

C.B. MATTSON, INC. APPLICATION for HOUSING

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

\*\*NO SMOKING IS PERMITTED ANYWHERE ON PROPERTY.



Physical Address : 360 Maine Avenue - Farmingdale

Mailing Address : 360 Maine Avenue, Farmingdale, ME 04344

Phone: 207-582-2297 or toll-free 1-800-244-2297 fax: 207-582-8055. TDD# 955-3323 (Maine Relay Service)

**\*\*Please contact us if you require assistance to complete this application\*\*\* Section 8 Voucher \_\_\_ Yes \_\_\_ No**

PREFERRED LOCATION \_\_\_\_\_ BEDROOM SIZE REQUESTED: One \_\_\_\_\_ Two \_\_\_\_\_  
Three \_\_\_\_\_ Check (X) the appropriate space if you wish to take advantage of any priority due to the fact that: [ ] 1st flr.  
You are at least 62 [ ] You are disabled or handicapped [ ] You require unit features established for wheelchair access [ ]  
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 ...**

	<u>NAME</u>	<u>GENDER</u>	<u>BIRTHDATE</u>	<u>SOCIAL SECURITY #</u>
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____
6.	_____	_____	_____	_____

\*\*\*\*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 \_\_\_\_\_

**Below - for office use only:**

D: \_\_\_\_\_ T: \_\_\_\_\_ IL: \_\_\_\_\_ ML: \_\_\_\_\_ \*R-SL: \_\_\_\_\_

\*\*\*\***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. \_\_\_\_\_ / \_\_\_\_\_ / \$ \_\_\_\_\_ # \_\_\_\_\_
- 4. \_\_\_\_\_ / \_\_\_\_\_ / \$ \_\_\_\_\_ # \_\_\_\_\_

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

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_

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

If YES, list assets disposed \_\_\_\_\_

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

\*\*\*\***MEDICAL EXPENSES: (Complete this only if applicant or co-applicant is disabled, handicapped, or 62 or older)**

List what you expect your 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. \_\_\_\_\_
- 4. \_\_\_\_\_

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

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

**\*\*\*\*IN CASE OF EMERGENCY NOTIFY** Name: \_\_\_\_\_

(are they related \_\_\_ yes \_\_\_ no )

Address: \_\_\_\_\_ Phone # \_\_\_\_\_

**\*\*\*\*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? \_\_\_\_\_

**\*\*\*\*PERSONAL REFERENCES: Send with application, three letters of recommendation that meet the following criteria:**

- From individuals who have known you for at least 1 year (no family members),
- All three individuals should be from separate households,
- Letters should be at least a short paragraph in length,
- Include full names, addresses, and phone numbers.

**\*\*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 any of your 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 Occupancy.**

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 understand that 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 OCCUPANCY.**

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 \_\_\_\_\_

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

**Disclosure Statement**

"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."

Ethnicity:  Hispanic or Latino  Not Hispanic or Latino

Race:  American Indian or American Native  Asian  Black or African American  Native Hawaiian or Other Pacific Islander  White

Sex:  Male  Female

Information supplied by: Applicant \_\_\_\_\_ (Initials) Management \_\_\_\_\_ (Initials)

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 applicants 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) \_\_\_\_\_