STANFORD MANAGEMENT

Beautiful, Friendly, and Family Oriented Communities

Stanford Management

Portland, ME

Phone: (207) 708-8020

StanfordManagement.com

Dear Applicant,

Thank you for your interest in our affordable housing community!

Please complete each section of this application with the most current information available, sign and date where indicated, then return application to the property via mail or email at applications@stanfordmanagement.com. Please ensure that all PDFs are clearly scanned and legible. Unfortunately, poorly scanned or unreadable documents cannot be accepted. All questions are required unless otherwise indicated. Incomplete applications will be returned for corrections. You will receive a letter regarding your application status at the address you provide. Please note, you must fill out a separate application for each property you would like to be considered for. If you have any questions, please call us directly at the number listed on the top of the application.

NOTICE TO All APPLICANTS AND RESIDENTS

Upon request, Stanford Management provides translated copies of all vital documents necessary to participate in our housing programs. Stanford Management also provides language assistance and interpreter services, upon request, for applicants and for residents, for adherence of program requirements and certifications.

APARTMENT LEASE APPLICATION

Deer Crossing Apartments

264 Titcomb Road, Farmington, ME 04938
Phone: (207) 708-8020
Email: applications@stanfordmanagement.com
StanfordManagement.com

STANFORD MANAGEMENT
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Office Use Only	
Date Received:	
Time Received:	
Application Fee:	
Manager Initials:	

Mail application to **14 Third Street, Dixfield, ME 04224**

All questions are required unless otherwise indicated; we can only accept *completed* applications.
If a question does not apply, please answer "no."
Incomplete applications will be returned to the applicant, which will delay processing.
We will respond to your application via your preferred method of communication.

Number of bedrooms requested: **SMOKEFREE ZONE**

☐ **one (1) bedroom** ☐ **two (2) bedrooms** ☐ **three (3) bedrooms**

APPLICANT INFORMATION:

Last: _____ First: _____ MI: _____
Date of Birth: _____ Social Security Number: _____
Mailing Address: _____
Physical Address: _____
Cellular Number: _____ County of Residence: _____
Telephone Number: _____ Email Address: _____
Driver License / State ID #: _____ Issuing State: _____

Ethnicity (National Origin) ☐ Hispanic or Latino ☐ Not Hispanic or Latino

Race (Mark as many as apply):
☐ Black/African American ☐ American Indian or Alaskan Native ☐ Asian
☐ Native Hawaiian/OtherPacific Islander ☐ White ☐ Other

Gender ☐ Female ☐ Male

Marital Status: ☐ Single ☐ Married ☐ Widowed ☐ Separated ☐ Divorced **Citizenship:** US/CA/Other

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

CO-APPLICANT INFORMATION:

Last: _____ First: _____ MI: _____
Date of Birth: _____ Social Security Number: _____
Mailing Address: _____
Physical Address: _____
Cellular Number: _____ County of Residence: _____
Telephone Number: _____ Email Address: _____
Driver License / State ID #: _____ Issuing State: _____

Ethnicity (National Origin) ☐ Hispanic or Latino ☐ Not Hispanic or Latino

Race (Mark as many as apply):
☐ Black/African American ☐ American Indian or Alaskan Native ☐ Asian
☐ Native Hawaiian/Other Pacific Islander ☐ White ☐ Other

Gender ☐ Female ☐ Male

Marital Status: ☐ Single ☐ Married ☐ Widowed ☐ Separated ☐ Divorced **Citizenship:** US/CA/Other

PLEASE LIST ALL PERSONS WHO WILL BE OCCUPYING THE APARTMENT

# 1 NAME	Social Security #	Date of Birth	Relationship	STUDENT YES/NO

Ethnicity (National Origin) ☐ Hispanic or Latino ☐ Not Hispanic or Latino

Race (Mark as many as apply): ☐ Black/African American ☐ American Indian or Alaskan Native ☐ Asian ☐ Native Hawaiian/Other Pacific Islander ☐ White ☐ Other

Gender ☐ Female ☐ Male

Marital Status: ☐ Single ☐ Married ☐ Widowed ☐ Separated ☐ Divorced **Citizenship:** US/CA/Other

# 2 NAME	Social Security #	Date of Birth	Relationship	YES/NO

Ethnicity (National Origin) ☐ Hispanic or Latino ☐ Not Hispanic or Latino

Race (Mark as many as apply): ☐ Black/African American ☐ American Indian or Alaskan Native ☐ Asian ☐ Native Hawaiian/Other Pacific Islander ☐ White ☐ Other

Gender ☐ Female ☐ Male

Marital Status: ☐ Single ☐ Married ☐ Widowed ☐ Separated ☐ Divorced **Citizenship:** US/CA/Other

# 3 NAME	Social Security #	Date of Birth	Relationship	YES/NO

Ethnicity (National Origin) ☐ Hispanic or Latino ☐ Not Hispanic or Latino

Race (Mark as many as apply): ☐ Black/African American ☐ American Indian or Alaskan Native ☐ Asian ☐ Native Hawaiian/Other Pacific Islander ☐ White ☐ Other

Gender ☐ Female ☐ Male

Marital Status: ☐ Single ☐ Married ☐ Widowed ☐ Separated ☐ Divorced **Citizenship:** US/CA/Other

# 4 NAME	Social Security #	Date of Birth	Relationship	YES/NO

Ethnicity (National Origin) ☐ Hispanic or Latino ☐ Not Hispanic or Latino

Race (Mark as many as apply): ☐ Black/African American ☐ American Indian or Alaskan Native ☐ Asian ☐ Native Hawaiian/Other Pacific Islander ☐ White ☐ Other

Gender ☐ Female ☐ Male

Marital Status: ☐ Single ☐ Married ☐ Widowed ☐ Separated ☐ Divorced **Citizenship:** US/CA/Other

Are you 62 years or older on January 31, 2010, and do not have a social security number? ☐ Yes ☐ No

Were you receiving HUD rental assistance at another location on January 31, 2010? ☐ Yes ☐ No
If yes, please provide the name and address of the location: _____

Are you or any member of your household a Veteran of Military Service? ☐ Yes ☐ No

If yes, please list names: _____

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:	
SocialSecurity/SSI Pension	$ Per:	$ Per:	
Public Assistance Public	$ Per:	$ Per:	
Assistance Child Support	$ Per:	$ Per:	
Alimony Unemployment	$ Per:	$ Per:	
Benefits	$ Per:	$ Per:	
VA Benefits	$ Per:	$ Per:	
Disabled/Workman's	$ Per:	$ Per:	
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: Name of Recipient: **Bank** Claim #: _____ Agency: _____

Accounts Last months balance in checking Claim #: _____ Agency: _____

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:_____

_____

PERSONAL REFERENCES: ***Please list three references***

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 crime? ☐ 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:_____

Are you, or any member of your household, subject to a lifetime sex offender registration requirement in any state? ☐ Yes ☐ No

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

List all other states in which you, or any member of your household, have resided:_____

*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:** _____ Monthly Payment: _____

Landlord: _____ Phone: _____

Landlord's Address: _____

Reason for Leaving: _____

PREVIOUS HOUSING INFORMATION:

☐ Own ☐ Rent **Length of time at current address:** _____ Monthly Payment: _____

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 CERTICATION:

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.

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	Employment, Income, and Assets
Medical or Child Care Allowances	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)	***Past and Present Employers***
Courts and Post Offices	***Public Assistance Agencies***
Schools and Colleges	***State Unemployment Agencies***
Law Enforcement Agencies	***Social Security Administration***
Medical and Child Care Providers	***Support and Alimony Providers***
Retirement Systems	***Banks and Financial Institutions***
Credit Providers and Credit Bureaus	

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).

Thom Rhoads
VP of Operations
P.O. Box 3879
Portland, ME 04104-3879

Phone: (207) 708-8020
Email: applications@stanfordmanagement.com
StanfordManagement.com

In accordance with Federal Law and USDA Policy, this institution is prohibited from discriminatingon the basis of race, color, national origin, sex, 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). Stanford Management is an equal opportunity provider and employer.

Supplemental and Optional 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.

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)

- ☐ Emergency
- ☐ Unable to contact you
- ☐ Termination of rental assistance
- ☐ Eviction from unit
- ☐ Late payment of rent
- ☐ Assist with Recertification
- ☐ Process Change in lease terms
- ☐ Change in house rules Other: _____

C**ommitment 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.

Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the a**pplicant 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.

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

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 Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions.