

Address: PO Box 3879 • Portland ME 04104-3879 Phone: (207) 902-8050 StanfordManagement.com

Beautiful, Friendly, and Family Oriented Communities

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.

"This institution is an equal opportunity housing provider and employer." If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at http://www.ascr.usda.gov/complaint_filing_cust.html, or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202 690-7442 or email at program.intake@usda.gov



In accordance with Federal Law and USDA Policy, this institution is prohibited from discriminating on 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.

	APARTMENT LEASE APPLICATIO	N Office Use Only
\sim	Bucksports Square Apartments	Date Received:
	125 Broadway, Bucksport, ME 04416	Time Received:
STANFORD MANAGEMENT	Phone: (207) 902-8050	Application Fee:
Beautiful, Friendly,	Email: applications@stanfordmanagement.com	Manager Initials:
and Family Oriented	StanfordManagement.com	
Communities		
	Mail appl:	ication to 125 Broadway, Bucksport, ME 04416
	All questions are required unless otherwise indicated; we ca	an only accep <u>t <i>completed</i> applications.</u>
	If a question does not apply, please	
	Incomplete applications will be returned to the applic We will respond to your application via your preferre	
Number of bedroo	oms requested:	SMOKEFREE ZONE
	□ one (1) bedroom □ two (2) bedrooms □ three	e (3) bedrooms
APPLICANT INF		
	First:	
	Social Security Nu	
Mailing Address:		
Cellular Number:	:	
Telephone Numb		
Driver License / S		
		Issuing State:
Ethnicity (Natior	al Origin) 🛛 Hispanic or Latino 🗌 Not His	spanic or Latino
Race (Mark as m		an Indian or Alaskan Native 🛛 Asian
	□ Native Hawaiian/OtherPacific Islander □ White	
Gender		
Marital Status:	□ Single □ Married □ Widowed □ Separated □ D	vivorced Citizenship: US/CA/Other
Please indicate yo	ur preferred method of communication	Email □ Cell
	INFORMATION:	
		MI
	First:	
Mailing Address:		mber:
Physical Address		
Cellular Number:		
Telephone Numb		ce:
Driver License / S		Issuing State:
Ethnicity (Nation	al Origin)	spanic or Latino
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Marital Status:		US/CA/Uther

REV 04/2023 PW

PLEASE LIST ALL PERSONS WHO WILL BE OCCUPYING THE APARTMENT

apply):	#1 NAME	Social Security #	Date of Birth		Relationship	STUDEN	NT YES/NO	
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Please explain: Are you requesting the \$400.00 disability/handicap adjustment to your income? Yes No	Do you or any househo	ld member require specia	I housing needs?	,				
	Please explain:	· ·	-					
Could you benefit from the features offered by a handicap accessible unit?	Are you requesting the	\$400.00 disability/handica	ap adjustment to	your inc	ome?		🗆 Yes 🗆 No	
	Could you benefit from	the features offered by a	handicap accessi	ble unit	?		🗆 Yes 🗆 No	

Are you requesting a handicapped unit? Please describe any capital investments and their cash value:			🗆 Yes 🗆 No
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? \Box Yes \Box 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:	ֆ Per:	
Compensation	Per:	\$ Per:	
Regular Gifts	\$ Per:	\$ Per:	
Armed Forces pay/all.	\$ Per:	\$ Per:	
Do you have a Housing Vouc	her?	🛛 Yes 🗌 No	If Yes, Amount: \$
If yes, please list the name of th	e Housing Authority:		
Please indicate below the cla	im numbers of Social	Security/Pension bene	fits you receive, other than your own.
Name of Recipient: Name	of Recipient: Bank	Claim #:	Agency:
			Agency:
account(s) Average six-month			
account(s) Last months b	alance in savings	\$	
account(s) Today's balance in	savings account(s)	\$	
	• • • • •	\$	
		\$\$	
List names and address of ban	ks associated with you	*	
Cash Values and Interest Ra	tes (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 reference		
Name	Complete Address	Phone Number		
1				
2				
3				
Have you ever been convi	cted for the illegal manufacture, distribution, or	possession of a controlled substance? \Box Yes \Box No		
If yes, please list date, cou	nty, and state:			
Have you ever been convi	cted of a crime?	🗆 Yes 🗆 No		
If yes, please list date, cou	nty, and state:			
Have you ever been convi	cted of a felony?	🗆 Yes 🗆 No		
If yes, please list date, cou	inty, and state:			
Are you, or any member of	f your household, subject to a lifetime sex offer	ider registration requirement in any state? 📋 Yes 📋 No		
If yes, please list date, cou	inty, and state:			
List all other states in whic	h 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	
Туре	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:		
Address:		
Are you currently making payment	ts on outstanding medical bills, hospital stays	, or related expenses?
		🗆 Yes 🗆 No
If yes, please list total amount of expe	enses owed:	
Will your expenses for the next two	elve months be basically the same as listed at	oove? 🛛 Yes 🗌 No
If no, please describe any changes:		
,	*End of Eldody/Diophiod Appliaget Desting	
	*End of Elderly/Disabled Applicant Section	

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How did you hear about us? EMPLOYMENT HISTORY:					
Applicant: Present Employer:					
Address:					
Supervisor:		Longth of time at our	ant ich.	Dhone #	
Previous Employer:		_ Length of time at cur	ent job	Phone #:	
Address:					
Supervisor:					
Co-Applicant: Present Emplo	yer:	_ Length of time at curr	ent job:	Phone #:	
Address:					
Supervisor:					
Previous Employer:		_ Length of time at curr	rent job:	Phone #:	
Address:					
Superviso r:					
EMERGENCY CONTACT INFOR		Length of time at curr	ent job:	Phone #:	
Name	Address		Relationship	Phone #	
CURRENT HOUSING INFOR	MATION:				
Own Rent Length of tin	ne at current address:		Мс	onthly Payment:	
Landlord:				one:	
Landlord's Address:					
Reason for Leaving:					
	TION				
PREVIOUS HOUSING INFORMATION Own Content Rent Length of time			Mc	onthly Payment:	
Landlord:				one:	

Landlord's Address:

Reason for Leaving:

Have you ever received or lived at any other subsidized housing?

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.

Date:

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□ Yes □ No

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 to discriminate against you in any way. However, if you choose not to furnish this the tornish this the original tenant to furnish the solution of the base 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 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).

Thom Rhoads VP of Operations P.O. Box 3879 Portland, ME 04104-3879 Phone: (207) 902-8050 Email: applications@stanfordmanagement.com StanfordManagement.com

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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 Assist with Recerve Unable to contact you Process Change in lead Termination of rental assistance Change in house rules C Eviction from unit Change in house rules C Late payment of rent Commitment of Housing Authority or Owner: If you are approved for housing, this information will arise during your tenancy or if you require any services or special care, we may contact the person of the issues of in providing any services or special care to you. Confidentiality Statement: The information provided on this form is confidential and will not be discipapilicant or applicable law.	Dther: be kept as part of your tenant file. If issues r organization you listed to assist in resolving
Legal Notification: Section 644 of the Housing and Community Development Act of 1992 (Public La requires each applicant for federally assisted housing to be offered the option of providing information organization. By accepting the applicant's application, the housing provider agrees to comply with the requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or programs on the basis of race, color, religion, national origin, sex, disability, and familial status under age discrimination under the Age Discrimination Act of 1975.	w 102-550, approved October 28, 1992) n regarding an additional contact person or e non-discrimination and equal opportunity participation in federally assisted housing the Fair Housing Act, and the prohibition on
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. 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.