



For Office Use Only: Completed Application Received: _____ am/pm

Application for Affordable Apartments

Please complete this application and return it to Westbrook Housing at the address listed below. Please print. Please sign. After we receive your completed application, we will send you a letter explaining any next steps. If you have any questions, call our office Monday through Friday 8:00 a.m. -4:00 p.m. at (207) 854-6856 or (207) 854-9779.

A. HOW DID YOU HEAR ABOUT WESTBROOK HOUSING'S PROPERTIES?

Case/Social worker: _____ Westbrook Housing website: _____
Craig's List: _____ Relative/Friend/Other Person: _____
Which newspaper or other publication: _____
Sign (where?): _____ Radio Station: _____
Other: _____ Facebook: _____

B. GENERAL INFORMATION

Applicant's/ Head of Household's Name _____

Mailing Address _____
Street Apt.# City/Town State Zip

Telephone # _____ Telephone # _____

Date of Birth _____ Social Security # _____

If you move: You must inform us—in writing—whenever you change your address or your name could be dropped from our waiting list.

Do you have a Section 8 Voucher? YES NO

C. PLACING YOU AND YOUR FAMILY

1. Would you or a member of your family benefit from living in an apartment with some disabled-accessible features? YES NO

2. Does anyone in your household require: Wheelchair? Walker? Both? Cane(s)?
How often? Always Most of the time Just for long distances

3. Does anyone in your household confined to a wheelchair? YES NO

D. DISCLOSURES

- 1. Are you a full-time student? **YES NO**
- 2. Do you owe money to this housing authority or any other housing authority? **YES NO**
If yes, name the agency: _____
- 3. Have you or anyone in your household been convicted of a criminal activity? **YES NO**
- 4. Are you or anyone in your household using or manufacturing an illegal substance? **YES NO**
- 5. Are you or anyone in your household required to report as a Life-Time Registered Sex-Offender?
YES Please explain: _____ **NO**
- 6. **Smoking is forbidden in Westbrook Housing buildings.** Are you a tobacco smoker? **YES NO**
- 7. Have you have lived in any premises during the last 12 months that were infested with bedbugs?
YES NO
If **YES**, please provide the address of the premises and the name and telephone number of the property owner for each infested property. (Use a separate sheet of paper if needed.)

E. PARKING AND PETS

- 1. Parking is provided for one vehicle. Special arrangements are necessary for more than one. List any cars, trucks, or other vehicles you own (use a separate sheet of paper if you need more room):
Make/Model/Year _____ License Plate# _____
- 2. Westbrook Housing permits one small pet per apartment: one cat, one dog (up to 20 pounds), or one caged, small animal. (A dog is not permitted at Presumpscot Commons, Golder Commons, and Spring Crossing.) What kind of pet do you own? _____

NOTE: We require a pet security deposit of \$300, which you can pay in \$20 installments—after an initial payment of \$50.

F. FLOOR PREFERENCE

Please answer the following questions to help Westbrook Housing assign an apartment to you. Apartments are assigned in order of availability. **We cannot guarantee apartment location.**

- 1. Which floor would you prefer? _____
- 2. Are you requesting a specific floor because of medical need? **YES NO**

Please explain your medical need:



G. WHICH WAIT LIST(S) ARE YOU ELIGIBLE FOR? SELECT A BUILDING AND AN APARTMENT SIZE

Please read the income, disability status, and age qualifications for each building carefully. Then choose a building and apartment size that you qualify for. Each building has a wait list. **Remember: Smoking is forbidden in all our buildings.**

1. What kind of housing do you want?	2. Are you:	3. Is your income:	4. Then choose:
Independent Living for Seniors <i>(Optional services for extra fees. Please see page 11.)</i>	62 years or older	<ul style="list-style-type: none"> • \$25,350 or less (1 person) • \$28,950 or less (2 people) 	<p style="text-align: right;">Larrabee Village:</p> <div style="border: 1px solid black; width: 100px; height: 20px; margin-left: auto;"></div>
Independent Living for Seniors and/or Declared Disabled	<ul style="list-style-type: none"> • 62 years or older <li style="text-align: center;"><i>and/or</i> • Declared disabled 	<ul style="list-style-type: none"> • \$25,500 or less (1 person) • \$29,150 or less (2 people) 	<p style="text-align: right;">Larrabee Woods:</p> <p style="text-align: right;">1 bedroom: <input style="width: 40px; height: 20px;" type="text"/></p> <p style="text-align: right;">2 bedrooms: <input style="width: 40px; height: 20px;" type="text"/></p>
		<ul style="list-style-type: none"> • \$40,800 or less (1 person) • \$46,600 or less (2 people) 	<p style="text-align: right;">Riverview Terrace:</p> <p style="text-align: right;">Efficiency: <input style="width: 40px; height: 20px;" type="text"/></p> <p style="text-align: right;">1 bedroom: <input style="width: 40px; height: 20px;" type="text"/></p>
Independent Living for ages 55+ <i>(Section 8 Vouchers accepted)</i>	55 years or older	<ul style="list-style-type: none"> • \$20,560-30,840 (1 person) • \$23,480-35,220 (2 people) <li style="text-align: center;"><i>and/or</i> • Section 8/HCV voucher 	<p style="text-align: right;">Presumpscot Commons:</p> <p style="text-align: right;">1 bedroom (\$542-\$810): <input style="width: 40px; height: 20px;" type="text"/></p> <p style="text-align: right;">2 bedrooms (\$790-\$949): <input style="width: 40px; height: 20px;" type="text"/></p>
	55 years or older	<ul style="list-style-type: none"> • \$25,700 or less (1 person) • \$29,350 or less (2 people) <li style="text-align: center;"><i>and/or</i> • Section 8/HCV voucher 	<p style="text-align: right;">Mill Brook Estates:</p> <p style="text-align: right;">1 bedroom (\$678): <input style="width: 40px; height: 20px;" type="text"/></p>
	55 years or older	<ul style="list-style-type: none"> • \$25,500-30,600 (1 person) • \$29,150-34,980 (2 people) <li style="text-align: center;"><i>and/or</i> • Section 8/HCV voucher 	<p style="text-align: right;">Spring Crossing:</p> <p style="text-align: right;">1 bedroom (\$678-\$814): <input style="width: 40px; height: 20px;" type="text"/></p> <p style="text-align: right;">2 bedrooms (\$815-\$978): <input style="width: 40px; height: 20px;" type="text"/></p>

Utilities:

- Included at *Larrabee Village, Riverview Terrace, Presumpscot Commons, Mill Brook Estates, & Spring Crossing*
- Heat and hot water only are included in the rent at *Golder Commons*
- **NOT** included in the rent at *Larrabee Woods*

Ask about apartments with some disabled-useable features.



1. What kind of housing do you want?	2. Are you:	3. Is your income:	4. Then choose:
Family Living	A family of 2 or more	\$20,000 or more (income limits apply by family size)	Golder Commons: Rents \$731-\$1010
			School House Commons*: Rents 30% of income
			2 bedrooms: <input style="width: 50px; height: 20px;" type="text"/> 3 bedrooms: <input style="width: 50px; height: 20px;" type="text"/>
			2 bedrooms: _____ 3 bedrooms: _____

Utilities:

- Included at *Larrabee Village, Riverview Terrace, Presumpscot Commons, Mill Brook Estates, & Spring Crossing*
- Heat and hot water only are included in the rent at *Golder Commons*
- Heat, hot water and sewer are included in the rent at *School House Commons*
- **NOT** included in the rent at *Larrabee Woods*

Ask about apartments with some disabled-useable features.

*** Accepting applications for the waiting list from January 1-January 14, 2012**



H. FAMILY/HOUSEHOLD COMPOSITION

List **ALL** people who will live in the apartment. Start with your information.

	Name	Male/Female	Birth Date	Place of Birth	Social Security #
You	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____
5.	_____	_____	_____	_____	_____

NOTE: If anyone in your family is a person with disabilities who requires a specific accommodation to use Westbrook Housing’s programs and services fully, please call Tami Exchange at 207-854-6832.

I. INCOME

1. List the amount and all sources of your family’s GROSS (before tax) income.

Family Member Name	Source of Income	Gross Amounts
_____	a. Social Security w/Medicare	Mthly \$_____ Yearly \$_____
_____	Social Security w/Medicare	Mthly \$_____ Yearly \$_____
_____	b. Pension	Mthly \$_____ Yearly \$_____
_____	Pension	Mthly \$_____ Yearly \$_____
	Source of pension(s) _____	
_____	c. Veterans Benefits	Mthly \$_____ Yearly \$_____
_____	d. SSI Benefits	Mthly \$_____ Yearly \$_____
_____	e. Unemployment Compensation	Mthly \$_____ Yearly \$_____
_____	f. Wages	Mthly \$_____ Yearly \$_____
	Employer _____	
_____	g. Alimony	Mthly \$_____ Yearly \$_____
_____	h. Interest/Dividend Income	Mthly \$_____ Yearly \$_____
_____	i. Other Income	Mthly \$_____ Yearly \$_____

2. Add all monthly amounts and multiply the total by 12 or add all the yearly amounts to get your annual gross income \$_____

3. Do you anticipate any changes in this income in the near future? **YES NO**
 Please explain _____

4. Do you regularly receive monetary gifts or non-cash contributions like food, clothing, someone who pays your utilities? **YES NO**



J. ASSETS

If you need more room, please use a separate sheet of paper and attach it to this application.

Checking # _____ Bank _____ Balance \$ _____ Interest rate ____%
_____ Bank _____ Balance \$ _____ Interest rate ____%

Savings # _____ Bank _____ Balance \$ _____ Interest rate ____%
_____ Bank _____ Balance \$ _____ Interest rate ____%

CD's # _____ Bank _____ Balance \$ _____ Interest rate ____%
_____ Bank _____ Balance \$ _____ Interest rate ____%

Trust Account # _____ Bank _____ Balance \$ _____ Interest rate ____%

Stocks Company _____ # of shares _____ Value \$ _____
Company _____ # of shares _____ Value \$ _____

Savings Bonds Serial # _____ Date issued _____ Value \$ _____
Serial # _____ Date issued _____ Value \$ _____

Mutual Funds/IRA/401K/Keogh _____

Whole Life/Universal Life Insurance Policy _____ Cash value \$ _____

1. Do you own any property? **YES** **NO**
If yes, type of property _____
Market value \$ _____ Mortgage balance due \$ _____
Annual taxes paid \$ _____ Annual home insurance paid \$ _____
2. Have you sold or disposed of any property in the last 2 years? **YES** **NO**
If yes, type of property _____
Market value when sold/disposed of \$ _____
Amount sold/disposed for \$ _____ Date of transaction _____
3. Have you disposed of any other assets in the last 2 years? (For example, have you given money to relatives or created Irrevocable Trust Accounts?) **YES** **NO**
If yes, describe the asset _____
Amount of disposition \$ _____ Date of disposition _____
4. Do you have any other assets (for example, jewelry, coins, gems) not listed above that you are holding for investment purposes? **YES** **NO**
If yes, please list _____



K. MEDICAL AND HANDICAP EXPENSES

Medical and Medication Costs

1. Medicare Premiums Monthly amount \$ _____
2. Medical Health Insurance Coverage Monthly amount \$ _____
Name of insurance company _____
3. Anticipated Medical/Drug/Prescription cost **NOT** covered by insurance or **NOT** reimbursed:
Name of pharmacy _____ Monthly amount \$ _____
4. Outstanding medical bills you are making payments on:
Payable to: _____ Balance due \$ _____ Monthly payments \$ _____
Payable to: _____ Balance due \$ _____ Monthly payments \$ _____

L. LANDLORD REFERENCES

Current Landlord

Name: _____ Telephone: _____
Address: _____
Move-in Date: _____

Previous Landlords (*last five years*)

Name: _____ Telephone: _____
Address: _____
Move-in Date: _____

Name: _____ Telephone: _____
Address: _____
Move-in Date: _____



M. RACE, ETHNICITY, AND GENDER

The information solicited on this application is requested by Westbrook Housing in order to assure the Federal Government, acting through HUD, that Federal Laws prohibiting discrimination against tenant/applicants on the basis of race, color, national origin, religion, sex, marital status, age, and handicap 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. However, if you choose not to furnish it, the owner is required to note the race/national origin and sex of the individual applicants on the basis of visual observation or surname.

- American Indian/Alaska Native Black/African American Asian
 Native Hawaiian/Other Pacific Islander Hispanic White (*non-Hispanic*)

Sex (head of household): _____

Completed by: _____ **Employee's Initials:** _____

I do hereby attest that I have answered all the questions on this form truthfully, and understand it is an illegal act to make false statements in order to obtain Federal Housing Assistance, punishable by Federal Law.

I further certify that the above information is true to the best of my knowledge. I understand that under Federal Law if I commit fraud by submitting false or incomplete information, I may be evicted from my apartment, required to repay all overpaid rental assistance I received, fined up to \$10,000, imprisoned up to five years, and/or prohibited from receiving future assistance.

I understand that this application does not obligate me to the Manager/Owner in any way. I further understand that the information herein is to be treated as Confidential.

I hereby authorize Westbrook Housing to process this application with any bank, loan/finance company, credit bureau, employer, or any other source as may be required by you to obtain the necessary information to complete my application.

Head of Household

► **Applicant's signature:** _____ **Date** _____

Co-applicant's signature: _____ **Date** _____

Power of Attorney's signature: _____ **Date** _____



N. POLICE AND CREDIT AUTHORIZATION FORM AND INTERNAL REVENUE SERVICE RELEASE

I. HEAD of HOUSEHOLD _____
 LAST FIRST INITIAL DATE OF BIRTH SOCIAL SECURITY#

II. SPOUSE/Other Adult _____
 LAST FIRST INITIAL DATE OF BIRTH SOCIAL SECURITY#

MAIDEN NAME _____
 PREVIOUS MARRIED NAME(S) _____

III. CURRENT ADDRESS

STREET _____	LANDLORD NAME _____
CITY STATE ZIP _____	STREET _____
YEARS RESIDED PHONE # _____	CITY STATE ZIP _____

PREVIOUS ADDRESS

STREET _____	LANDLORD NAME _____
CITY STATE ZIP _____	STREET _____
YEARS RESIDED PHONE # _____	CITY STATE ZIP _____

IV. YOUR EMPLOYER _____ SPOUSE'S EMPLOYER _____
 ADDRESS _____ ADDRESS _____
 TELEPHONE # _____ TELEPHONE # _____

WARNING
 SECTION 1001 OF TITLE 18 OF THE UNITED STATES CODE MAKES IT A CRIMINAL OFFENSE TO MAKE WILLFUL FALSE STATEMENTS OF MISREPRESENTATION TO ANY DEPARTMENT OR AGENCY OF THE UNITED STATES GOVERNMENT AS TO ANY MATTER WITHIN ITS JURISDICTION. I FURTHER AUTHORIZE THE HOUSING AUTHORITY OF THE CITY OF WESTBROOK TO VERIFY INCOME, AND CREDIT REFERENCES AS DEEMED NECESSARY BY THE HOUSING AUTHORITY. I ALSO AUTHORIZE THE HOUSING AUTHORITY TO CHECK AND REVIEW POLICE REPORTS AND CRIMINAL RECORDS TOGETHER WITH THE RECORDS OF FEDERAL AND STATE GOVERNMENTAL AGENCIES TO DETERMINE THE APPLICANT'S AND TENANT'S SUITABILITY FOR HOUSING. WE ALSO AUTHORIZE THE HOUSING AUTHORITY TO OBTAIN CREDIT REPORTS AND TO VERIFY PREVIOUS LANDLORD REFERENCES TO DETERMINE SUITABILITY FOR HOUSING AND RENT PAYMENT HISTORY. WE ALSO AUTHORIZE THE HOUSING AUTHORITY TO OBTAIN OTHER SOURCES OF INFORMATION DETERMINED NECESSARY TO VERIFY THE ACCURACY OF THE FOREGOING. PURSUANT TO TITLE 30-A M. R. S. A. § 4706(3), THE DISCLOSURE OF THE FOREGOING INFORMATION AND DATA CONSTITUTES A WAIVER OF THE CONFIDENTIALITY PROVISIONS OF THE MAINE HOUSING AUTHORITIES ACT.

Signature of Head of Household _____ Date _____
 Signature of Spouse/Other Adult/POA _____ Date _____

Attachment A

OMB Control # 2502-0581
 Exp. 07/31/2012

**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:	
<p>Reason for Contact: <i>(Check all that apply.)</i></p> <p><input type="checkbox"/> Emergency</p> <p><input type="checkbox"/> Assist with Recertification Process</p> <p><input type="checkbox"/> Unable to contact you</p> <p><input type="checkbox"/> Change in lease terms</p>	<p><input type="checkbox"/> Termination of rental assistance</p> <p><input type="checkbox"/> Change in house rules</p> <p><input type="checkbox"/> Eviction from unit</p> <p><input type="checkbox"/> Other: _____</p> <p><input type="checkbox"/> Late payment of rent</p>
<p>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.</p>	
<p>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.</p>	
<p>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.</p>	

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

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. Form HUD- 92006 (05/09)



O. OTHER AUTHORIZED CONTACTS

Please list any additional family members, friends, social workers, or other advocates who you authorize for Westbrook Housing to contact.

Name of Additional Contact Person or Organization:	
Address:	
Telephone:	Cell Phone:
E-mail Address:	
Relationship to Applicant:	
Reason for Contact (Check all that apply):	
<input type="checkbox"/> Emergency	<input type="checkbox"/> Termination of rental assistance
<input type="checkbox"/> Assist with Recertification Process	<input type="checkbox"/> Change in house rules
<input type="checkbox"/> Unable to contact you	<input type="checkbox"/> Eviction from unit
<input type="checkbox"/> Change in lease terms	<input type="checkbox"/> Other: _____
	<input type="checkbox"/> Late payment of rent

Name of Additional Contact Person or Organization:	
Address:	
Telephone:	Cell Phone:
E-mail Address:	
Relationship to Applicant:	
Reason for Contact (Check all that apply):	
<input type="checkbox"/> Emergency	<input type="checkbox"/> Termination of rental assistance
<input type="checkbox"/> Assist with Recertification Process	<input type="checkbox"/> Change in house rules
<input type="checkbox"/> Unable to contact you	<input type="checkbox"/> Eviction from unit
<input type="checkbox"/> Change in lease terms	<input type="checkbox"/> Other: _____
	<input type="checkbox"/> Late payment of rent

Name of Additional Contact Person or Organization:	
Address:	
Telephone:	Cell Phone:
E-mail Address:	
Relationship to Applicant:	
Reason for Contact (Check all that apply):	
<input type="checkbox"/> Emergency	<input type="checkbox"/> Termination of rental assistance
<input type="checkbox"/> Assist with Recertification Process	<input type="checkbox"/> Change in house rules
<input type="checkbox"/> Unable to contact you	<input type="checkbox"/> Eviction from unit
<input type="checkbox"/> Change in lease terms	<input type="checkbox"/> Other: _____
	<input type="checkbox"/> Late payment of rent



Required Form for all Larrabee Village Applicants

Application for Optional Supportive Services—Southern Maine Agency on Aging (SMAA)

Please Note: The cost of these services is *NOT INCLUDED* in your rent.

The Southern Maine Agency on Aging offers light housekeeping, limited transportation, some personal care, and similar services for residents of Larrabee Village for an additional fee. Our goal is to add quality to your life and keep you independent. If you are interested in learning about these services, please answer the questions below and mail this form to:

Southern Maine Agency on Aging
Attention *Supportive Services Department*
30 Liza Harmon Drive
Westbrook, ME 04092

Date: _____

Your Name: _____

Mailing address: _____ Telephone number: _____

Birth date: _____

Social Security number: _____ Medicare number: _____

Married _____ Single _____ Primary language: _____

Contact Person Name: _____

Relationship to you: _____ Mailing address: _____

Telephone number: _____

Your Medical Information

Primary Physician: _____

Telephone number: _____ Medical Diagnosis: _____

Address: _____

How can we help you? (Check all that apply.)

Personal care:

Meal preparation:

Other help (*please explain*):

Housework:

Ride to medical appointments:

Light?

Food shopping:

Heavy?

Do you have over \$50,000 in liquid assets (for example, bank accounts, bonds, securities)? **YES NO**

We will telephone you to review this information to determine the appropriateness of our program for you. If you have any questions, please call the SMAA Support Services at either 854-6808 or 854-6833.



