



PRELIMINARY APPLICATION

<p style="text-align: center;">Please check the waitlist(s) you are applying for:</p> <p style="text-align: center;"> <input type="radio"/> Bayside Anchor <input type="radio"/> Washington Gardens </p>	<p>Date/Time Received:</p> <p>Entity #: _____</p>
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PLEASE RETURN THIS APPLICATION TO OUR CENTRAL OFFICE LOCATED AT
14 BAXTER BOULEVARD, PORTLAND, ME 04101

Head of Household:

First Name	Last Name	MI	Gender	Social Security #	Date of Birth	Are you currently a Full Time Student?

Family Contact Information:

Home Address			City	State	Zip Code
Mailing Address			City	State	Zip Code
Home Telephone	Cell Phone		Email Address		

Who will be living with you? (list all members of the household on the application)

First Name (with MI)	Last Name	Gender	Relationship to Head of Household	Social Security #	Date of Birth	Are you currently a Full Time Student?

PLEASE NOTE: Applicants who reach the top of the waiting list will be contacted by the Housing Authority to verify their preferences:

Do you or your spouse/co-head qualify for any of the following preferences?

<p><input type="checkbox"/> 62 years of age or older</p> <p><input type="checkbox"/> Disabled Head of Household, Co-head or Spouse</p> <p><input type="checkbox"/> Family with Dependents</p>

Chronically homeless and can be verified by a local service provider

Student Status:

Are all household members currently full time students?	___ YES ___ NO
Have any household members been full time students for 5 months during the current calendar year?	___ YES ___ NO
Do all household members expect to become full time students in the next 12 months?	___ YES ___ NO

Additional Questions:

- Have you or anyone else named on this application been convicted of a crime, other than traffic violations? ___ YES ___ NO
- Have you or anyone else named on this application been convicted for trafficking, manufacturing or possession of illegal drugs? ___ YES ___ NO
- Are you or anyone else named on this application subject to a lifetime sex offender registration requirement in any state? ___ YES ___ NO If yes, what state(s) _____
- Have you or anyone else named on this application participated in a HUD-assisted program? ___ YES ___ NO If yes, what agency? _____ did you leave owing money? ___ YES ___ NO
- Have you or anyone else named on this application ever been evicted from any housing or had eviction proceedings started? ___ YES ___ NO
- Please list all states you have resided in since the age of 18 _____
- Does your household have a housing voucher that you plan to use ___ YES ___ NO If yes, what agency is your voucher through _____

Language Services:

Do you require an interpreter ___ YES ___ NO If yes, what language _____

NOTICE: You are required to notify the Housing Authority (in writing) of any change of mailing address, phone number or household composition. If we cannot contact you at the above address, your name may be removed from the waitlist list and you will have to re-apply.

Please sign below before turning in your application.

I understand that any misrepresentation of information or failure to disclose information requested on this application may disqualify me from consideration for admission or participation and may be grounds for eviction or termination of assistance.

Applicant Signature

Date

GUIDELINES FOR DETERMINING BEDROOM SIZE

Bedroom Size	Persons in Household: (Minimum #)	Persons in Household: (Maximum #)
0 Bedroom	1	1
1 Bedroom	1	2
2 Bedrooms	2	4
3 Bedrooms	3	6
4 Bedrooms	4	8
5 Bedrooms	6	10
6 Bedrooms	8	12