH	STUDENT	SOCIAL SECURITY NUMBER*	U.S CITIZEN OR NON-CITIZEN WITH ELIGIBLE IMMIGRATION STATUS	RACE**	ETHNICITY**
	HEAD		Y / N		Y / N		
			Y / N		Y / N		
			Y / N		Y / N		
			Y / N		Y / N		
			Y / N		Y / N		

*Please identify all members of the household age 62 or older as of January 31, 2010, who do not have a Social Security Number, and were receiving HUD rental assistance at another location on January 31, 2010? _____

**Race and Ethnicity are optional. HUD requires BHA to ask about the race and ethnicity of its applicants. Please use the following race and ethnicity codes that best describe you and each member of your family: White (1); Black/African American (2); American Indian/Alaskan Native (3); Asian (4); and Native Hawaiian/ Other Pacific Islander (4). HUD's ethnicity codes are: Hispanic (1); and Not Hispanic (2).

5. Background Information.

Have you or any member of your household ever resided in subsidized housing?

YES NO IF YES, WHO, WHERE, AND WHEN _____

Do you or any member of your household owe money to any public housing authority?

YES NO IF YES, WHERE _____

Have you or any member of your household ever applied for housing with BHA in the past?

YES NO IF YES, APPROXIMATELY WHEN? _____

Do you or does any member of your household have a pet? Please note that service or assistance animals are not pets.

YES NO IF YES, HOW MANY AND WHAT TYPE? _____

Have you or any member of your household ever been convicted of a crime?

YES NO IF YES, WHO, WHERE, AND WHEN _____

Are you or any member of your household subject to a registration requirement under any state sex offender registration program? Yes No. IF YES, WHO AND WHICH STATE(S): _____

Have you or any member of your household ever been convicted of methamphetamine production?

Yes No. IF YES, WHO AND WHICH STATE(S): _____

Please list all states where each adult member of the household listed above has ever lived: _____

6. Reasonable Accommodation.

If you or anyone in your family is a person with a disability, and you require a specific accommodation in order to fully utilize our programs and services, including but not limited to needing an ADA-accessible unit or an assistance animal, please complete a **Reasonable Accommodation Request Form**. Please note that a reasonable accommodation request is not required to request a first-floor unit.

7. Applicant Certification.

By signing below, I hereby certify the information I have provided in this Pre-Application is true and accurate and I understand and acknowledge that:

- Providing false information will result in cancellation or denial of my application and/or termination of my tenancy or housing assistance.
- Knowingly providing false information on this Pre-Application is a felony under federal law.
- I may be contacted to verify the information contained in this Pre-Application and may need to provide further information or documentation to BHA.
- Failure to provide information may result in delays in the processing of my Pre-Application.
- Changes occurring after submission of this Pre-Application may affect my qualification for housing.

Further, by signing below, I hereby authorize BHA to:

- Perform a criminal background check for all household members who may have an adult criminal adjudication age.
- Obtain references from current and/or prior landlords.
- Obtain a copy of my consumer credit report for the purpose of verifying information in this Pre-Application or any other information provided by me to BHA.
- Conduct searches of any HUD database.
- Conduct searches of any federal or state sex offender registry.

Applicant Signature _____ Date _____

Co-Applicant Signature _____ Date _____

Other Adult Applicant Signature _____ Date _____

POLICE DEPARTMENT USE ONLY

NOTHING ON RECORD

SEE ATTACHED

COMMENTS: _____

SIGN/DATE: _____

Warning: Section 1001 of Title 18, United State Code, makes it a criminal offense to make any knowing and willful false statement to any department or agency of the United States as to any matter within its jurisdiction, punishable by a fine not to exceed \$250,000.00 and/or imprisonment of not more than 5 years.

**ONE SHEET MUST BE COMPLETED FOR EACH ADULT MEMBER
PLEASE LIST THE PLACES YOU HAVE LIVED 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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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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