



181 Brackett Street  
 Portland, ME 04102  
 (207) 775-0105  
 Fax (207) 7801-1701

## Housing Credit Program Applicant Questionnaire

### Household Information

List all household members that are applying to live in this apartment.

Name First, Middle Initial, Last	Student Full-Time	Relationship to Head of Household	M/F	Social Security #	Birthdate

Current Address: \_\_\_\_\_  
 \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

- YES  NO    1. Do you, or any member of your household request handicap accessible unit? (Special unit design)
- YES  NO    2. Do you expect any additions to the household within the next twelve months?  
 Name & Relationship: \_\_\_\_\_  
 Explanation: \_\_\_\_\_
- YES  NO    3. Is there anyone living with you now who won't be living with you at this property?  
 Name & Relationship: \_\_\_\_\_  
 Explanation: \_\_\_\_\_
- YES  NO    4. Do you have full custody of your child(ren)? (If no, obtain proof of amount of time child(ren) will be living in unit.)  
 Explanation: \_\_\_\_\_
- YES  NO    5. Are there any absent household members who under normal conditions would live with you?  
 (For example, a household member away in the military.)  
 Explanation: \_\_\_\_\_

- YES  NO 6. Does your household have or anticipate having any pets other than those used as service animals?
- YES  NO 7. Have you or any one else named on this application filed for bankruptcy?  
Explanation: \_\_\_\_\_
- YES  NO 8. Have you or any one else named on this application been convicted of a felony?  
Explanation: \_\_\_\_\_
- YES  NO 9. Have you or any one else named on this application been convicted for dealing or manufacturing illegal drugs?  
Explanation: \_\_\_\_\_
- YES  NO 10. Have you or any one else named on this application been convicted of property damage?  
Explanation: \_\_\_\_\_
- YES  NO 11. Have you or any one else named on this application been evicted from a rental unit of any type including an apartment, home, mobile home or trailer?

## Housing References

List the past **THREE** years of housing references. (If additional space is required, use the back of this page.)

<u>Current Landlord's Name/Address</u>	<u>Your Address</u>	<u>Own/Rent</u>	<u>Dates</u>
Name: _____	_____	<input type="checkbox"/> Own <input type="checkbox"/> Rent	From: _____ To: _____
Address: _____	_____		
Phone: (    ) _____	_____		

<u>Previous Landlord's Name/Address</u>	<u>Your Address</u>	<u>Own/Rent</u>	<u>Dates</u>
Name: _____	_____	<input type="checkbox"/> Own <input type="checkbox"/> Rent	From: _____ To: _____
Address: _____	_____		
Phone: (    ) _____	_____		

<u>Your Address</u>	<u>Own/Rent</u>	<u>Dates</u>
Name: _____	<input type="checkbox"/> Own <input type="checkbox"/> Rent	From: _____ To: _____
Address: _____		
Phone: (    ) _____		

<u>Your Address</u>	<u>Own/Rent</u>	<u>Dates</u>
Name: _____	<input type="checkbox"/> Own <input type="checkbox"/> Rent	From: _____ To: _____
Address: _____		
Phone: (    ) _____		

## Vehicle Identification

List vehicle information for all vehicles that are owned or operated by any household member.

	<u>Tag/License Plate #</u>	<u>State Issued</u>	<u>Make/Model/Year</u>
Vehicle #1:	_____	_____	_____
Vehicle #2:	_____	_____	_____

## Emergency Contact

List someone in the area that is not already on the application.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_ Years Known: \_\_\_\_\_

## Income Information

Income is counted for anyone 18 or older (unless legally emancipated). However, if the income is unearned income such as a grant or benefit, it is counted for all household members including minors. (Such as SSI)

**Include all income anticipated for the next 12 months.**

**Do YOU or ANYONE in your household receive OR expect to receive income from:**

YES  NO  
(EMC #01)

12. Employment wages or salaries? (Include overtime, tips, bonuses, commissions and payments received in cash.)

<u>Household Member</u>	<u>Name of Company</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

YES  NO  
(EMC #02)

13. Self-employment? (Include overtime, tips, bonuses, commissions and payments received in cash.)

<u>Household Member</u>	<u>Type of Business</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

YES  NO  
(EMC #03)

14. Regular pay as a member of the Armed Forces?

<u>Household Member</u>	<u>Base Name &amp; Branch</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

YES  NO  
(EMC #04)

15. Unemployment benefits or workman's compensation?

<u>Household Member</u>	<u>Case Worker</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

YES  NO  
(EMC #05)

16. Public Assistance, General Relief, ADFC or Temporary Assistance for Needy Families (TANF)?

<u>Household Member</u>	<u>Contact Person</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

YES  NO

If yes, (EMC #06) If no, (EMC #19)

17. (a) Child support or Alimony?

(We must count court-ordered support whether or not it is received unless legal action has been taken to remedy. We must also

count support that is not court-ordered rather received directly from payor.)

Household Member	Payor	Amount
_____	_____	_____
_____	_____	_____
_____	_____	_____

(b) How is the support received? (Check all that apply)

- Child Support Enforcement Agency Name of Agency: \_\_\_\_\_
- Court of Law Name of Court: \_\_\_\_\_
- Directly from Individual Name of Person: \_\_\_\_\_
- Other Explain: \_\_\_\_\_

YES  NO  
(If yes, obtain court papers)

(c) If money is not actually received, are you taking legal action to remedy?

Explanation : \_\_\_\_\_

YES  NO  
(EMC #07)

18. Social Security, SSI or any other payments from the Social Security Administration?

Household Member	SSA Office	Amount
_____	_____	_____
_____	_____	_____

YES  NO  
(EMC #08)

19. Regular payments from a Veteran's benefit, pension, retirement benefit or annuities?

Household Member	Source of Benefit	Amount
_____	_____	_____
_____	_____	_____

YES  NO  
(EMC #08)

20. Regular payments from a severance package?

Household Member	Source of Benefit	Amount
_____	_____	_____
_____	_____	_____

YES  NO  
(EMC #08)

21. Regular payments from any type of settlement? (For example, insurance settlements.)

Household Member	Source of Benefit	Amount
_____	_____	_____
_____	_____	_____

YES  NO  
(EMC #08)

22. Regular gifts or payments from anyone outside of the household?

(This includes anyone supplementing your income or paying any of your bills.)

Household Member	Source of Benefit	Amount
_____	_____	_____
_____	_____	_____

YES  NO  
(EMC #08)

23. Regular payments from lottery winnings or inheritances?

Household Member	Source of Benefit	Amount
_____	_____	_____
_____	_____	_____

YES  NO  
(EMC #08)

24. Regular payments from rental property or other types of real estate transactions?

Household Member	Source of Benefit	Amount
_____	_____	_____
_____	_____	_____

YES  NO  
(EMC #08)

25. Any other income sources or types not listed?

Household Member	Source of Benefit	Amount
_____	_____	_____
_____	_____	_____

YES  NO

26. Do you or any other household members expect any changes to your income in the next 12 months?

Explanation: \_\_\_\_\_

**Expenses:**

YES  NO

(a) Elderly, Handicapped and disabled households only:

YES  NO

Medical Insurance

\_\_\_\_\_

YES  NO

Doctors Insurance

\_\_\_\_\_

YES  NO

Medicine, etc.

\_\_\_\_\_

YES  NO

(b) Childcare Expenses

YES  NO

Working

\_\_\_\_\_

YES  NO

Looking for Work

\_\_\_\_\_

YES  NO

School

\_\_\_\_\_

**Asset Information:**

Include all assets held and the income derived from the asset. INCLUDE ALL ASSETS HELD BY ALL HOUSEHOLD MEMBERS INCLUDING MINORS.

**Do YOU or ANYONE in your household hold:**

YES  NO  
(EMC #09)

27. Checking or savings account?

Household Member	Financial Institute	Amount
_____	_____	_____
_____	_____	_____

YES  NO  
(EMC #09)

28. CDs, money market accounts or treasury bills?

Household Member	Financial Institute	Amount
_____	_____	_____
_____	_____	_____

YES  NO  
(EMC #10)

29. Stocks, bonds or securities

Household Member	Financial Institute	Amount
_____	_____	_____
_____	_____	_____

YES  NO  
(EMC #09)

30. Trust funds?

Household Member	Financial Institute	Amount
_____	_____	_____
_____	_____	_____

YES  NO  
(EMC #09)

31. Pensions, IRAs, Keogh or other retirement accounts?

Household Member	Financial Institute	Amount
_____	_____	_____
_____	_____	_____

YES  NO  
(EMC #09)

32. Whole life insurance policy?

Household Member	Insurance Carrier	Amount
_____	_____	_____
_____	_____	_____

YES  NO  
(EMC #10)

33. Real estate, rental property, land contracts/contract for deeds or other real estate holdings?

(This includes your personal residence, mobile homes, vacant land, farms, vacation homes or commercial property.)

Household Member	Address of Property	Amount
_____	_____	_____
_____	_____	_____

YES  NO  
(EMC #10)

34. Personal property held as an investment?

(This includes paintings, coin or stamp collections, artwork, collector or show cars, and antiques. This does not include your personal belongings such as your car, furniture or clothing.)

Household Member	Item	Amount
_____	_____	_____
_____	_____	_____

YES  NO  
(EMC #13)

35. A safe deposit box?

Household Member	Financial Institute	Amount
_____	_____	_____
_____	_____	_____

YES  NO  
(EMC #11)

36. Have you or any other household members disposed of or given away any asset(s) for LESS than fair market value within the past 2 years?

Household Member: \_\_\_\_\_ Amount: \_\_\_\_\_  
Explanation: \_\_\_\_\_

## Applicant Status

The following questions pertain to specific eligibility requirements of the Housing Credit Program.

YES  NO  
(EMC #20)

37. Are you or any other ADULT household members claiming zero income?

Household Member: \_\_\_\_\_

Explanation: \_\_\_\_\_

YES  NO

38. Will all of the persons in the household be or have been full-time students during five calendar months of this calendar year or plan to be in the next calendar year at an educational institution (other than a correspondence school) with regular faculty and students?

If answered YES, complete the following:

YES  NO

Are any Full-time student(s) married and filing a joint tax return?

YES  NO

Are any student(s) enrolled in a job training program receiving Assistance under the Job Training Partnership Act?

YES  NO

Are any full-time student(s) an Title IV (APDC/TANF) recipient?

YES  NO

Are any full-time student(s) a single parent living with his/her minor child who is not dependent on another's tax return?

YES  NO  
(EMC #15 & #21)

39. Will you or any ADULT household member require a live-in care attendant to live independently?

Name of Attendant: \_\_\_\_\_

Relationship (if any): \_\_\_\_\_

YES  NO

40. Will your household be receiving Section 8 rental assistance at time of move-in?

Name of Agency: \_\_\_\_\_

Contact Person: \_\_\_\_\_

YES  NO

41. Will your household be eligible or are you applying to receive Section 8 rental assistance in the next 12 months?

Expected Date: \_\_\_\_\_

Name of Agency: \_\_\_\_\_

Contact Person: \_\_\_\_\_

YES  NO

42. Will your household be eligible for any preference for housing listed on the attached page? If so, please identify:

Preference

Natural disaster displacement

Public action displacement

Displacement by domestic violence

**Signature Clause**

I understand that management is relying on this information to prove my household's eligibility for the Housing Credit Program. I certify that all information and answers to the above questions are true and complete to the best of my knowledge. I consent to release the necessary information to determine my eligibility. I understand that providing false information or making false statements may be grounds for denial of my application. I also understand that such action may result in criminal penalties.

I authorize my consent to have management verify the information contained in this application for purposes of proving my eligibility for occupancy. I will provide all necessary information including source names, addresses, phone numbers, account numbers where applicable and any other information required for expediting this process. I understand that my occupancy is contingent on meeting management's resident selection criteria and the Housing Credit Program requirements.

**All ADULT household members must sign below:**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**For Office Use Only**

Date of Interview:

Desired Apt. #:

Desired Move-in Date:

[Empty box for office use only]