



APPLICATION INSTRUCTIONS

Thank you for your interest. The following instructions, if followed properly, will ensure timely processing of your application and will prevent delays.

- 1) **To be eligible for this property, you must be at least 55 years of age to qualify. Income limits do apply.**
- 2) Please print clearly, in black or blue ink.
- 3) All questions must be answered. Incomplete applications will be returned.
- 4) Be sure that all household members sign both the Certification and Release of Information Authorization, located on the last page of the application.

Please call our office at **1-207-622-2666** if you have any questions, or e-mail us at jboardman@stewartproperty.net

***** PLEASE MAIL YOUR COMPLETED APPLICATION TO: *****

Stewart
 PROPERTY MANAGEMENT
 PO Box 347
 Augusta, ME 04332

Rental Rates as of April 2015*	
1 BEDROOM	2 BEDROOM
\$535-\$640	\$650-\$780

SMOKING POLICY: The property you are applying for is smoke-free. Smoking is prohibited in the apartments, common areas, and outside grounds by any person. Please contact us for specific information.

*Rents subject to change without notice prior to lease signing.

APPLICATION FOR HOUSING

TAX CREDIT

Time/Date Stamp

Stewart Property Management Use Only:		
Property Name:	Barrier Free (H/C unit) Requested?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Bedroom Size:	Comments:	
<input type="checkbox"/>	Accepted	
<input type="checkbox"/>	Rejected	



www.stewartproperty.net



Please complete the following application and return it to Stewart Property Management, Inc. (SPM). All items must be complete in order to determine your eligibility. If an item does not apply to you, please check N/A next to the question. SPM does not discriminate on the basis of race, color, sex, age, religion, national origin, family or marital status, disability, or sexual orientation.

Property for which you are applying: _____ Number of bedrooms requested: _____

A. GENERAL INFORMATION

Name:	
Address:	

Phone Number:

E-Mail:

B: HOUSEHOLD COMPOSITION

List all persons, including yourself, who will be living in the apartment. List the head of household first. **ONLY** include children who will be living in the apartment at least 50% of the time.

Name	Relationship to HEAD	Date of Birth	Full Time Student?	Social Security #	Sex
	HEAD				

<input type="checkbox"/> YES <input type="checkbox"/> NO	Do you expect any additions to the household within the next 12 months? If yes, please explain giving name and relationship:
<input type="checkbox"/> YES <input type="checkbox"/> NO NA	Do you have primary physical custody of all children listed under the Household Composition above? If no, please explain:
<input type="checkbox"/> YES <input type="checkbox"/> NO	Are there any absent household members that are not listed under the Household Composition above? If yes, please explain giving name and relationship:

C: INCOME

Please fill in each section, checking N/A next to the items that do not apply to you.

Check if N/A <input type="checkbox"/>	Family Member	Source of Income	Name and Address of Employer	Gross Monthly Amount
		Employment Wages		\$
		Employment Wages		\$
		Employment Wages		\$
Check if N/A <input type="checkbox"/>	Family Member	Source of Income	Name of Public Assistance Office	Gross Monthly Amount
		Public Assistance		\$
Check if N/A <input type="checkbox"/>	Family Member	Source of Income		Gross Monthly Amount
		Social Security/SSI		\$
		Social Security/SSI		\$
		Social Security/SSI		\$
Check if N/A <input type="checkbox"/>	Family Member	Source of Income	Name & Address of Income Source	Gross Monthly Amount
		Pension/Annuities		\$
		Pension/Annuities		\$
Check if N/A <input type="checkbox"/>	Family Member	Source of Income	Name & Address of Income Source	Gross Monthly Amount
		Unemployment Benefits		\$
		Unemployment Benefits		\$
Check if N/A <input type="checkbox"/>	Family Member	Source of Income	Name & Address of Income Source	Gross Monthly Amount
		VA Benefits		\$
		VA Benefits		\$
Check if N/A <input type="checkbox"/>	Family Member	Source of Income	Name & Address of Income Source	Gross Monthly Amount
		Alimony		\$
		Child Support		\$
		Self Employment		\$
		Other Income		\$
<input type="checkbox"/> YES <input type="checkbox"/> NO	Are there any changes expected in income within the next 12 months?			
	If yes, please list family member and explain:			

D: ASSETS

Please fill in each section, checking N/A next to the items that do not apply to you.

CHECKING/SAVINGS ACCOUNTS, OR CD					
Check if N/A <input type="checkbox"/>	Family Member	Bank Name/Type	Account #	Balance	Interest Rate
				\$	
				\$	
				\$	
				\$	
				\$	
				\$	
STOCKS					
Check if N/A <input type="checkbox"/>	Family Member	Stock Name	# of Shares Owned	Value Per Share	Dividend Rate
				\$	
				\$	
BONDS					
Check if N/A <input type="checkbox"/>	Family Member	Series	Date of Issue	Amount	
				\$	
				\$	

ASSETS, Continued

TRUST ACCOUNTS					
Check if N/A <input type="checkbox"/>	Family Member	Bank Name	Account #	Balance	Interest Rate
				\$	
Is this an irrevocable trust? <input type="checkbox"/> YES <input type="checkbox"/> NO					
IRAs					
Check if N/A <input type="checkbox"/>	Family Member	Bank Name	Account #	Balance	Interest Rate
				\$	
				\$	
Penalty for early withdrawal? <input type="checkbox"/> YES <input type="checkbox"/> NO					
ANNUITIES/MUTUAL FUNDS/401K/403b					
Check if N/A <input type="checkbox"/>	Family Member	Bank Name	Account #	Balance	Interest Rate
				\$	
				\$	
WHOLE LIFE POLICIES (NOT TERM LIFE)					
Check if N/A <input type="checkbox"/>	Family Member	Insurance Name	Account #	Amount	
				\$	
ANY OTHER ASSETS					
Check if N/A <input type="checkbox"/>	Family Member	Asset Type			Market Value
					\$
					\$
REAL ESTATE					
	1) Do you own any property?		<input type="checkbox"/> YES <input type="checkbox"/> NO		Family Member:
	2) If yes, what type of property is it?				
	3) Where is the location of the property?				
	4) What is the appraised market value?		\$		
	5) Amount of mortgage or outstanding loan?		\$		
	6) Is the property owned jointly?		<input type="checkbox"/> YES <input type="checkbox"/> NO		
DISPOSED OF ASSETS					
	1) Has any member of your household disposed of any asset(s) in the last two years?				<input type="checkbox"/> YES <input type="checkbox"/> NO
	2) If yes, what type of asset (e.g. cash, property, bank accounts)?				
	3) Market value when disposed:		\$		
	4) Amount disposed for?		\$		
	5) Date of transaction?				

E: PROGRAM INFORMATION

<input type="checkbox"/> YES <input type="checkbox"/> NO	Has everyone in your household (ALL adults and children) been a student for at least 5 months in the current calendar year or; is everyone in your household (adults and children) currently a student, or planning to become one within the next 12 months? If yes , please check the applicable status from the list below:
	<input type="checkbox"/> Married and filing a joint tax return <input type="checkbox"/> Receiving Social Security Title IV payments (NHEP, RUFA) <input type="checkbox"/> Participating in a job training program with assistance <input type="checkbox"/> The full-time student is a single parent with minor children who are claimed as dependents on their tax return. <input type="checkbox"/> None of the above.
<input type="checkbox"/> YES <input type="checkbox"/> NO	Do you require an accessible unit? If yes, please explain:
<input type="checkbox"/> YES <input type="checkbox"/> NO	Have you ever resided in a federally assisted housing complex? If yes, when and where?
<input type="checkbox"/> YES <input type="checkbox"/> NO	Have you ever been evicted? If yes, please explain:

PROGRAM INFORMATION, Continued

<input type="checkbox"/> YES <input type="checkbox"/> NO	Have you ever received an Eviction Notice from any landlord? If yes, please explain:
<input type="checkbox"/> YES <input type="checkbox"/> NO	Are you legally capable of entering into a lease agreement? If no, please explain:
How did you hear about the apartment for which you are applying?	
<input type="checkbox"/> YES <input type="checkbox"/> NO	Will you or anyone in your household be applying for or receiving a Section 8 voucher at the time of move-in or within the next 12 months? Name of Agency: _____ Contact Person: _____
<input type="checkbox"/> YES <input type="checkbox"/> NO	Will you or anyone in your household require a live-in care attendant? Name of Live-in Care Attendant: _____ Relationship (if any): _____
For each adult household member, list every state that they have ever lived in:	

F: HOUSING REFERENCES Please complete all areas below.

Please list your current address and landlord first, then your 2 other most recent addresses and landlords.		
Current Address: ↓		
	Resided here since:	
	Rent Amount:	\$
	Are utilities included?	<input type="checkbox"/> YES <input type="checkbox"/> NO
	If, No, how much are utilities per month?	\$
Name and Address of Current Landlord:	Phone Number of current landlord:	
	Additional Info:	
1st Previous Address: ↓		
	Lived there from _____ to _____.	
	Rent Amount:	\$
	Are utilities included?	<input type="checkbox"/> YES <input type="checkbox"/> NO
	If, No, how much are utilities per month?	\$
Name and Address of Previous Landlord:	Phone Number of previous landlord:	
	Additional Info:	
2nd Previous Address: ↓		
	Lived there from _____ to _____.	
	Rent Amount:	\$
	Are utilities included?	<input type="checkbox"/> YES <input type="checkbox"/> NO
	If, No, how much are utilities per month?	\$
Name and Address of Previous Landlord:	Phone Number of previous landlord:	
	Additional Info:	

G: OTHER INFORMATION

<input type="checkbox"/> YES <input type="checkbox"/> NO	Do you have any pets? If yes, please describe:
<input type="checkbox"/> YES <input type="checkbox"/> NO	Have YOU or ANY MEMBER of your household ever been arrested or convicted of any felony or any misdemeanor crime? If yes, please explain:
<input type="checkbox"/> YES <input type="checkbox"/> NO	Have YOU or ANY MEMBER of your household ever been arrested or convicted in any incident involving drugs? If yes, please explain:
<input type="checkbox"/> YES <input type="checkbox"/> NO	Do YOU or ANY MEMBER of your household currently use illegal drugs or abuse alcohol? If yes, please explain:
<input type="checkbox"/> YES <input type="checkbox"/> NO	Are YOU or ANY MEMBER of your household listed on any state sex offender registration program? If yes, please explain:

H: CERTIFICATION

I/We hereby certify that I/we do not and will not maintain a separate, subsidized rental unit in another location. I/we understand that I/we must pay a security deposit prior to occupancy. I/we certify that the housing I/we will occupy will be my/our only residence. I/We understand that eligibility for housing will be based on Section 42 of the Internal Revenue Code and applicable sections of the HUD 4350.3 Occupancy Handbook and Stewart Property Management's Resident Selection Criteria. I/we understand that this application in no way ensures occupancy and that my/our application can be rejected based on, but not limited to, poor credit or landlord references, police records indicating unacceptable or criminal behavior, and/or poor personal interview. I/We certify that the information given in this application is true to the best of my/our knowledge. I/We understand that any false information is punishable by law, and could be grounds for cancellation of this application or termination of residency after occupancy.

Head of Household: _____	Date: _____
Spouse/Co-Tenant: _____	Date: _____
_____	Date: _____
_____	Date: _____

I: RELEASE OF INFORMATION AUTHORIZATION

I/We do hereby authorize Stewart Property Management, Inc., and its staff to obtain information or materials deemed necessary to determine my/our eligibility for housing, including contacting agencies, offices, groups, or organizations, that may provide information that could substantiate or verify information given in this application; for example landlords, local police departments, welfare agencies, or senior services agencies.

Head of Household: _____	Date: _____
Spouse/Co-Tenant: _____	Date: _____
_____	Date: _____
_____	Date: _____

The information regarding race, ethnicity, and gender solicited on this application is requested in order to assure the Federal Government, acting through Rural Development and HUD that SPM complies with the Federal laws prohibiting discrimination against tenant applications on the basis of race, color national origin, religion, sex, familial status, age, sexual orientation, marital status and disability are complied with. You are not required to furnish this 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.

Race:	(Check one or more)		
	<input type="checkbox"/> American Indian/Alaskan Native	<input type="checkbox"/> Asian	<input type="checkbox"/> Black or African American
	<input type="checkbox"/> Native Hawaiian or other Pacific Islander	<input type="checkbox"/> White	
Ethnicity:	<input type="checkbox"/> Hispanic or Latino	<input type="checkbox"/> Non-Hispanic or Latino	
Gender:	<input type="checkbox"/> Male	<input type="checkbox"/> Female	