



Stanford Management LLC
APARTMENT LEASE APPLICATION

Thank you for your interest in our Apartment Homes!

Office Use Only

Date Received:	
Time Received:	
Application Fee:	
Manager Initials:	

Please enter Property Name

Please answer all questions; we can only accept completed applications. Incomplete applications will be returned to the applicant, which will delay processing. Please do not leave items blank. If a question does not apply, please answer "no." We will respond to your application via your preferred method of communication.

Number of bedrooms requested: one (1) bedroom two (2) bedrooms three (3) bedrooms four (4) bedrooms

APPLICANT INFORMATION:

(Last) _____ (First) _____ (MI) _____

Date of Birth: _____ Social Security Number: _____

Current Address: _____

Telephone Number: _____ County of Residence: _____

Cellular Number: _____ Email Address: _____

Drivers License #: _____ Issuing State: _____

Marital Status: Single Married Widowed Separated Divorced

Please indicate your preferred method of communication: Phone Mail Email Cell

CO-APPLICANT INFORMATION:

Last) _____ (First) _____ (MI) _____

Date of Birth: _____ Social Security Number: _____

Current Address: _____

Telephone Number: _____ County of Residence: _____

Cellular Number: _____ Email Address: _____

Drivers License #: _____ Issuing State: _____

Marital Status: Single Married Widowed Separated Divorced

PLEASE LIST ALL PERSONS WHO WILL BE OCCUPYING THE APARTMENT

NAME	SOCIAL SECURITY #	DATE OF BIRTH	RELATIONSHIP	STUDENT YES/NO

Do you anticipate changes in your family size within the next year? Such as marriage, birth of a child, etc? Yes / No

Are you currently a student? Yes No **If yes, are you** Full time Part time

Name of School: _____

School Address & Phone #: _____

If you attend college, what do you spend for books & tuition annually? \$ _____

Do you or any household member require special housing needs? Yes / No

Please explain: _____

Are you requesting the \$400.00 disability/handicap adjustment to your income? Yes No

Could you benefit from the features offered by a handicap accessible unit? Yes No

Are you requesting a handicapped unit? Yes No



Please describe any capital investments and their cash value: _____

Have you disposed any assets within the last two (2) years? Yes / No

If yes, please list selling price: \$ _____ Amount received: \$ _____

Selling expense: \$ _____

What was the Fair Market Value for those assets at the time of disposal?: \$ _____

What is the actual income received from assets: Tenant: \$ _____ Co-Tenant: \$ _____

Interest on Savings, CD's, etc. \$ _____

Payment received from notes \$ _____

Withdrawal from pensions, IRA's. \$ _____

APPLICANT INCOME / ASSET INFORMATION

Are you self-employed? Yes No (If yes, a copy of last year's tax return must accompany this application)

When completing this portion of the application, please indicate monetary of amount and frequency of receipts.

For example: \$100 per week, \$300 per month, or \$5,000 per year, etc.

Type of Income	Tenant	Co-Tenant	Source (Name and Address)
Wages/Salaries	\$ Per:	\$ Per:	
Social Security / SSI	\$ Per:	\$ Per:	
Pension	\$ Per:	\$ Per:	
Public Assistance	\$ Per:	\$ Per:	
Public Assistance	\$ Per:	\$ Per:	
Child Support	\$ Per:	\$ Per:	
Alimony	\$ Per:	\$ Per:	
Unemployment Benefits	\$ Per:	\$ Per:	
VA Benefits	\$ Per:	\$ Per:	
Disabled/Workman's Compensation	\$ Per:	\$ Per:	
Regular Gifts	\$ Per:	\$ Per:	
Armed Forces pay/all.	\$ Per:	\$ Per:	

Do you have a Housing Voucher? Yes / No

If Yes, Amount: \$ _____

If Yes, please list the name of the Housing Authority _____

Please indicate below the claim numbers of Social Security/Pension benefits you receive, other than your own.

Name of Recipient: _____ Claim #: _____ Agency: _____

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Bank Accounts

Last months balance in checking account(s) \$ _____

Average six month balance in checking account(s) \$ _____

Last months balance in savings account(s) \$ _____

Today's balance in savings account(s) \$ _____

List names and address of banks associated with your accounts listed above: _____

Cash Values and Interest Rates (if applicable):

IRA(s) \$ _____ at _____ %
 Certificate(s) of deposit \$ _____ at _____ %
 Stocks \$ _____ at _____ %
 Bonds \$ _____ at _____ %
 Retirement/pension funds \$ _____ at _____ %
 Other(s) \$ _____ at _____ %

List names and address of banks associated with your accounts listed above: _____

CREDIT/PERSONAL REFERENCES:

Please list three references. One must be a former landlord not listed on this application:

Name	Complete Address	Phone Number
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

Have you ever been convicted for the illegal manufacture, distribution, or possession of a controlled substance? Yes No

If yes, please list date, county and state: _____

Have you ever been convicted of a felony? Yes No

If yes, please list date, county and state: _____

Please note: The Following Section Is For Elderly / Disabled Applicants Only*

ELDERLY / DISABLED HOUSEHOLD INFORMATION

Total Cost of Medical Expenses Last Year

Type	Cost	Amount Reimbursed by Insurance
Doctor/Dentist Visits	\$	\$
Prescriptions	\$	\$
Medical Appliances	\$	\$
Over the Counter Drugs	\$	\$
Eyeglass Appliances	\$	\$
Medical Insurance Premium	\$	\$

Name of Doctor: _____

Address: _____

Name of Pharmacy: _____

Address: _____

Name of Medical Appliance Provider: _____

Address: _____

Name of Optometrist: _____

Address: _____

Name of Insurance Company: _____

Address: _____

Are you currently making payments on outstanding medical bills, hospital stays, or related expenses? Yes No

If yes, please list total amount of expenses owed: _____

Will your expenses for the next twelve months be basically the same as listed above? Yes No

If no, please describe any changes: _____

****End of Elderly /Disabled Applicant Section***

How did you hear about us? _____

EMPLOYMENT HISTORY:

Applicant: Present Employer: _____

Address: _____

Supervisor: _____ Length of time at current job: _____ Phone #: _____

Previous Employer: _____

Address: _____

Supervisor: _____ Length of time at current job: _____ Phone #: _____

Co-Applicant: Present Employer: _____

Address: _____

Supervisor: _____ Length of time at current job: _____ Phone #: _____

Previous Employer: _____

Address: _____

Supervisor: _____ Length of time at current job: _____ Phone #: _____

EMERGENCY CONTACT INFORMATION:

Name	Address	Relationship	Phone #

CURRENT HOUSING INFORMATION:

Own Rent Length of time at current address: _____

Landlord: _____ Phone: _____

Landlord's Address: _____

Reason for Leaving: _____

PREVIOUS HOUSING INFORMATION:

Own Rent Length of time at previous address: _____

Landlord: _____ Phone: _____

Landlord's Address: _____

Reason for Leaving: _____

Have you ever received or lived at any other subsidized housing? Yes No

If yes, please list name and address: _____

APPLICANT CERTIFICATION:

I/we certify that all of the above statements are true and complete and hereby authorize verification of all information, references and credit records. I/we acknowledge that false information herein constitutes grounds of rejection of this application, termination of the right of occupancy, and/or forfeiture of deposits and may constitute a criminal offence under the laws of this state. I/we understand that the information give must be verified in order for the application to be processed. All necessary verification forms may be obtained from the site manager. I/we further certify that this housing shall be my/our permanent residence and that I do not and will not maintain a separate subsidized rental unit in a different location.

Applicant's Signature: _____ Date: _____

Co-Applicant Signature: _____ Date: _____

DISCLOSURE STATEMENT: The information regarding race, ethnicity, and gender designation solicited in 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 base of race, color, national origin, religion, gender, sexual orientation, familial status, age, and disability are complied with. You are not required to furnish the following 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 this the owner is required to note the race/ethnicity and gender of individual applicants on the basis of visual observation or surname.

- Ethnicity (National Origin):** Hispanic or Latino Not Hispanic or Latino
Race (Mark as many as apply): Black/African American American Indian or Alaskan Native
 Native Hawaiian/Other Pacific Islander White
Gender: Male Female

Information supplied by: Applicant (initials) _____ Management (initials) _____

AUTHORIZATION FOR RELEASE OF INFORMATION

CONSENT

I authorize and direct any FEDERAL, STATE, or LOCAL AGENCY, ORGANIZATION, BUSINESS, or INDIVIDUAL, to release and verify my application for participation, and/or to maintain my continued assistance under the Section 8, Rental Rehabilitation, Low-Income Public and Indian Housing, and/or other housing assistance programs. I understand and agree that this authorization or the information obtained with its use may be given to and used by the Department of Housing and Urban Development (HUD)/Rural Development (RD) administering and enforcing program rules and policies. I also consent for HUD/RD 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 any household may be needed:

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

GROUPS OR INDIVIDUALS 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)*
- Courts and Post Offices*
- Schools and Colleges*
- Law Enforcement Agencies*
- Medical and Child Care Providers*
- Retirement Systems*
- Credit Providers and Credit Bureaus*
- Past and Present Employers*
- Public Assistance Agencies*
- State Unemployment Agencies*
- Social Security Administration*
- Support and Alimony Providers*
- Banks and Financial Institutions*

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 I have a right to review my file and correct any information that I can prove is incorrect.

Signatures:

_____	_____	_____
Head of Household (Applicant)	Print Name	Date
_____	_____	_____
Spouse (Co-applicant)	Print Name	Date
_____	_____	_____
Adult Member (Co-Applicant)	Print Name	Date

ADDENDUM TO APPLICATION FOR RESIDENCY

We operate in accordance with the fair housing law. We do not discriminate against any person in the terms, conditions or privileges of sale or rental of a dwelling or in the provisions of services or facilities in connection therewith, because of race, color, national origin, religion, gender, sexual orientation, familial status, age, or disability. Stanford Management, LLC does not discriminate on the basis of handicapped status in the admission or access to, or treatment, or employment in, its federally assisted programs and activities. The person named below has been designated to coordinate compliance with non-discrimination requirements contained in the development of Housing and Urban Developments regulating implementing Section 504. (24CRF Part 8 Date June 2, 1988).

Richard Day	Telephone:	(207) 772-3399
President	Fax:	(207) 772-8990
P.O. Box 3879		
Portland, ME 04104-3879	TYT Maine: 711 or	(800) 437-1220
	TYT Pennsylvania:	(800) 640-72

“In accordance with Federal Law and USDA Policy, this institution is prohibited from discriminating on the basis of race, color, national origin, gender, age, or disability (not all prohibited bases apply to all programs). To file a complaint of discrimination, write to: USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Avenue, SW, Washington, D.C., 20250-9410, or call 1-800-795-3272 (voice) or 202-720-6382 (TDD). USDA is an equal opportunity provider and employer.”



STANFORD MANAGEMENT, LLC IS AN EQUAL OPPORTUNITY PROVIDER AND EMPLOYER
(207) 772-3399 TYT (MAINE): 711 TYT (PENNSYLVANIA): 800-654-5984

