



Beautiful, Friendly,  
and Family Oriented  
Communities

## Stanford Management

Address: PO Box 3879 • Portland ME 04104-3879

Phone: (207) 762-8054

[StanfordManagement.com](http://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](mailto: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.

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### *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.*

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“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](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](mailto: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 APPLICATION

## Perramond Estates Apartments

223 Lavoie Dr, Madawaska, ME 04756

Phone: (207) 762-8054

Email: [applications@stanfordmanagement.com](mailto:applications@stanfordmanagement.com)

[StanfordManagement.com](http://StanfordManagement.com)

### Office Use Only

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

Mail application to 51 Rainbow Road, Presque Isle, ME 04769

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  
  four (4) 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/Other Pacific 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:	
Social Security/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 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 given 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:

- |  |  |
|--|--|
| <b><i>Previous Landlords (including Public Housing Agencies)</i></b> | <b><i>Past and Present Employers</i></b>       |
| <b><i>Courts and Post Offices</i></b>                                | <b><i>Public Assistance Agencies</i></b>       |
| <b><i>Schools and Colleges</i></b>                                   | <b><i>State Unemployment Agencies</i></b>      |
| <b><i>Law Enforcement Agencies</i></b>                               | <b><i>Social Security Administration</i></b>   |
| <b><i>Medical and Child Care Providers</i></b>                       | <b><i>Support and Alimony Providers</i></b>    |
| <b><i>Retirement Systems</i></b>                                     | <b><i>Banks and Financial Institutions</i></b> |
| <b><i>Credit Providers and Credit Bureaus</i></b>                    |  |

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) 762-8054 Email: applications@stanfordmanagement.com StanfordManagement.com
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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.

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)	
<input type="checkbox"/> Emergency	<input type="checkbox"/> Assist with Recertification
<input type="checkbox"/> Unable to contact you	<input type="checkbox"/> Process Change in lease terms
<input type="checkbox"/> Termination of rental assistance	<input type="checkbox"/> Change in house rules Other: _____
<input type="checkbox"/> Eviction from unit	
<input type="checkbox"/> Late payment of rent	
<p><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.</p>	
<p><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.</p>	
<p><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.</p>	

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

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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.