



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.

You can submit this application in person or by mail by returning to the BHA Administrative Office at 133 Davis Road, Bangor, Maine. You can also apply online at www.bangorhousing.org/forms.

All properties are non-smoking properties except in designated area.

PLEASE PRINT CLEARLY

1. PLEASE CHOOSE ALL PROPERTIES TO WHICH YOU WOULD LIKE TO APPLY.

1,2,3-bedroom units:

- Capehart – Family
- Birch Circle – Family
- Griffin Park - Family

1-bedroom units:

- Autumn Park West – 62 and older/disabled
- Crestwood Place – 62 and older/disabled
- Nason Park – 62 and older/disabled
- Blueberry Ridge – 55 and older
- Greenfield Apts – Family

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		City
State	Zip			Date of Birth	
Phone			Email Address		



4. Household. Please list all people 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
	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? _____

Are ALL household members full-time students? This includes children enrolled in K-12 or higher education. *
 YES NO

Are any student under 24 AND enrolled in an institute of higher learning? **
 YES NO

*Exemptions must be met to qualify for a Tax Credit Unit

**Exemptions must be met to qualify for rental assistance as HUD S8 properties.

5. Background Information. Please attach an additional sheet if you need more space.

Have 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 year?

YES NO If Yes, Approximately When? _____

Have you or any member of your household ever resided in subsidized housing? Yes No

If YES, WHO, WHERE and WHEN _____

Are you or any member of your household on a public housing or Section 8 waiting list? Yes No

If YES, WHO, WHERE and WHEN _____

Do you or does any member of your household currently have a Section 8 Voucher?

YES NO If Yes, from where? _____

Do you or does any member of your household have a pet? Service or assistance animals are not pets.

Yes No If YES, HOW MANY AND WHAT TYPE? _____

How did you hear about the property? _____

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

Yes No If YES, Who and Which State(s): _____

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, Where and WHEN _____

Please indicate all states where each member of the household listed has lived: AL AK AZ AR CA CO CT DE FL GA HI ID IL IN IA KS KY LA ME MD MA MI MN MS MO MT NE NV NH NJ NM NY NC ND OH OK OR PA RI SC SD TN TX UT VT VA WA WV WI WY Washington D.C

6. Income Information. Please attach an additional sheet if you need more space.

Please list the gross income for each member of the household. Types of income include, but are not limited to, income from employment, self-employment, public assistance, TANF, alimony, Social Security, SSI, SSDI, pension, and/or other retirement income.

Name and Income Source	Gross Amount	Frequency (e.g., annually or monthly)

7. Asset Information. Please attach an additional sheet if you need more space.

Please provide the value of all assets for each member of the household. Assets include, but are not limited to, money in checking, savings, or money market accounts; stocks; bonds; trust fund; pension; cash on hand more than \$500; real estate; rental property; personal property held as an investment; and/or life insurance.

Name and Asset	Cash Value	Annual Income from Asset

8. Reasonable Accommodation.

If you or anyone in your family is a person with a disability, and you require a specific accommodation to fully utilize our programs and services, please complete a **Reasonable Accommodation Request Form**.

9. Applicant Certification.

By signing below, I hereby certify the information I have provided in this 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 Application is a felony under federal law.
- I may be contacted to verify the information contained in this 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 application.
- Changes occurring after submission of this Application may affect my qualification for housing.
- This Application is not an offer of housing.



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

- Perform a criminal background check for all household members.
- Obtain references from current and/or prior landlords.
- Obtain a copy of my consumer credit report for the purpose of verifying information in this 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.

**IF MORE ROOM IS NEEDED, PLEASE WRITE ON THE BACK OF THIS FORM
 ONE SHEET MUST BE COMPLETED FOR EACH APPLICANT
 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

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SIGNATURE _____
PLEASE PRINT FULL NAME _____



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