

C.B. MATTSON, INC. - APPLICATION FOR HOUSING



ADDRESS: 360 MAINE AVENUE, FARMINGDALE, ME 04344
Ph: 207-582-1888. Toll-free: 1-800-244-2297. TDD# 711 (Maine Relay Service)



Original (hard copy) applications must be mailed or dropped off to address above.
Please contact us if you require assistance to complete this application.

***NOTE: ALL APARTMENTS AND COMMON AREAS ARE SMOKE-FREE. ***

-PREFERENCES-

Subsidized only: _____ Market Rent only: _____ Both (subsidized or market): _____
Location(s): _____ Bedroom size requested: 1 _____ 2 _____ 3 _____ 1st floor? _____
Do you have a Section 8 or similar housing voucher?: Yes _____ No _____

Mark (X) the appropriate space if you wish to take advantage of any priority due to the fact that:

You are at least 62[] You are disabled or handicapped[] You require unit features established for wheelchair access[]

-HOUSEHOLD INFORMATION-

HEAD-OF-HOUSEHOLD:

Full Name, including middle initial

Date of Birth

Social Security #

Mailing and Physical Address including number, street, town, state and zip

Phone #1 _____ Phone #2 _____ Email Address: _____

Current Driver's License or State ID#: _____ State : _____

**** STARTING WITH ANY CO-TENANT -LIST ALL OTHER MEMBERS OF THIS HOUSEHOLD APPLYING ...**

NAME

GENDER

BIRTHDATE

SOCIAL SECURITY #

2. _____

3. _____

4. _____

5. _____

6. _____

IN CASE OF EMERGENCY NOTIFY: Name: _____ Are they related? Yes _____ No _____

Address: _____ Phone #: _____

BELOW - FOR OFFICE USE ONLY:

D: _____ T: _____ IL: _____ ML: _____ *R-SL: _____

-INCOME, ASSETS, EXPENSES-

Questions concerning expenses are asked to help you obtain all the deductions you may be entitled to under the Rural Development program

****EMPLOYER(Applicant)**_____ Phone_____

Address of Employer_____ Gross/wk.Pay\$_____

Position_____ How Long Employed_____

****EMPLOYER (Co-Applicant)**_____ Phone_____

Address of Employer_____ Gross/wk.Pay\$_____

Position_____ How Long Employed_____

****SOCIAL SECURITY, PENSIONS, VETERANS BENEFITS, SSI BENEFITS** Please list **WHO** gets the benefit,
NAME & ADDRESS of the issuer, and the **GROSS DOLLAR AMOUNT** of income per month

1. _____ / _____ / \$ _____

2. _____ / _____ / \$ _____

3. _____ / _____ / \$ _____

******ALIMONY, CHILD SUPPORT, UNEMPLOYMENT COMPENSATION, TANF** -Please list **WHO** gets the benefit,
NAME & ADDRESS of the issuer, and the **GROSS DOLLAR AMOUNT** of income per month

1. _____ / _____ / \$ _____

2. _____ / _____ / \$ _____

******ANY OTHER SOURCES OF INCOME** List any additional income not reported above. List **WHO** has the income,
ADDRESS & SOURCE of income, and **GROSS DOLLAR AMOUNT** of income per month

1. _____ / _____ / \$ _____

2. _____ / _____ / \$ _____

****CHECKING & SAVINGS ACCOUNTS, CERTIFICATES OF DEPOSIT, CREDIT UNION ACCOUNTS, TRUST ACCOUNT, SAVINGS BONDS** Please list all - **WHO** has the account, **FULL NAME & ADDRESS** of the institution, **BALANCE** of each account and **ACCOUNT NUMBERS**.

1. _____ / _____ / \$ _____ # _____

2. _____ / _____ / \$ _____ # _____

3. _____ / _____ / \$ _____ # _____

****OTHER ASSETS** such as real estate, life insurance cash value, stocks, bonds, or any other asset.

1. _____

2. _____

****Have you sold/dispensed of any assets for less than Fair Market Value in the last two years?** []Yes []No

If YES, list assets disposed _____

****MEDICAL EXPENSES: (Complete only if applicant or co-applicant is disabled, handicapped, or 62 or older).** List what you expect insurance premiums, medical bills, dental, and any other related health costs (not reimbursed by insurance) have been for the last 12 months.

1. _____
2. _____
3. _____

******CHILDCARE COSTS: (Complete this only if these costs are for children 13 and under) List names of children covered**

1. _____
2. _____
3. _____

******PREVIOUS LANDLORD:** Prior Landlord _____
(are they related ____yes ____ no) Address _____ Phone # _____
How long have you lived at this residence? _____

******CURRENT LANDLORD:** Name _____
(are they related ____yes ____ no) Address _____ Phone # _____
How long have you lived at this residence? _____

May we contact your landlord(s) for a reference? []Yes []No If NO, why not? _____

****Do you have a pet? [] Yes [] No What kind? _____**

****Have you ever rented from C.B. Mattson, Inc. before? []Yes []No What year? _____ Apt. # _____**

****Were you an Applicant or Co-Applicant? (Please circle) What was your name? _____**

****Have you ever been evicted from any housing? []Yes []No**

****Have you or anyone in the household ever been convicted for an offense of the law? []Yes []No
(If YES, please describe on back)**

False statements on this application will lead to cancellation of this application or Termination of Tenancy after Occupation.

I/We hereby certify that I/We do/will not maintain a separate subsidized rental unit in another location. I/We further certify that this will be my/our permanent residence. I/We must pay a security deposit for this apartment prior to occupancy. I/We understand that my/our eligibility for housing will be based on USDA Rural Development income/occupancy limits and by C.B. Mattson, Inc. selection criteria. **I/We certify that all information in this application is true to the best of my/our knowledge and I/we understand that false statements or information are punishable by law and will lead to cancellation of this application OR TERMINATION OF TENANCY AFTER OCCUPATION.**

X _____
Applicant Signature

X _____
Co-Applicant Signature

X _____
Co-Applicant Signature

RELEASE AUTHORIZATION

I/WE _____,

FOR OFFICE USE ONLY

Do hereby authorize **C.B. Mattson, Inc.** to contact any agency (including but not limited to: landlords, banks, credit unions, finance companies, The Veteran's Administration, The Social Security Administration, The Maine Department of Human Services / Income Maintenance Units, municipalities, employers, pension fund managers, credit reporting agencies, and other sources of income and/or asset management) regarding information it deems necessary. **THIS CB MATTSON RELEASE IS VALID FOR 1 YEAR FROM DATE OF SIGNATURE.**

Furthermore, I/WE authorize any such agency and its employees to provide the information requested and **MAIL IT DIRECTLY TO:**

**C.B. Mattson, Inc./Housing Management
360 Maine Avenue
Farmingdale, Maine 04344**

Your cooperation and attention to these requests for information will be greatly appreciated as, by regulation, my/our status as a resident(s) in a USDA, Rural Development affiliated housing project is dependent upon **annual income/asset verification** supplied directly to the management agent **by the SOURCE.**

Signature (applicant) _____ Date _____

Signature (co-applicant) _____ Date _____

Signature (co-applicant) _____ Date _____

MAKE SURE YOU HAVE SIGNED THIS PAGE, AS WE WILL BE UNABLE TO PROCESS THIS APPLICATION WITHOUT PROPER SIGNATURES.

"The information regarding race, national origin, and sex designation solicited on this application is requested in order to assure the Federal Government, acting through Rural Development, Rural Housing Service, that Federal laws prohibiting discrimination against tenant applications on the basis of race, color, national origin, religion, sex, familial status, age, and handicap are complied with. You are **NOT** required to furnish this information but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However, if you choose not to furnish it, the owner is required to note the race/national origin and sex of the individual applicants on the basis of visual observation or surname."

The Federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, marital status, handicap, or age (provided that the applicant has the capacity to enter into a binding contract), because all or part of the applicant's income derives from any public assistance program, or because the applicant has in good faith exercised any right under the Consumer Credit Protection Act. The Federal Agency that administers compliance with the law concerning this creditor is the Federal Trade Commission, Equal credit Opportunity, Washington, D.C. 20580.

CRIMINAL BACKGROUND INFORMATION

The questions below ask about drug-related and other criminal activity that could adversely affect the health, safety, or welfare of other residents. All household members age 18 or older must answer the questions below, then sign at the bottom of this page where indicated, to consent to a background check. C.B. Mattson, Inc., its affiliates, and any property where residency is being applied for will deny the application of any applicant who does not complete and provide accurate information on this form or does not consent to a background check.

1. Have you ever been evicted for drug-related criminal activity? ☐ yes ☐ no
 2. Do you currently use illegal drugs or abuse alcohol? ☐ yes ☐ no
 3. Are you currently subject to any registration requirement under any sex offender registration program? ☐ yes ☐ no
 4. Have you been convicted of any drug related crime within the last five years? ☐ yes ☐ no
 5. Have you been convicted of any felony? ☐ yes ☐ no
 6. Have you ever been convicted of any crime involving violence? ☐ yes ☐ no
 7. Are you currently being charged with any of the above criminal activities? ☐ yes ☐ no
 8. Please list **all states** in which you have **lived** or **held driver's licenses**.
-
-

9. Have you ever been known by any other name? ☐ yes ☐ no [Maiden name / Married Name / or Name changes]

If yes, please list names used _____

I understand that the above information is required to determine my eligibility for residency. I certify that my answers to the above questions are true and complete to the best of my knowledge. I understand that making false statements on this form is grounds for rejection or termination of my lease. I authorize C.B. Mattson, Inc., its affiliates, and any of the properties being applied to for residency to verify the above information, and I consent to the release of the necessary information to determine my eligibility. This consent authorizes and is not limited to the release of criminal information and/or sex offender registration information from law enforcement agencies.

Applicant's Signature _____ Date _____

Applicant's Name (Please Print) _____

Co-Applicant's Signature _____ Date _____

Co-Applicant's Name (Please Print) _____

Co-Applicant's Signature _____ Date _____

Co-Applicant's Name (Please Print) _____

C.B. Mattson, Inc.

360 Maine Avenue
Farmingdale, ME 04344

"Equal Housing Opportunity"

(207) 582-1888
(800) 244-2297
(fax) 582-8055

- PERSONAL REFERENCE FORM - *(submit 3 with application)*

References must not be related to the applicant. References must have known the applicant for at least one year.

Applicant Name: _____

1. How do you know the applicant? _____

2. For how long have you known the applicant? _____

3. Does this person keep their surroundings neat and tidy? _____

4. Does this person respect the rights and privacy of others? _____

5. Would you rent an apartment to this individual? _____

6. Would the applicant be able to comply with a lease agreement? _____

Briefly describe the applicant in your own words below:

Mailing Address: _____

Personal Reference Printed Name

Phone Number: _____

Personal Reference Signature

Date

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