

Entity Number: _____ Date/Time Received: _____

PRELIMINARY APPLICATION

**State Street Housing has a preference for people 62 and older
with a secondary preference for people under 61 with a disability.**

All applications must be signed, completed in full, and submitted with the following:

- | | |
|-------------------------------------------------------|-------------------------------------------------------------------------------------|
| <input type="checkbox"/> Copy of Social Security Card | <input type="checkbox"/> Birth Certificate, Passport, or other Proof of Citizenship |
|-------------------------------------------------------|-------------------------------------------------------------------------------------|

Upon request, Management will provide help with reviewing this document or a free interpreter.
Note: Please fill in all sections completely. If a section does not apply, please draw a line through it or write "N/A". Failure to do so will result in processing delays or rejection of application.

Name of Applicant	Telephone	Email Address	
Home Address	City	State	Zip Code
Mailing Address	City	State	Zip Code
NOTICE: You are required to notify the State Street Housing Preservation Corporation (in writing) of any change of mailing address, phone number or household composition. If we cannot contact you at the above mailing address, your name may be removed from the waitlist and you will have to re-apply.			
Current Landlord	Telephone	Email Address	
Mailing Address	City	State	Zip Code

RACE: (Optional Section: Information will be used for fair housing programs only, as required by State and Federal Laws)

- ☐ American Indian/Alaskan Native
 ☐ Asian or Pacific Islander
 ☐ Other (not white or Hispanic)
☐ Black (not of Hispanic origin)
 ☐ Hispanic
 ☐ White (not of Hispanic origin)

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

Apartment Size Needed: ☐ 1 Bedroom ☐ 2 Bedroom

How did you hear about this property? _____

RETURN COMPLETED APPLICATION AND ACCOMPANYING DOCUMENTS TO:

100 State St.,
Portland, ME, 04101

Additional Questions:

Do you currently hold a Tenant Based Voucher?	___ YES ___ NO
Are you requesting a Hearing/Visual Adapted Unit?	___ YES ___ NO
Are you requesting a Wheelchair Adapted Unit?	___ YES ___ NO
Do any members of the household have any accessibility or reasonable accommodations requests, changes in a unit or development or alternate ways we need to communicate with you? If yes, explain:	___ YES ___ NO
Have you ever been evicted from your home for any reason? If yes, explain:	___ YES ___ NO
Have you or a member of the household ever been convicted of any crime? If yes, explain:	___ YES ___ NO
Are you or any member of the household required to register as a sex offender under Maine or any other state law? If yes, list the name of the persons and the registration requirements:	___ YES ___ NO

Current Housing:

Present Housing Cost Per Month:	
Does your current housing cost include utilities (gas, electric, heat, hot water)?	___ YES ___ NO
How long have you lived at present address?	___ years / ___ months
Do you own any pets? If yes, what type:	___ YES ___ NO
What are the reasons for moving?	

Family Composition: List all who will occupy the apartment, including yourself.

First Name (with MI)	Last Name	Relationship to Head of Household	Gender (optional)	Social Security #	Date of Birth (xx/xx/xxxx)	Student Status (Full Time, Part Time, N/A)
1)		Head of Household				
2)						
3)						
4)						

Does the Head of Household have full custody of all household members under the age of 18? If no, please explain. (Be prepared to supply copy of child support/custody agreement and divorce decree)	___YES ___NO
(HUD only) If you have no social security number, you claim you are exempt because: ___ You were 62 as of 1/31/2010 and receiving housing assistance as of 1/31/2010 ___ You are an ineligible non-citizen	

Landlord References: Provide full names & addresses of Landlords where you have lived over the past five (5) years. Please include both long term and temporary residences.

1) Previous Address	Dates Lived	Name of Landlord
Landlord's Address	Landlord Telephone	Landlord Email
2) Previous Address	Dates Lived	Name of Landlord
Landlord's Address	Landlord Telephone	Landlord Email
3) Previous Address	Dates Lived	Name of Landlord
Landlord's Address	Landlord Telephone	Landlord Email
4) Previous Address	Dates Lived	Name of Landlord
Landlord's Address	Landlord Telephone	Landlord Email

List all states where the applicant and/or members of the household have resided: _____

Character References: If you are UNABLE to furnish landlord or other housing references you may list character references. They must have known you for one (1) year or more and not be related to you.

1) Character Reference Name	Telephone	Email
Address:		
2) Character Reference Name	Telephone	Email
Address:		
3) Character Reference Name	Telephone	Email
Address:		

Income and Assets:

Is any member of the household employed? If yes, please list below. List each member of the household by their corresponding number from page 3.	___ YES ___ NO
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Member #	Name of Current Employer:	Email:
Employer Address:		Fax:
Job Title:		Telephone:
Job Type: ___ Seasonal ___ Temporary ___ Permanent ___ Part-Time ___ Full-Time		Start Date:
Do you receive tips? ___ YES ___ NO If yes, what is the weekly average? \$_____ weekly		
Gross Earnings (before taxes) \$_____ ___ Weekly ___ Bi-Weekly ___ Monthly	If hourly, rate per hour? \$_____	Number of hours schedule each week? _____

Member #	Name of Current Employer:	Email:
Employer Address:		Fax:
Job Title:		Telephone:
Job Type: ___ Seasonal ___ Temporary ___ Permanent ___ Part-Time ___ Full-Time		Start Date:
Do you receive tips? ___ YES ___ NO If yes, what is the weekly average? \$_____ weekly		
Gross Earnings (before taxes) \$_____ ___ Weekly ___ Bi-Weekly ___ Monthly	If hourly, rate per hour? \$_____	Number of hours schedule each week? _____

Member #	Name of Current Employer:	Email:
Employer Address:		Fax:
Job Title:		Telephone:
Job Type: ___ Seasonal ___ Temporary ___ Permanent ___ Part-Time ___ Full-Time		Start Date:
Do you receive tips? ___ YES ___ NO If yes, what is the weekly average? \$_____ weekly		
Gross Earnings (before taxes) \$_____ ___ Weekly ___ Bi-Weekly ___ Monthly	If hourly, rate per hour? \$_____	Number of hours schedule each week? _____

Member #	Name of Current Employer:	Email:
Employer Address:		Fax:
Telephone:		
Job Title:		Start Date:
Job Type: ___ Seasonal ___ Temporary ___ Permanent ___ Part-Time ___ Full-Time		Do you receive tips? ___ YES ___ NO If yes, what is the weekly average? \$_____ weekly
Gross Earnings (before taxes) \$_____ ___ Weekly ___ Bi-Weekly ___ Monthly		If hourly, rate per hour? \$_____
		Number of hours schedule each week? _____

Does anyone in the household have other sources of income? Other income is income such as Welfare, Social Security, SSI, Pensions (including Veteran's Benefits), Disability Compensation, Unemployment Compensation, Interest, Alimony, Child Support, Annuities, Dividends, Income from Rental Property, Military Pay, Scholarships, Grants, and/or Monetary Gifts/Support from Someone that isn't a member of the household? If yes, list below by household member and income type.	___ YES ___ NO
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Household Member #	Type of Income	Company	Gross Earnings (before taxes)	Frequency
			\$	
			\$	
			\$	
			\$	
			\$	
			\$	
			\$	

Does any household member have income from assets? Assets include Checking Accounts, Savings Accounts, Direct Express Cards, EBT and DOR Cards, Pay Cards, 401k Accounts, IRA Accounts, Term Certificates, Money Markets, Stocks, Bonds, Mutual Funds, etc.) If yes, list below by household member.	___ YES ___ NO
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Member #	Name of Financial Institution:		Email:
Financial Institution Address:			Telephone:
Account #:	Type of Account:	Current Balance:	Fax:
		\$	
Interest Rate: %	If Stocks, # of Shares:	Dividends per Share: \$	

Member #	Name of Financial Institution:		Email:
Financial Institution Address:			Telephone:
Account #:	Type of Account:	Current Balance:	Fax:
		\$	
Interest Rate:	%	If Stocks, # of Shares:	Dividends per Share: \$

Member #	Name of Financial Institution:		Email:
Financial Institution Address:			Telephone:
Account #:	Type of Account:	Current Balance:	Fax:
		\$	
Interest Rate:	%	If Stocks, # of Shares:	Dividends per Share: \$

Member #	Name of Financial Institution:		Email:
Financial Institution Address:			Telephone:
Account #:	Type of Account:	Current Balance:	Fax:
		\$	
Interest Rate:	%	If Stocks, # of Shares:	Dividends per Share: \$

Name of Financial Institution:			Email:
Financial Institution Address:			Telephone:
Account #:	Type of Account:	Current Balance:	Fax:
		\$	
Interest Rate:	%	If Stocks, # of Shares:	Dividends per Share: \$

Does any household member have other assets? Such as Real Estate, Cash Value Life Insurance, Treasury Bills, etc. If yes, list below by household member.	___YES ___NO
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Household Member #	Type of Asset	Cash Value of Asset
		\$
		\$
		\$
		\$
		\$

Has any household member disposed of any assets for less than fair market value in the last two (2) years? If yes, list below by household member.	___YES ___NO
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Household Member #	Asset	Market Value	Amount Received	Date Disposed Of
		\$	\$	
		\$	\$	

Emergency Contact: In case of an emergency, whom should we contact?

Name	Telephone	Email Address
Home Address		Relationship
Name	Telephone	Email Address
Home Address		Relationship

Conflict of Interest

Do you work for or have any immediate family members who work, or have any business or consulting relationship with the Property Owner, or Porthouse Management? Immediate family ties include (whether by blood, marriage, or adoption) the spouse, parent (including step-parent), child (including step-child), sibling (including step-sibling), grandparent, grandchild, or in-laws of the applicants? ___YES ___NO

If yes, please provide names of immediate family members, relationship, and company/owner name:

Student Status

IRC Section 152 (f)(2) defines, in part, a “student” as an individual, who during each of 5 calendar months during the calendar year in which the taxable year of the taxpayer begins is either (a) a full-time student at an educational organization or (b) is pursuing a full-time course of institutional on-farm training under the supervision of an accredited agent of an educational organization, as described more fully in the IRC. The term “educational organization” includes elementary schools, junior and senior high schools, colleges, universities, and technical, trade and mechanical schools. It does not include on-the-job training courses.

Will any the persons in the household be or have been full-time students during five calendar months of this year or plan to be in the next calendar year at an educational institution (other than a correspondence school) with regular faculty and students?	___YES ___NO
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If yes, answer the following questions:

Are any full-time student(s) married and filing a joint tax return?	___YES ___NO
Are any full-time student(s) enrolled in a job-training program receiving assistance under the Job Training Partnership Act?	___YES ___NO
Are any full-time student(s) an TANF or a title IV recipient?	___YES ___NO
Are any full-time student(s) a single parent living with their minor child who is not a Dependent on another's tax return?	___YES ___NO
Is any student a person who was previously under the care and placement of a foster care program (under Part B or E of Title IV of the Social Security Act)?	___YES ___NO

Please sign below before turning in your application:

I/We hereby certify that the information furnished on this application is true and complete, to the best of my/our knowledge and belief. Inquiries may be made to verify the statements herein. All information is regarded as confidential in nature. I hereby authorize the Landlord to obtain a consumer credit report and a criminal background report. I/We certify that I/We understand that any misrepresentations 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 in addition to punishable under applicable State and Federal Law.

I/We hereby certify that we have received a notice from the management agent describing the right to reasonable accommodations for persons with disabilities.

I/We hereby certify that this apartment will be this household's primary residence.

Signed under the pains and penalties of perjury:

Applicant Signature

Date

Porthouse Management does not discriminate on the basis of race, color, religion, sex, national origin, sexual orientation, age, familial status or physical or mental disability in the access or admission to its programs or employment, or in its programs, activities, functions, or services.

Professionally Managed by: Porthouse Management, 970 Baxter Blvd, Portland, ME, 04103



Authorization for Release of Information

AUTHORIZATION: I consent to allow Porthouse Management (PM) to request and obtain information (including documentation and other materials) about me or my family that is pertinent to eligibility for or participation in, and/or the enforcement of PM housing programs. PM may use this authorization, photocopies of this authorization, and the information obtained with them to administer and enforce program rules and policies.

I understand that this authorization will expire **15 months** from the date it is signed.

Information that May be Obtained: • Child Care Expenses • Credit History • Criminal Activity • Family Composition • Employment, Income, Pensions, Assets • Federal, State, County, or Local Benefits • Handicapped Assistance Expenses • Homeowner Expense • Identity and Marital Status • Insurance Coverage • Medical Expenses • Social Security Numbers • Residences and Rental History

Individuals or Organizations that May Release Information: • Attorneys • Banks & Other Financial and Lending Institutions • Condo Assoc. • Courts • Credit Bureaus • Dept of Health & Human Services • Dept of Labor & Employment • Employers (Past & Present) • Insurance Agencies • Landlords (Past & Present) • Law Enforcement Agencies • Providers of: Alimony, Child Care, Child Support, Credit, GAP, Handicapped Assistance, Medical Care, Pass Through, Pensions/Annuities, Pharmacies, Worker's Compensation • Realtors • Schools/Colleges • Social Service Agencies • Tax Assessors • U.S. Dept of Veterans Affairs • U.S. Postal Service • U.S. Social Security Administration • Utility Companies

SIGNATURES: Each member of the household who is 18 years of age or older must sign this consent form.

Print Name (Head of Household)	Signature	Date	Last 4 # of SS Number
Print Name (Co-Head / Spouse)	Signature	Date	Last 4 # of SS Number
Print Name (Adult Household Member)	Signature	Date	Last 4 # of SS Number
Print Name (Adult Household Member)	Signature	Date	Last 4 # of SS Number
Print Name (Adult Household Member)	Signature	Date	Last 4 # of SS Number

Failure to sign this form may result in the denial of eligibility or termination of assisted housing benefits, or both. Denial of eligibility or termination of benefits is subject to PM's grievance procedures and PHA's informal hearing procedures.

Any requests for 100 State St and/or State Street Housing Preservation Corporation should be returned to:
100 State St., Portland, ME, 04101



100 State Street, Portland, ME 04101
P: 207-775-1437 | F: 207-780-8804 | 100State@porthouse.org



Notice of Right to Reasonable Accommodation

If you have a disability and you need:

- A change in the rules or policies or how we do things that would make it easier for you to live here and use the facilities or take part in programs on site,
- A change or repair in your apartment or a special type of apartment that would make it easier for you to live here and use the facilities or take part in programs on site,
- A change or repair to some other part of the housing site that would make it easier for you to live here and use the facilities or take part in the programs on site, or
- A change in the way we communicate with you or give you information,

You can ask for this kind of change, which is called a **Reasonable Accommodation**.

If you can show that you have a disability and if your request is reasonable, if it is not too expensive, and if it is not too difficult to arrange, we will try to make the changes you request.

We will give you an answer within fifteen (15) business days following our review of your information unless there is a problem getting the information we need or unless you agree to a longer time frame. We will let you know if we need more information or verification from you or if we would like to talk with you about other ways to meet your needs.

If we turn down your request, we will explain the reasons and you can give us more information if you think that will help.

If you need help filling out the reasonable accommodation request form, or if you want to give us your request some other way, we will assist you.

You can get a reasonable accommodation request form from your Property Manager or contact:

Porthouse Management
970 Baxter Blvd,
Portland, ME 04103
207-773-4753

**Supplemental and Optional Contact Information for HUD-Assisted Housing Applicant
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.

☐ **Check this box if you do not want to provide the contact information, enter your name & address, and sign & date the form below.**

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) <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"> <input type="checkbox"/> Emergency <input type="checkbox"/> Unable to contact you <input type="checkbox"/> Termination of rental assistance <input type="checkbox"/> Eviction from Unit <input type="checkbox"/> Late payment of rent </div> <div style="width: 50%;"> <input type="checkbox"/> Assist in Recertification Process <input type="checkbox"/> Change in Lease Terms <input type="checkbox"/> Change in house rules <input type="checkbox"/> Other: _____ </div> </div>	
Commitment 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 applicant 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.	

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

You Are Entitled To A Free Interpreter

<p>English</p> <p>Point to your language. An interpreter will be provided at no cost.</p>	<p>American Sign Language</p>  <p>American Sign Language interpretation is available at no cost.</p>
<p>Albanian</p> <p>Klikoni në gjuhën që ju përdorni. Do t'ju jepet një përkthyes falas.</p>	<p>Khmer</p> <p>សូមចង្អុលទៅភាសារបស់អ្នក ។ គេនឹងផ្តល់អ្នកបកប្រែជូនលោកអ្នក ដោយឥតគិតថ្លៃអ្វីសោះ ។</p>
<p>Amharic</p> <p>ማናቸውም ጥያቄ ካለዎ፣ ወይም የዚህን ደብዳቤ ትርጉም ከፈለጉ፣ እባክዎ ከጫፍ ላይ ባለው የስልክ ቁጥር ይደውሉ። ስምዎንና የስልክ ቁጥርዎን ይግለጹና እስተርጓሚ እስኪቀርብ ድረስ ይጠብቁ።</p>	<p>Mandarin</p> <p>請指出您的語言， 我們會為您提供免費的口譯員。</p>
<p>Arabic</p> <p>أشر إلى لغتك، فسوف يتم تأمين مترجم فوري لك مجاناً.</p>	<p>Russian</p> <p>Укажите язык, на котором Вы говорите. Вам будет бесплатно предоставлен переводчик.</p>
<p>Bosnian</p> <p>Pokažite na vaš jezik. Prevodilac će vam biti besplatno obezbeđen.</p>	<p>Somali</p> <p>Muuji luqadaada. Turjubaan ayaad heli doontaa adiga oo aan waxba bixin.</p>
<p>Cantonese</p> <p>請指出您的語言， 我們將免費為您提供傳譯員。</p>	<p>Spanish</p> <p>Indique cuál es su idioma. Le proporcionaremos el servicio de un intérprete sin costo alguno para usted.</p>
<p>Farsi</p> <p>به زبان خود اشاره کنید. یک مترجم به طور رایگان برای شما تامین خواهد شد.</p>	<p>Swahili</p> <p>Onyesha lugha yako. Utapatiwa mtafsirishaji bila malipo yoyote.</p>
<p>French</p> <p>Indiquez la langue de votre choix. Vous obtiendrez les services d'un interprète gratuitement.</p>	<p>Tagalog</p> <p>Ituro po ang inyong wika. Isang tagasalin ang ipagkakaloob nang libre sa inyo.</p>
<p>German</p> <p>Bitte zeigen Sie auf Ihre Muttersprache. Ein Dolmetscher wird Ihnen kostenlos zur Verfügung gestellt.</p>	<p>Thai</p> <p>ชี้ไปที่ภาษาของท่าน จะมีล่ามแปลภาษาให้ท่านโดยที่ท่านไม่ต้องเสียค่าใช้จ่ายใดๆ</p>
<p>Hmong</p> <p>Qhia yam lus koj hais. Yuav nrhiav ib tug neeg txhais lus rau koj yam tsis ua nuj nqi rau koj them.</p>	<p>Vietnamese</p> <p>Hãy chỉ vào ngôn ngữ của quý vị. Chúng tôi sẽ cung cấp một thông dịch viên miễn phí.</p>
<p>Dinka</p> <p>YIN ANONG YIC KU BI YIN AA THOK. NYOTH THONGE MUONYJANG TEN, KU YIN ABI WIEC RAAN BI YIN WAR THOK</p>	<p>Acholi</p> <p>In itye ki adaa me nongo lakwang leb me nono labong cul. Cim leb ma megí, ginongo boti la kub leb. Pwoc bot in.</p>
<p>Azande</p> <p>MO MORENGO BE RO KA YAMBA BORO NISAKI FUGO BARAMU FORO KUROGO PAZANDE GBUA TAMBUAHE</p>	<p>Nuer</p> <p>Jin ti kae cuoen kae sôô bi ram mi nâc thokdu nôôk kae sôô bae ji luoc thok. Nyuth thokdu kae sôô bi muktâp thokni min luâk naath ji gôör ran. Æ mal tee ji.</p>