



Thank you for your interest in housing with Foothills Management. *Your Key to Good Housing*

Our subsidized apartments for low-income applicants are for 62 and older and/or disabled. They are all one-bedroom with on-site parking, pet-friendly (with restrictions), and after-hours emergency maintenance services.

ALL Foothills properties are non-smoking.

Please indicate which property you are applying for:

___ Brookside Village Apartments – Farmington, ME Located at: 112 Willow Spring Dr. 1 – mile North of downtown Farmington.

___ Goose River Apartments – Belfast, ME Located at: 6 Alberta Way off Swan Lake Ave. Close to Belfast's shopping district with easy access to Rt. 1

___ Seabreeze Apartments – Searsport, ME Located at: 8 Prospect St. Within walking distance to shopping in Downtown.

___ Village Squire Apartments – Wilton, ME Located at: 158 Weld Rd. Adjacent to the Wilton Town Offices. This property features two-levels, bedroom is upstairs. Each unit has a washer/Dryer hookup.

FY 2025 HUD and MTSP (LIHTC) Income Limits:

Franklin County: 1 Person - \$ 36,300	2 Persons - \$ 41,520
Waldo County: 1 Person - \$ 37,260	2 Persons - \$ 42,600

Please submit these **REQUIRED** items with your application for each person in the household:

- Current State photo ID
- Social Security Card
- Birth Certificate
- Income: Social Security Awards Letter ; Employment Stubs 2 most recent and consecutive.
- Assets: Bank accounts – 1- Most current bank statement (All pages ; No discrepancies)
- Out of pocket Medical Expenses: Co-pays, Equipment Purchase, Physician ordered OTC with note from doctor and all receipts, ETC.
- Any tax refunds received in the last 12 months need to be reported.

To set up an appointment to return your application to the property or should you have any questions, please call 207) 778.0607 Option 2 or email cindy@foothillsmanagement.com

PLEASE NOTE: If the application is incomplete – it will NOT be accepted.



P.O. Box 975 • 141 High Street • Farmington, ME 04938

P: 207) 778.0607 • F: 207) 778.2899

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info@foothillsmanagement.com

www.foothillsmanagement.com





STUDENT STATUS AFFIDAVIT

Applicant/Tenant Name: _____
Address: _____

Completed For: (check one)

☐ Move-in; effective date: _____
☐ Annual recertification; effective date: _____

Will all of the persons in your household be (or have been) full-time students during five calendar months of the certification year? ☐ Yes ☐ No

IF YES, then is anyone in your household:

- A student and receiving AFDC/TANF? ☐ Yes ☐ No
- A student who was previously in a foster care program under Part B or Part E of title IV of the Social Security Act? ☐ Yes ☐ No
- A student enrolled in a job training program funded under the Workforce Investment Act or similar federal, state, or local program? ☐ Yes ☐ No
- A single parent living with his/her children and such parent is not a dependent (as defined in Section 152) and whose children are not dependents of another individual other than a parent? ☐ Yes ☐ No
- Married and file a joint return ☐ Yes ☐ No
- Has the person attended school full-time during any part of 5 months of this calendar year?
Months/year attended full time ___/___/___ to ___/___/___ ☐ Yes ☐ No

I agree to notify management immediately if my student status changes. I understand that changes in student status may affect my eligibility to participate in this Program.

I hereby certify under penalty of perjury that the information provided above is accurate and complete to the best of my knowledge. I consent to release such information in order to comply with Program regulations. I understand that providing false or misleading information may subject me to criminal penalties.

Signature of Tenant: _____

Date: _____

Signature of Co-Tenant: _____

Date: _____

Management Signature: _____

Date: _____



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Date received	
Time received	
Income Designation	VL, L, M

RENTAL APPLICATION – RURAL DEVELOPMENT

Community Name: _____ Unit Size: _____ Unit Assigned: _____

You are applying for residency at an Affordable Housing Community. The information you provide will assist us in determining your eligibility. Failure to provide the required information will prevent us from considering your application. Misrepresentation of information is punishable by law.

Instructions: All questions must be answered. Any question that does not apply, mark "none" or "0." Use BLUE ink only. Applications filled out in pencil will not be accepted. White out is strictly prohibited. Also, applications with a large number of errors or sections scribbled out will result in the requirement of a new application to be completed. If you make an error, draw a single line through the error, correct the error, and initial and date the correction.

A. CONTACT INFORMATION

Applicant Name: _____ Telephone: (____) _____

Mailing Address: _____ Email Address: _____

Street address

City, State, ZIP

B. HOUSEHOLD COMPOSITION AND STATUS

List the Head of Household (applicant) and all other persons who will be living in your unit. State the relationship of each family/household member to the head. Choose only one member to be Head of Household. List all members you anticipate living with you at least 50% of the time in the next 12 months. Include any temporarily absent family members.

Household Members Full Name (First and Last)	Relationship to Head S=Spouse O=Other Adult C=Minor Child F=Foster Adult or Child U=Unborn Child L=Live-in Attendant	Marital Status S=Single M=Married D=Divorced SP=Separated N=Never Married W=Widowed	Date of Birth	Social Security Number	Gender	Military Status A-Active Duty R-Reserves N/A	Full-time STUDENT? (Include k-12) <input type="checkbox"/> Yes <input type="checkbox"/> No
	HEAD						<input type="checkbox"/> Yes <input type="checkbox"/> No
							<input type="checkbox"/> Yes <input type="checkbox"/> No
							<input type="checkbox"/> Yes <input type="checkbox"/> No
							<input type="checkbox"/> Yes <input type="checkbox"/> No
							<input type="checkbox"/> Yes <input type="checkbox"/> No
							<input type="checkbox"/> Yes <input type="checkbox"/> No

USDA Rural Development has implemented a wage and benefit matching system. The goal of this system is to reduce fraud, waste and abuse in Federal programs. This is to inform you that by applying for and living on a federally subsidized property, you consent to the release of **WAGE MATCH DATA**. USDA-RD will receive wage match data from the State Dept. of Labor. This information will be compared against the information you provide. Whenever differences are revealed resulting in the government providing unauthorized rental assistance, you may be contacted for an explanation and be made to repay improperly received benefits.

☐ I have read and understand

C. HOUSEHOLD QUESTIONNAIRE

1. Has your household been displaced by government action or presidential declared emergency? ☐ Yes ☐ No
2. Are you now living on a USDA/HUD subsidized property? ☐ Yes ☐ No
3. Have you or your household ever lived on this property or other property managed by ~~700th~~ before? ☐ Yes ☐ No
If so, when/unit #: _____
4. Do you know anyone who lives here? ☐ Yes ☐ No
If so, who and what unit number? _____
5. Have you or anyone in the household ever been evicted? ☐ Yes ☐ No
If yes, please explain _____
6. Have you or anyone in the household ever been convicted of a felony? ☐ Yes ☐ No
If so, please explain where and why? _____
7. Are you or anyone in the household a sex offender with lifetime registration requirements? ☐ Yes ☐ No
8. Will anyone in your household need or benefit from a handicapped accessible unit? ☐ Yes ☐ No
If yes, please explain _____
9. Will anyone in your household require a Live-In Resident Assistant? ☐ Yes ☐ No
10. Will anyone in your household require a service and/or assistive animal? ☐ Yes ☐ No
11. Per USDA-RD guidelines are you and/or co-tenant requesting an Elderly/Handicapped Status and adjustment to income? ☐ Yes ☐ No
12. Do you or any member of your household:
 - a. Work full-time, part-time or seasonally? ☐ Yes ☐ No
 - b. Work for someone who pays you cash? ☐ Yes ☐ No
 - c. Expect a leave of absence from work due to lay-off medical, or military leave? ☐ Yes ☐ No
 - d. Own real estate or any assets for which you receive no income? ☐ Yes ☐ No
13. Have you or any household member ever owned a home or had/have a mortgage? ☐ Yes ☐ No
If yes, what happened to the property and when did it happen? _____
14. Is your current or previous residence with a parent or other relative? ☐ Yes ☐ No
If yes, please explain _____
15. Do you have a pet or animal? If yes, what kind? _____ ☐ Yes ☐ No
16. Are there any full-time students 18 years of age or older in the household? ☐ Yes ☐ No
17. Are there any part-time students 18 years of age or older in the household? ☐ Yes ☐ No
18. Has anyone in the household received a Federal Tax Refund in the last 12 months? ☐ Yes ☐ No
If yes, list the amount of the tax refund: \$ _____

D. OTHER INFORMATION

Driver's License/Photo ID No.: _____ State Issued: _____ Exp: _____
Driver's License/Photo ID No.: _____ State Issued: _____ Exp: _____

Vehicles:

Make/Model: _____ Year: _____ License Plate No.: _____
Make/Model: _____ Year: _____ License Plate No.: _____

E. INCOME INFORMATION – List ALL household income including income from wages, child support, Social Security, SSI/Disability, Alimony, Public Assistance, Recurring Gift Income, etc...

SOURCE/TYPE OF INCOME	GROSS MONTHLY INCOME AMOUNT

Head of Household Employment

☐ Check here if Currently Unemployed

Current Employer: _____ Title: _____
 Address: _____ Date of Hire: _____
 City, State, Zip: _____ Monthly Gross Income: \$ _____
 Phone: _____ Supervisor: _____

Previous Employer: _____ Title: _____
 Address: _____ Last date employed: _____
 City, State, Zip: _____ Monthly Gross Income: \$ _____
 Phone: _____ Supervisor: _____

Co-Applicant/Spouse Employment

☐ Check here if Currently Unemployed

Current Employer: _____ Title: _____
 Address: _____ Date of Hire: _____
 City, State, Zip: _____ Monthly Gross Income: \$ _____
 Phone: _____ Supervisor: _____

Previous Employer: _____ Title: _____
 Address: _____ Last date employed: _____
 City, State, Zip: _____ Monthly Gross Income: \$ _____
 Phone: _____ Supervisor: _____

F. ASSET INFORMATION – List current value of all checking and savings accounts, Pre-Pay Cards (such as Direct Express, Way2Go, etc.) certificates of deposit, stocks, bonds, trusts, home or other real estate, digital assets (such as Cash app and Venmo) and or any other asset owned by household members, etc.)

RESIDENT NAME	FINANCIAL INSTITUTION	TYPE OF ACCOUNT	BALANCE

G. HOUSING HISTORY

Need 2 FULL years of housing history listed. Add additional pages to this application if necessary.

Current Address (check one): <input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> Live w/ family or friend <input type="checkbox"/> Homeless			
_____		\$ _____	_____
Street	Apt#	Rent	Move-in date
_____	_____	_____	_____
City	State	Zip Code	County
_____	_____	_____	_____
Landlord name / Phone # / Address		Reason for moving	
_____		_____	
Previous Address (check one): <input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> Live w/ family or friend <input type="checkbox"/> Homeless			
_____		\$ _____	_____
Street	Apt#	Rent	Move-in date
_____	_____	_____	_____
City	State	Zip Code	County
_____	_____	_____	_____
Landlord name / Phone # / Address		Reason for moving	
_____		_____	

H. EMERGENCY CONTACT

Contact Name: _____ Phone No. _____ Relationship: _____

Address: _____

Contact Name: _____ Phone No. _____ Relationship: _____

Address: _____

I/WE CERTIFY THAT IF SELECTED TO RECEIVE ASSISTANCE, THE UNIT I/WE OCCUPY WILL BE MY/OUR ONLY RESIDENCE. I/WE UNDERSTAND THAT THE ABOVE INFORMATION IS BEING COLLECTED TO DETERMINE MY/OUR ELIGIBILITY. I/WE AUTHORIZE THE OWNER/MANAGER TO VERIFY ALL INFORMATION PROVIDED ON THIS APPLICATION AND TO CONTACT PREVIOUS OR CURRENT LANDLORDS OR OTHER SOURCES FOR CREDIT AND VERIFICATION OF INFORMATION WHICH MAY BE RELEASED TO APPROPRIATE FEDERAL, STATE OR LOCAL AGENCIES. I/WE CERTIFY THAT THE STATEMENTS MADE IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY/OUR KNOWLEDGE AND BELIEF. I/WE UNDERSTAND THAT FALSE STATEMENTS OR INFORMATION ARE PUNISHABLE UNDER FEDERAL LAW.

I/WE UNDERSTAND THAT PROVIDING FALSE OR MISLEADING STATEMENTS OR INFORMATION IN THIS APPLICATION WILL BE GROUNDS FOR REJECTION OF THIS APPLICATION.

SIGNATURE OF HEAD OF HOUSEHOLD: _____

DATE: _____

SIGNATURE OF CO-HEAD/SPOUSE: _____

DATE: _____

SIGNATURE OF ANY MEMBER OF 18: _____

DATE: _____

DATE: _____

OWNER/MANAGER/AGENT: _____

DATE: _____