

Office Use Only
Time/Date Received

Preliminary Application for Saco Falls Management

This information will be used to make a preliminary determination of eligibility and place your household on the waiting list(s) for Saco Falls Management apartments. Please answer all questions completely and accurately. Please return this application to Saco Falls Management, 10 Free Street, 3rd Floor Portland, ME 04101; via e-mail at admin@sacofallsmanagement.com or via fax at 207-245-6442. If you have any questions, please call 207-228-8800.

Please provide the following information for Head and Co-Head of Household (if applicable):

Last Name	First Name	SSN	Disabled	Date of Birth	Monthly Gross Income	Source of Income	Full Time Student
			Y/N				Y/N
			Y/N				Y/N

Please provide the following information for any other person(s) who will be living with you:

Last Name	First Name	SSN	Date of Birth	Monthly Gross	Source of	Full Time
				Income	Income	Student
						Y/N
						Y/N
						Y/N
						Y/N
						Y/N

Contact Information	<u>1:</u>				
Current Address:					
	Street		City	State	Zip
Mailing Address (if	different):				
	Street		City	,	State Zip
Phone #	·	Email address:			

- Would you prefer a handicap accessible unit, if possible? (Y/N)
- Are you a victim of Domestic Violence? (Y/N), Are you currently Homeless? (Y/N)
- Do you currently have a housing voucher? (Y/N) Issuing Agency:

Please Check all properties that you are interested in:

Portland, ME	Biddeford, ME	Lewiston/Auburn, ME	Bath, ME	Exeter, NH				
□ 53 Danforth	☐ The Mill at	☐ The Lofts at Bates Mill	□ Huse	□ Squamscott				
☐ Walker Terrace	Saco Falls	☐ Hartley Block	School	Block				
☐ Casco Terrace	☐ The Lofts at	☐ 48 Hampshire	Apartments					
☐ The Furman	Saco Falls	☐ Picker House Lofts						
Block (Age 55+)	☐ Milliken		☐ The Uptown					
45 Dougherty	Heights		•					
	(Age 55+)							
Apartment Size:	□Studio	□1 Bedroom □2 Bedro	oom	□3 Bedroom				
of the screening, the a will be verified. Refu Management to obtai approved by Saco Fal It is your responsibil cannot contact you, i I/ WE RECOGNIZE CONSUMER REPO AND/OR PREVIOU	offenses including registration as a sex offender, and other criminal activity related to alcohol abuse and other matters. Depending on the results of the screening, the applicant and their household members may be denied housing. All information listed on this preliminary application form will be verified. Refusal by the applicant or any adult member of the household to submit a signed consent form allowing Saco Falls Management to obtain criminal records and sex offender registry information will automatically disqualify the applicant household from being approved by Saco Falls Management. Final eligibility will be determined based on a full application. It is your responsibility to notify Saco Falls Management in writing of any changes in address or phone number. If Saco Falls Management cannot contact you, it will remove your name from the waiting list and you will have to re-apply. If WE RECOGNIZE THAT AS PART OF YOUR PROCEDURE FOR PROCESSING MY/OUR APPLICATION, AN INVESTIGATIVE CONSUMER REPORT/CREDIT REPORT MAY BE PREPARED WHEREBY INFORMATION IS OBTAINED THROUGH CURRENT AND/OR PREVIOUS LANDLORDS.							
• Do	Please answer all questions: • Do you or any member of your household owe money to a Property Management							
	Company? Y/N							
 Have you or anyone in your household been arrested or evicted for drug-related or violent criminal activity during the past three years? If yes, please explain: 								
Have you or anyone in your household been required to register as a sex offender in Maine or any other state? Y/N								
List of states you or any of your household have resided in:								
The above information, to the best of my knowledge, is true and correct. SIGNATURES (S):								
(Signature of Tenant)		D	ate					

Fair Housing

(Signature of Co-Tenant)

As part of Saco Falls Management's desire to fully meet the Fair Housing Law of 1988; Section 504 of the 1973 Rehabilitation Act; and the Americans with Disabilities Act, we need your help to ensure all of our program services and activities are fully accessible to persons with disabilities. If you, or anyone in your household, encounters any type of barrier that prevents them from receiving the full benefit of our housing programs, please contact us. You may also contact the Equal Opportunity National toll-free hot line number at 1-800-424-8590. Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD and any owner (or any employee of HUD or the owner) may be subject to penalties for unauthorized disclosures or improper use of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposed cited above. Any person who knowingly or willingly requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more that \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages and seek other relief, as may be appropriate, against the officer or employee of HUD or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at 42 U.S.C. 208(f)(g) and (h). Violation of these provisions are cited as violations of 42 U.S.C. 408 (f)(g) and (h).

Date