



207-498-3097/TDD:711  
 Fax: 207-492-5611 [rlwmgmt@gmail.com](mailto:rlwmgmt@gmail.com)  
 Equal Housing Opportunity  
 Equal Employment Opportunity

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**Office use only:**

Applicant: \_\_\_\_\_ Date & Time Received: \_\_\_\_\_

By: \_\_\_\_\_

\*\*\*\*\*

Please circle the housing that you are interested in:

- |                             |                             |                   |
|-----------------------------|-----------------------------|-------------------|
| Lyndon Heights              | Townview Estates            | Mill Park         |
| Low Income Elderly/Disabled | Low Income Elderly/Disabled | Low Income Family |

Attached is a preliminary application for you to complete in full and return to us in order to be placed on our waiting list for the above projects. We cannot and will not process incomplete or improperly completed applications. All blocks must be completed with:

- Complete mailing addresses for all references
- Full rental history
- Full telephone numbers with area code
- NO family members as references
- Signature of all adults and emancipated teenagers on consent forms

Please provide copies of any items that pertain to you which are listed below as well as income verification dated within the last 120 days from all sources, which includes Wages, Retirement Funds, Social Security, SSI, Disability, TANF, Child Support, Alimony, Unemployment, or other income for each member of your household. Please bring or send: copy of birth certifications for all family members, Social Security cards for all family members, and picture ID's for all family members. Upon receipt of the completed application, your name will be placed on the waiting list and when an available unit comes available, you will be considered in accordance with the Tenant Selection Plan as provided with this application. If you have any questions, you are welcome to contact our office personnel during our regular office hours Monday through Friday from 8am-2pm.

R.L.W. Property Management, LLC does not discriminate on the basis of race, color, religion, sex, sexual orientation, gender identity or expression, marital status, national origin, ancestry, physical or mental disability, age, familial status or receipt of public assistance in the admission or access to or treatment in its programs and activities or employment. R.L.W. Property Management, LLC will provide appropriate communication auxiliary aids and services and/ or provide this document in alternative formats upon sufficient notice. R.L.W Property Management, LLC offers Equal Housing and Employment Opportunity. Persons with disabilities have the right to request a Reasonable Accommodation at any time.

Name: \_\_\_\_\_  
 Last First MI

Present Address: Street & City: \_\_\_\_\_ Tel. No \_\_\_\_\_

Family Composition: Complete the following information for each member of you family (including yourself) who will be occupying the apartment.

| Name              | Age   | Relationship | Soc. Sec Number |
|-------------------|-------|--------------|-----------------|
| Head of Household |       |              |                 |
| 1. _____          | _____ | _____        | _____           |
| 2. _____          | _____ | _____        | _____           |
| 3. _____          | _____ | _____        | _____           |
| 4. _____          | _____ | _____        | _____           |
| 5. _____          | _____ | _____        | _____           |
| 6. _____          | _____ | _____        | _____           |

| Place of Birth<br>(US City & State or Foreign Country) | Date of Birth | Occupation | Race<br>Statistical purposes only |
|--|---------------|------------|-----------------------------------|
| 1. _____   | _____         | _____      | _____                             |
| 2. _____   | _____         | _____      | _____                             |
| 3. _____   | _____         | _____      | _____                             |
| 4. _____   | _____         | _____      | _____                             |
| 5. _____   | _____         | _____      | _____                             |
| 6. _____   | _____         | _____      | _____                             |

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Do you anticipate any changes in your family household? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

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**Current Gross Family Income:** Indicate from where and how often all income is received. Please be exact.

Employer: \_\_\_\_\_ Job Description: \_\_\_\_\_

Wages: \$ \_\_\_\_\_/hr. Totaling \_\_\_\_\_ Per Week \_\_\_\_\_ Bi-Weekly \_\_\_\_\_ Monthly \_\_\_\_\_

Employer: \_\_\_\_\_ Job Description: \_\_\_\_\_

Wages: \$ \_\_\_\_\_/hr. Totaling \_\_\_\_\_ Per Week \_\_\_\_\_ Bi-Weekly \_\_\_\_\_ Monthly \_\_\_\_\_

**Assets and Savings**

Type \_\_\_\_\_ Value \$ \_\_\_\_\_

Type \_\_\_\_\_ Value \$ \_\_\_\_\_

TANF \$ \_\_\_\_\_ Per \_\_\_\_\_

Child Support \$ \_\_\_\_\_ Per \_\_\_\_\_

Supplemental Security Income \$ \_\_\_\_\_ Per \_\_\_\_\_

Social Security \$ \_\_\_\_\_ Per \_\_\_\_\_

Pension-Type \$ \_\_\_\_\_ Per \_\_\_\_\_

Other \$ \_\_\_\_\_ Per \_\_\_\_\_

Other \$ \_\_\_\_\_ Per \_\_\_\_\_

Other \$ \_\_\_\_\_ Per \_\_\_\_\_

Other \$ \_\_\_\_\_ Per \_\_\_\_\_

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Reason(s) for applying for housing. Are you:

Without or about to be without housing? Yes \_\_\_\_\_ No \_\_\_\_\_

Living with friends or relatives? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you being displaced due to Government action? Yes \_\_\_\_\_ No \_\_\_\_\_

Condition of present housing. Please indicate if you have?

Running hot water Yes \_\_\_\_\_ No \_\_\_\_\_

Usable flush/toilet Yes \_\_\_\_\_ No \_\_\_\_\_

Usable tub or shower Yes \_\_\_\_\_ No \_\_\_\_\_

Safe electrical wiring Yes \_\_\_\_\_ No \_\_\_\_\_

Central heating system Yes \_\_\_\_\_ No \_\_\_\_\_

Overcrowded conditions (number of rooms) Yes \_\_\_\_\_ No \_\_\_\_\_

Present rent amount: \$ \_\_\_\_\_ Per \_\_\_\_\_

Does this include utilities? Yes \_\_\_\_\_ No \_\_\_\_\_

Utilities excluded (if any) are: \_\_\_\_\_

Cost per month for utilities excluded: \$ \_\_\_\_\_

Do you have any pets? Pets are allowed only in handicapped and elderly apartments.

Yes \_\_\_\_\_ No \_\_\_\_\_

I understand that pets are only allowed in handicapped and elderly developments, therefore, I will not keep any pets on the premises.

If family size is larger than apartment availability, would you be willing to take a smaller apartment?

Yes \_\_\_\_\_ No \_\_\_\_\_

General Comments: Please include about yourself (your living conditions, or need for housing.)

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Are you currently receiving any assistance for the payment of rent? If yes, give name, address, telephone number of the person or local state or Federal Agency providing assistance for you.

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

Telephone Number: \_\_\_\_\_

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All credit/personal and landlord references must be completed

**Credit References (Please use complete address)**

Company Name & Address \_\_\_\_\_ Acct: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Company Name & Address \_\_\_\_\_ Acct: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Company Name & Address \_\_\_\_\_ Acct: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Company Name & Address \_\_\_\_\_ Acct: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Personal References (Not Family Members) Please use complete address**

Name & Address \_\_\_\_\_ Phone # \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name & Address \_\_\_\_\_ Phone # \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name & Address \_\_\_\_\_ Phone # \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name & Address \_\_\_\_\_ Phone # \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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Reference Information (Please list all landlords and last rental address for the last 4 years.) Please use complete addresses.

**Current Landlord:** Name \_\_\_\_\_  
Address \_\_\_\_\_  
Home Phone \_\_\_\_\_ Business Phone \_\_\_\_\_  
Rental Address \_\_\_\_\_  
From \_\_\_\_\_ To \_\_\_\_\_

**Previous Rental Information:**

Previous Landlord \_\_\_\_\_  
Address \_\_\_\_\_  
Home Phone \_\_\_\_\_ Business Phone \_\_\_\_\_  
Rental Address \_\_\_\_\_  
From \_\_\_\_\_ To \_\_\_\_\_

Previous Landlord \_\_\_\_\_  
Address \_\_\_\_\_  
Home Phone \_\_\_\_\_ Business Phone \_\_\_\_\_  
Rental Address \_\_\_\_\_  
From \_\_\_\_\_ To \_\_\_\_\_

Previous Landlord \_\_\_\_\_  
Address \_\_\_\_\_  
Home Phone \_\_\_\_\_ Business Phone \_\_\_\_\_  
Rental Address \_\_\_\_\_  
From \_\_\_\_\_ To \_\_\_\_\_

Previous Landlord \_\_\_\_\_  
Address \_\_\_\_\_  
Home Phone \_\_\_\_\_ Business Phone \_\_\_\_\_  
Rental Address \_\_\_\_\_  
From \_\_\_\_\_ To \_\_\_\_\_

I hereby certify that the above information is true and complete to the best of my knowledge. This application does not obligate me or Maine State Housing Authority in any manner. I understand that a security deposit and references will be required prior to my moving into an apartment.

Date: \_\_\_\_\_ Signature \_\_\_\_\_

Date: \_\_\_\_\_ Signature \_\_\_\_\_

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**List all other States in which household members have lived**

City/Town: \_\_\_\_\_

State: \_\_\_\_\_

City/Town: \_\_\_\_\_

State: \_\_\_\_\_

City/Town: \_\_\_\_\_

State: \_\_\_\_\_

City/Town: \_\_\_\_\_

State: \_\_\_\_\_

City/Town: \_\_\_\_\_

State: \_\_\_\_\_

**Is any member of the Applicant's Household subject to a lifetime Sex Offender Registration in any State?**

Yes \_\_\_\_\_ No \_\_\_\_\_

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## Consent Form

I authorize and direct any Federal, State or local agency, organization, business or individual to release and verify my application, and/or maintain my continued assistance under the Section 8, Rental Rehabilitation, Low-Income Public, and/or other housing assistance programs. I understand and agree that this information obtained with its use may be given to and used by the Department of Housing and Urban Development (HUD)/US Department of Agriculture (USDA) administering and enforcing program rules and policies. I also consent for HUD/USDA or the manager to release information from my file about my rental history to credit bureaus, collection agencies, or future landlords. This includes records on my payment history, and any violations of my lease or occupancy policies.

### Information Covered:

I understand that, depending on program policies and requirements, previous or current information regarding me or my household may be needed. Verifications and inquiries that may be requested include but are not limited to:

|                                  |                                |
|----------------------------------|--------------------------------|
| Identity and Martial Status      | Employment, Income and Assets  |
| Medical or Child Care Allowances | Residences and Rental Activity |
| Credit                           |                                |

### Group of Individual that may be asked:

The groups or individuals that may be asked to release the above information (depending on program requirements) include but are not limited to:

|  |                                |
|--|--------------------------------|
| Previous Landlords (including Public Housing Agencies) | Past & Present Employers       |
| Courts & Post Offices                                  | State Unemployment Agencies    |
| Schools and Colleges                                   | Social Security Administration |
| Law Enforcement Agencies                               | Welfare Agencies               |
| Support and Alimony Providers                          | Veterans Administration        |
| Banks and other Financial Institutions                 | Credit Bureaus                 |
| Medical and Child Care Providers                       | Retirement Systems             |
| Utility Companies                                      | Credit Providers               |

I agree that a photocopy of this authorization may be used for the purpose stated above. The original of this authorization is on file in the management office and will stay in effect for a year and one month from the date signed. I understand that I have to review my file and correct any information that I can prove is incorrect.

\_\_\_\_\_  
Head of Household Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Tenant Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

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Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

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

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.

