



Please complete the following and return to: **C. M. Cimino Realty Inc., 3 Warren Avenue Westbrook, Maine 04092**. All items must be completed in order to determine your eligibility. If an item does not apply to you, please mark "N/A" on that line.

If the information provided by or about any applicant at any time during the screening process reveals negative information relating to the applicant's ability to meet the obligations of tenancy, that applicant will be asked to explain this information as a part of uniformly applied policy applicable to all applicants.

All applicants must be able to meet essential obligations of tenancy. They must be able to pay rent, to care for their apartment, to report required information to C. M. Cimino Realty Inc., to avoid disturbing their neighbors, etc., and that there is no requirement that they be able to do these things without assistance.

C. M. Cimino Realty Inc. is a management company that provides low rent housing to eligible households, elderly households and single people. C. M. Cimino Realty Inc. is not permitted to discriminate against applicants on the basis of their race, color, religion, sex, national origin, disability handicap or family status. In addition, C. M. Cimino Realty Inc., has the legal obligation to provide "reasonable accommodations" to applicants if they, or any household member, have a disability or handicap.

A reasonable accommodation is some modification or change C. M. Cimino Realty Inc., can make to its apartments or procedures that will assist an otherwise eligible applicant with a disability to participate in government programs.

If you, or a member of your household, have a disability or handicap and think you might need or want a reasonable accommodation, or qualify for a handicap adjustment to income under Section 8, or any other adjustment you are eligible for, you may request it at any time in the application process or after admission.

The Fair Housing Act prohibits discrimination in the sale, rental or financing of housing on the basis of race, color, religion, sex, handicap, familiar status, or national origin. Federal law also prohibits discrimination on the basis of age. Section 8 applicants may file any complaints of discrimination to the U. S. Department of Housing & Urban Development, Assistant Secretary for Fair Housing & Equal Opportunity, Washington, DC 20410.

The information regarding race, national origin and sex designation solicited on this application is requested in order to assure the federal government that the federal laws prohibiting discrimination against tenant applicants 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. This information will not be used in evaluating your application or to discriminate against you in any way.

- American Indian or Alaskan Native Black Hispanic Asian or Pacific Islander
- White Other
- Male Female

C. M. Cimino Realty Inc. reserves the right to refuse prospective tenants at Ledgewood Apartments who cannot provide positive references from current and past landlords (if applicable) as well as a positive credit report.

Effective July 13, 1988 HUD published a final tenant selection rule to implement a federal statute which requires owners to give federal preference to applicants that are:

- 1) Living in substandard housing
- 2) Involuntarily displace
- 3) Paying more than 50% of family income for rent

Federal preferences holders must be considered for housing assistance before families without a federal preference.

First: Applicant must certify that they meet HUD minimum standards to qualify.

Second: Their actual qualifications for a preference is verified when they are offered assistance and can claim a preference at any time they are on a waiting list. An applicant cannot attain a preference if he or she no longer qualifies for preference at the time a unit is offered.

Applicants without federal preference cannot be grandfathered regardless of how long they have been on a waiting list

First consideration will be given to persons whose initial application has the earliest date.

Please return **Federal Preference Forms** to C. M. Cimino Realty Inc.

As of May 1, 2012 Ledgewood Apartments is a smoke free facility. There will be no smoking in the building whatsoever. Smoking will only be permitted in front of the building or at the rear of the building or areas designated by C. M. Cimino Realty Inc.

NAME _____ (Head of Household)

Address _____ HOME PHONE _____
(Street)

_____ WORK PHONE _____
(City) (State) (Zip Code)

Current Living Arrangements:

In my home _____ Renting _____ Boarding home _____ Rent now paying _____

With relative/friends _____ Other _____

Number of bedrooms desired? _____ (Elderly couples must have a medical need to qualify for a two-bedroom unit)

Complete the following for each member of your household (including yourself) who will be occupying the apartment.

<u>NAME</u>	<u>BIRTHDATE</u>	<u>RELATIONSHIP</u>	<u>SOCIAL SECURITY #</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Why are you applying? _____

Past Living Arrangements:

Please list those places you have lived during the last 3 years. Start with the most recent and progress back from that point. If you have lived in your home for a long period of time, you may complete only the last part of this section.

<u>Residence</u>	<u>FROM:</u>	<u>TO:</u>
_____	_____	_____
_____	_____	_____

The application requests information from applicants who were age 62 or older as of January 31, 2010, and who do not have an SSN. Were you receiving HUD rental assistance at another location on January 31, 2010?
YES _____ or NO _____

In my own home for the last _____ years.

List all other states in which any household member has resided: _____

INCOME AND ASSETS

List the source of money received by each person in household:

NAME: _____

_____ Wages (gross) \$ _____ per _____

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_____ Pension/Annuities \$ _____ per _____

_____ Unemployment \$ _____ per _____

_____ Social Security \$ _____ per _____

_____ Social Security \$ _____ per _____

_____ Other Income \$ _____ per _____

NAME OF BANK: _____

Location _____

Checking Account # _____ Balance \$ _____

Savings Account # _____ Balance \$ _____

Savings Account # _____ Balance \$ _____

Certificate of Deposit _____ Balance \$ _____

Certificate of Deposit _____ Balance \$ _____

Stocks & Bonds _____ Value \$ _____

Real Estate: Year round home, vacation, and/or rental property

Location: _____ Type _____ Value _____

Location: _____ Type _____ Value _____

Is there any outstanding mortgage on your property? If so, please state total amount outstanding:

PREFERENCES

Please check any of the following that apply to your present situation. To determine if you qualify, please read the description on the enclosed page.

- Living in substandard housing
- Homeless
- Paying 50% of income or more for rent and utilities
- Involuntarily displaced through no fault of your own
- Victim of domestic violence

MEDICAL

Are you, or any person who will be occupying the apartment, handicapped or disabled by HUD definition? _____

If not, receiving SSI or Social Security Disability, can you obtain a doctor's statement verifying the disability? _____

Would you benefit from features of an accessible unit? Yes _____ No _____

RESIDENCY

Have you ever resided in the town (or towns) that the project (s) that you are applying for is located? Yes _____
_____ No _____ If yes, please indicate:

Town (s) Address

Date of Residency

Do you have a son or daughter residing in the town (s) in which the project (s) that you are applying for is located? Yes _ No ___ If yes, please indicate:

Please list a responsible person we can contact if an emergency should arise:

(Name) (Address) (Phone)

STUDENT STATUS INFORMATION

Are you a full time student? Yes _____ No _____

CRIMINAL BACKGROUND

Are you a lifetime registered sex offender in any state? Yes _____ No _____
If yes, which states? _____

I understand that a deposit equal to one month's rent will be required and is payable prior to moving into an apartment. I further understand that should my monthly rent be less than \$50.00, a minimum deposit of \$50.00 will be required and is payable prior to moving into the apartment. I certify that the apartment that I will occupy will be my permanent residence and that I will not maintain a separate subsidized rental unit in a different location. I do hereby attest that I have answered all the questions on this form truthfully, and I understand that it is an illegal act to make false statements in order to obtain Federal Housing Assistance.

Signature _____ **Date** _____
Print Name _____
Signature _____ **Date** _____
Print Name _____

AUTHORIZATION FOR RELEASE OF INFORMATION

I, _____ and _____ : do hereby authorize any agencies, offices, groups, organizations or business firms to release to C. M. Cimino Realty Inc. any information or materials which are deemed necessary to complete my application for housing. These organizations are to include, but are not limited to: financial institutions, state employment security commission, past or present employers, past or present landlords, Social Security Administration, utility companies, workmen's compensation payers, hospitals, public and private retirement systems, law enforcement agencies, attorneys, realtors, doctors and social workers. This authorization shall continue from the date of signature and until such time that C. M. Cimino Realty Inc. is notified in writing that the authorization is cancelled.

1st Applicant

2nd Applicant

Signature _____ Signature _____
Print Name _____ Print Name _____
Social Security # _____ Social Security # _____
Address _____ Address _____

Date

Date

APPLICANTS PAYING MORE THAN 50% OF INCOME FOR RENT

I _____, social security number _____ certify that I am paying 50% of my income based on the following:

All income

\$ _____

Sources:

\$ _____
\$ _____
\$ _____

Rental Payment per month

\$ _____

Utilities Paid

\$ _____
\$ _____
\$ _____

Landlord Name

Property Address

(Applicant's signature)

APPLICANT CERTIFICATION FOR INVOLUNTARY DISPLACEMENT

I _____, Social Security # _____ have been or will be involuntarily displaced and have vacated or will vacate my housing unit for one of the following reasons:

A disaster, such as a fire or flood, which resulted in extensive damage or has destroyed the unit.

An activity carried on by an Agency of the United States or by any State or Local Government Body or Agency in connection with code enforcement or a public improvement or development program.

An action by the owner which resulted in the applicant's having to vacate his/her unit, where

The reason for the owner's action is beyond the applicant's ability to control

The action occurred despite the applicant's having met all previously imposed conditions of occupancy

The action taken is other than a rent increase

Actual or threatened physical violence against or one or more members of the applicant's family by a spouse or other member of the applicant's household; or, the applicant lives in a housing unit with such an individual who engages in such violence.

(Applicant's signature)

APPLICANT'S CERTIFICATION FOR SUBSTANDARD HOUSING

I _____ Social Security # _____ certify that I am currently living in substandard housing as determined by HUD.

Conditions causing housing to be substandard

(Applicant's signature)

(Address) _____

CERTIFICATE OF ASSETS

_____ I certify I have **not** disposed of any assets for less than fair market value during the last two (2) years.

_____ I certify that I have disposed of assets for less than fair market value within the last two (2) years, as described below:

Description of assets owned:

Date of disposition:

Value of assets at the time of disposition:

Signature _____ Date _____

OMB Control # 2502-0581

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.

Applicant Name:	
Mailing Address:	
Telephone No:	Cell Phone No:
Name of Additional Contact Person or Organization:	
Address:	
Telephone No:	Cell Phone No:
E-Mail Address (if applicable):	
Relationship to Applicant:	
Reason for Contact: (Check all that apply)	
<input type="radio"/> Emergency	<input type="radio"/> Assist with Recertification Process
<input type="radio"/> unable to contact you	<input type="radio"/> Change in lease terms
<input type="radio"/> Termination of rental assistance	<input type="radio"/> Change in house rules
<input type="radio"/> Eviction from unit	<input type="radio"/> Other: _____
<input type="radio"/> Late payment of rent	
Commitment of Housing Authority or Owner: 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.	

application for housing | 2023

Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.

Legal Notification: 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.

Form HUD- 92006 (05/09)

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