



Office Use Only  
Time/Date Received:

## Iris Park Apartments Preliminary Application

INSTRUCTIONS: This information will be used to determine your household's preliminary eligibility for Iris Park Apartments. Submission of this application does not guarantee you will be offered an apartment, and final eligibility will be determined based upon a full application. **Please answer all questions completely and accurately. If any questions are unanswered, the application will be considered incomplete and mailed back to you.** Please return this completed preliminary application via email to [Avestaintakeservices@avestahousing.org](mailto:Avestaintakeservices@avestahousing.org) or via the U.S. Postal Service to Avesta Housing, 307 Cumberland Ave, Portland, Maine, 04101. Please allow 7-10 business days for processing.

Complete the following information for each person who will live in the apartment:

Name (First and Last)	Birthdate	Relationship	Social Security Number
		Head of Household	
		Co-Head of Household	

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

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email: \_\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_\_

1. Do you expect any changes to your household in the next year?

Yes  No If yes, please explain \_\_\_\_\_

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2. Are **all** members of the household currently or planning to be full-time students?  Yes  No

3. This property has a preference for applicants with a household member who is blind or visually impaired. Do you wish to be considered for this preference?  Yes  No

4. This property has 10 units that are subsidized - residents pay 30% of their monthly income for rent. One of the qualifying factors is whether the head or co-head of household is disabled. Disclosure of this information is voluntary. Do you wish to be considered for the subsidized units?  Yes  No

5. The handicapped accessible units at the property have a preference for applicants with a household member who needs handicapped accessible features. Do you wish to be considered for this preference?  Yes  No

6. What is your household's monthly gross income (before taxes)?  
\$\_\_\_\_\_ (please include all sources of income for every household member including employment, social security benefits, pensions, SSI/SSDI, TANF, child support, alimony, worker's compensation, unemployment, etc. *Please do not include General Assistance or food stamps.*)

7. Do you have a rental assistance voucher (Section 8/HCV, HFA, Shelter +, BRAP, VASH, etc)? \_\_\_\_ Yes \_\_\_\_ No  
If **Yes**, which voucher do you have? \_\_\_\_\_

8. Are you on a waitlist for rental assistance? \_\_\_\_ Yes \_\_\_\_ No

**If your income is not sufficient to support the rent in the non-subsidized units, you must provide written proof that: 1) You have a voucher or 2) You are on a waitlist for a voucher in order to be placed on the waitlist.**

9. Is any member of your household required to register under any sex offender registration program? \_\_\_\_ Yes \_\_\_\_ No  
If yes, name(s) of household member(s) \_\_\_\_\_

10. Have you or any household member been convicted of a felony in the last 10 years? \_\_\_\_ Yes \_\_\_\_ No If **Yes**, name(s) of household member(s): \_\_\_\_\_ State(s) of conviction: \_\_\_\_\_

**Please read the following statement carefully before signing:**

I certify that all above answers are complete and accurate. I understand that: 1.) it is an illegal act to make false statements to obtain federal housing assistance, which could lead to the cancellation of an application or termination of tenancy, 2.) occupancy is contingent upon meeting Avesta Housing's resident selection criteria and housing program requirements, and I expressly authorize Avesta Housing and its agents to perform credit, criminal, sex offender and landlord reference checks and to verify all information provided above, 3.) it is my responsibility to notify Avesta Housing of changes to the information in this application, including contact information, and 4.) all adult persons named above as part of the household are permitted to obtain information from Avesta Housing related to this preliminary application. Avesta Housing does not discriminate on the basis of disability status in the admission or access to its federally assisted programs and activities. Individuals with disabilities may contact Avesta Housing to request a reasonable accommodation.

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Signature of Head of Household

Date

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Signature of Head of Household

Date

In accordance with State and Federal Law, this institution is prohibited from discriminating on the basis of race, color, religion, ancestry, familial status, national origin, sex, sexual orientation, sexual preference, gender identification, age, mental or physical disability or receipt of public assistance. Complaints under the Maine Human Rights Act may be filed with the Maine Human Rights Commission, #51 State House Station Augusta, ME 04333; Phone: 207-624-6290; Fax: 207-624-8729; Maine Relay 711.

307 Cumberland Ave, Portland, ME 04101, 207-553-7777, 1-800-339-6516 Voice/TTY, Fax 207-553-7778, [www.avestahousing.org](http://www.avestahousing.org), NeighborWorks chartered member, Equal Housing Opportunity

**All household members age 18 and older must sign below. Please read the following statement carefully before signing.**

**Authorization for Release of Information**

I, \_\_\_\_\_; and \_\_\_\_\_;  
and do hereby authorize individuals, agencies, offices, groups, organizations or business firms to release to Avesta Housing Management Corporation information or materials, which are deemed necessary to complete my application for housing. These contacts are to include, but are not limited to: credit bureaus, financial institutions, child support payers, State Agencies including unemployment security commissions, past or present employers, past and present landlords, Social Security Administration, utility companies, workers compensation payers, public and private retirement systems, law enforcement agencies (public records and criminal backgrounds), attorneys, medical care providers, pharmacies, realtors. This authorization shall continue from the date of signature and until such time that Avesta Housing Management Corporation is notified in writing that the authorization is cancelled. I also understand that a photocopy is as valid as the original.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Address

\_\_\_\_\_  
Address

\_\_\_\_\_  
City                      State                      Zip

\_\_\_\_\_  
City                      State                      Zip

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

## Race / National Origin / Gender Information

The information regarding race, ethnicity, and sex designation solicited on this application is requested in order to assure the Federal Government, acting through the Rural Housing Service that the Federal laws prohibiting discrimination against tenant applications on the basis of race, color, national origin, religion, sex, familial status, age, and disability 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, ethnicity, and sex of individual applicants on the basis of visual observation or surname.

Gender: Male\_\_\_\_\_ Female\_\_\_\_\_

Race, mark one or more: (mark one or both)

American Indian/Alaska Native\_\_\_\_\_

Asian\_\_\_\_\_

Black or African American\_\_\_\_\_

Native Hawaiian/Other Pacific Islander\_\_\_\_\_

White\_\_\_\_\_

Other\_\_\_\_\_

Ethnicity:

Hispanic or Latino\_\_\_\_\_

Not Hispanic or Latino\_\_\_\_\_

Optional and Supplemental 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.

Check this box if you choose not to provide the contact information.

<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:</b> (Check all that apply)	
<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.	

**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.