

**Gateway
Apartments**
11 Lisbon Street
Lewiston, ME 04240
Tel: (207) 689-9492

WESTON ASSOCIATES

Rental Application

Date of Application _____

Applicant
Applicant Name _____
Applicant Address _____ _____
Applicant Social Security # _____
Applicant Date of Birth _____
Applicant Telephone # _____

Co-Applicant
Co-Applicant Name _____
Co-Applicant Address _____ _____
Co-Applicant Social Security # _____
Co-Applicant Date of Birth _____
Co-Applicant Telephone # _____

Applicant Current Landlord Information
Current Address _____ _____
Length of Time at Current Address _____
Current Landlord _____
Current Landlord Address _____ _____
Current Landlord Telephone _____

Prior Landlord Information
Prior Address _____ _____
Length of Time at Prior Address _____
Prior Landlord _____
Prior Landlord Address _____ _____
Prior Landlord Telephone _____

If the Co-Applicant has different current and prior landlord information to the Applicant, please specify

Employment		
List all Full & Part-Time employment for all household members		
Household Member	Name/Address of Employer	Gross Earnings
_____	_____	_____ per _____
_____	_____	_____ per _____
_____	_____	_____ per _____

Sources of Other Income		
List all other sources of income for all household members		
Household Member	Name/Address of Employer	Gross Earnings
_____	_____	_____ per _____
_____	_____	_____ per _____
_____	_____	_____ per _____

Assets		
List all assets including but not limited to: Cash, Checking and Savings Accounts, Term Certificates, Money Markets, Stocks, Bonds, Real Estate Holdings, Cash Value of Life Insurance Policies, etc.		
Household Member	Type of Assets	Institutions
_____	_____	_____
_____	_____	_____
_____	_____	_____

Emergency Contact	
Name _____	Relationship _____
Address _____ _____	Telephone _____



Rental Application

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Questionnaire

How many people will be residing in the apartment? _____

What unit size do you require? _____

Have you or a member of your household ever been charged with a crime? Yes _____ No _____

Do you or a member of your household currently use illegal drugs or other illegal controlled substances, as defined by the Federal Government? Yes _____ No _____

Have you or a member of your household disposed of any assets for less than fair market value in the last two years? Yes _____ No _____

Are you, or any member of your household, subject to a State lifetime sex offender registration in any state? Yes _____ No _____

Has your housing assistance in a subsidized housing program ever been terminated? Yes _____ No _____

List all the states that you and all the members of your household have ever lived in _____

The Department of Housing and Urban Development (HUD) requires ***Weston Associates Management Co., Inc.*** as management agent to report the race and ethnicity of all applicants. This information will be used by HUD to monitor ***Weston Associates Management Co., Inc.'s*** compliance with Equal Housing Opportunity and Fair Housing Laws. Your desire to provide this information is optional and will have no bearing on your eligibility for housing at this community.

Please Check One

- | | |
|--------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> White/Non-Minority
<input type="checkbox"/> Hispanic
<input type="checkbox"/> Black | <input type="checkbox"/> Native American/Alaskan Native
<input type="checkbox"/> Asian/Pacific Islands

<input type="checkbox"/> I do not wish to furnish this information |
|--------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

Special Notice to Applicants with Disabilities

Please be advised that applicants for housing in this development who have disabilities may be entitled to special considerations in connection with their application for housing as well as being provided access to housing units which may be adapted to the needs of people with disabilities.

For purpose of this notice, a disability with respect to an applicant or tenant means:

- a physical or mental impairment that substantially limits one or more major life activities of such individual
- a record of such an impairment or
- being regarded as having such impairment

If you believe you are disabled and you desire to have special considerations made in connection with your application for housing for people with disabilities, you are invited to supply the information requested on a separate form which will be treated as confidential. Providing this information is voluntary on your part and any failure to provide this information will not jeopardize or adversely affect your consideration for housing. If you would like to request special consideration/reasonable accommodation, please indicate here. ____Yes ____No

I understand that this is a Preliminary Application and that a complete credit, criminal and eviction inquiry will be made. This information must be satisfactory according to the Resident Selection Policy before my application can be approved. Additional information may be requested at a later date to complete processing the application. I certify that the foregoing is true and complete to the best of my knowledge. I authorize inquiries to be made to verify the above statements.

Applicant's Signature/Head of Household

Date

Co-Applicant's Signature/Co-Head of Household

Date



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

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