



Stanford Management LLC
APARTMENT LEASE APPLICATION

Office Use Only

Date Received:	
Time Received:	
Application Fee:	
Manager Initials:	

Thank you for your interest in

PROPERTY NAME

Address

Phone: (207) 772-3399 ext. · Fax:

Please answer all questions; we can only accept completed applications.

Incomplete applications will be returned to the applicant, which will delay processing. Please do not leave items blank. If a question does not apply, please answer "no."

We will respond to your application via your preferred method of communication.

Number of bedrooms requested:

one (1) bedroom two (2) bedrooms three (3) bedrooms four (4) bedrooms

SMOKEFREE ZONE

APPLICANT INFORMATION:

Last: _____ First: _____ MI: _____

Date of Birth: _____ Social Security Number: _____

Physical Address: _____

Mailing Address: _____

Cellular Number: _____ County of Residence: _____

Telephone Number: _____ Email Address: _____

Driver License #: _____ Issuing State: _____

Ethnicity (National Origin) Hispanic or Latino Not Hispanic or Latino

Race (Mark as many as apply): Black/African American American Indian or Alaskan Native Asian
 Native Hawaiian/Other Pacific Islander White Other

Gender Female Male

Marital Status: Single Married Widowed Separated Divorced

Citizenship: US/CA/Other

Please indicate your preferred method of communication: Phone Mail Email Cell

CO-APPLICANT INFORMATION:

Last: _____ First: _____ MI: _____

Date of Birth: _____ Social Security Number: _____

Physical Address: _____

Mailing Address: _____

Telephone Number: _____ County of Residence: _____

Cellular Number: _____ Email Address: _____

Driver License #: _____ Issuing State: _____

Ethnicity (National Origin) Hispanic or Latino Not Hispanic or Latino

Race (Mark as many as apply): Black/African American American Indian or Alaskan Native Asian
 Native Hawaiian/Other Pacific Islander White Other

Gender Female Male

Marital Status: Single Married Widowed Separated Divorced

Citizenship: US/CA/Other

PLEASE LIST ALL PERSONS WHO WILL BE OCCUPYING THE APARTMENT

# 1 NAME	SOCIAL SECURITY #	DATE OF BIRTH	RELATIONSHIP	STUDENT YES/NO

Ethnicity (National Origin) Hispanic or Latino Not Hispanic or Latino

Race (Mark as many as apply): Black/African American American Indian or Alaskan Native Asian
 Native Hawaiian/Other Pacific Islander White Other

Gender Female Male
 Marital Status: Single Married Widowed Separated Divorced

Citizenship: US/CA/Other

# 2 NAME	SOCIAL SECURITY #	DATE OF BIRTH	RELATIONSHIP	STUDENT YES/NO

Ethnicity (National Origin) Hispanic or Latino Not Hispanic or Latino

Race (Mark as many as apply): Black/African American American Indian or Alaskan Native Asian
 Native Hawaiian/Other Pacific Islander White Other

Gender Female Male
 Marital Status: Single Married Widowed Separated Divorced

Citizenship: US/CA/Other

# 3 NAME	SOCIAL SECURITY #	DATE OF BIRTH	RELATIONSHIP	STUDENT YES/NO

Ethnicity (National Origin) Hispanic or Latino Not Hispanic or Latino

Race (Mark as many as apply): Black/African American American Indian or Alaskan Native Asian
 Native Hawaiian/Other Pacific Islander White Other

Gender Female Male
 Marital Status: Single Married Widowed Separated Divorced

Citizenship: US/CA/Other

# 4 NAME	SOCIAL SECURITY #	DATE OF BIRTH	RELATIONSHIP	STUDENT YES/NO

Ethnicity (National Origin) Hispanic or Latino Not Hispanic or Latino

Race (Mark as many as apply): Black/African American American Indian or Alaskan Native Asian
 Native Hawaiian/Other Pacific Islander White Other

Gender Female Male
 Marital Status: Single Married Widowed Separated Divorced

Citizenship: US/CA/Other

Are you 62 years or older on January 31, 2010, and do not have a social security number? Yes ___ No ___
 Were you receiving HUD rental assistance at another location on January 31, 2010? Yes ___ No ___
 If yes, please provide the name and address of the location: _____

Are you or any member of your household a Veteran of Military Service? Yes / No If so, please list name/s _____

Do you anticipate changes in your family size within the next year? Such as marriage, birth of a child, etc? Yes / No

Are you currently a student? Yes No **If yes, are you** Full time Part time

Name of School: _____

School Address & Phone #: _____

If you attend college, what do you spend for books & tuition annually? \$ _____

Do you or any household member require special housing needs? Yes / No

Please explain: _____

Are you requesting the \$400.00 disability/handicap adjustment to your income? Yes No

Could you benefit from the features offered by a handicap accessible unit? Yes No

Are you requesting a handicapped unit? Yes No

Please describe any capital investments and their cash value: _____

Have you disposed any assets within the last two (2) years? Yes / No

If yes, please list selling price: \$ _____ Amount received: \$ _____

Selling expense: \$ _____

What was the Fair Market Value for those assets at the time of disposal?: \$ _____

What is the actual income received from assets: Tenant: \$ _____ Co-Tenant: \$ _____

Interest on Savings, CD's, etc. \$ _____

Payment received from notes \$ _____

Withdrawal from pensions, IRA's. \$ _____

APPLICANT INCOME / ASSET INFORMATION

Are you self-employed? Yes No (If yes, a copy of last year's tax return must accompany this application)

When completing this portion of the application, please indicate monetary of amount and frequency of receipts.

For example: \$100 per week, \$300 per month, or \$5,000 per year, etc.

Type of Income	Tenant	Co-Tenant	Source (Name and Address)
Wages/Salaries	\$ _____ Per: _____	\$ _____ Per: _____	
Social Security / SSI	\$ _____ Per: _____	\$ _____ Per: _____	
Pension	\$ _____ Per: _____	\$ _____ Per: _____	
Public Assistance	\$ _____ Per: _____	\$ _____ Per: _____	
Public Assistance	\$ _____ Per: _____	\$ _____ Per: _____	
Child Support	\$ _____ Per: _____	\$ _____ Per: _____	
Alimony	\$ _____ Per: _____	\$ _____ Per: _____	
Unemployment Benefits	\$ _____ Per: _____	\$ _____ Per: _____	
VA Benefits	\$ _____ Per: _____	\$ _____ Per: _____	
Disabled/Workman's Compensation	\$ _____ Per: _____	\$ _____ Per: _____	
Regular Gifts	\$ _____ Per: _____	\$ _____ Per: _____	
Armed Forces pay/all.	\$ _____ Per: _____	\$ _____ Per: _____	

Do you have a Housing Voucher? Yes / No If Yes, Amount: \$ _____

If Yes, please list the name of the Housing Authority _____

Please indicate below the claim numbers of Social Security/Pension benefits you receive, other than your own.

Name of Recipient: _____ Claim #: _____ Agency: _____

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Bank Accounts

Last months balance in checking account(s) \$ _____

Average six month balance in checking account(s) \$ _____

Last months balance in savings account(s) \$ _____

Today's balance in savings account(s) \$ _____

List names and address of banks associated with your accounts listed above: _____

Cash Values and Interest Rates (if applicable):

IRA(s) \$ _____ at _____%

Certificate(s) of deposit \$ _____ at _____%

Stocks \$ _____ at _____ %
 Bonds \$ _____ at _____ %
 Retirement/pension funds \$ _____ at _____ %
 Other(s) \$ _____ at _____ %

List names and address of banks associated with your accounts listed above: _____

PERSONAL REFERENCES:

Please list three references.

Name	Complete Address	Phone Number
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

Have you ever been convicted for the illegal manufacture, distribution, or possession of a controlled substance? Yes No

If yes, please list date, county and state: _____

Have you ever been convicted of a crime? Yes No

If yes, please list date, county and state: _____

Have you ever been convicted of a felony? Yes No

If yes, please list date, county and state: _____

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

If yes, please list date, county and state: _____

List all other states in which you, or any member of your household, have resided: _____

Please note: The Following Section Is for Elderly/Disabled Applicants Only*

ELDERLY / DISABLED HOUSEHOLD INFORMATION

Total Cost of Medical Expenses Last Year

Type	Cost	Amount Reimbursed by Insurance
Doctor/Dentist Visits	\$	\$
Prescriptions	\$	\$
Medical Appliances	\$	\$
Over the Counter Drugs	\$	\$
Eyeglass Appliances	\$	\$
Medical Insurance Premium	\$	\$

Name of Doctor: _____

Address: _____

Name of Pharmacy: _____

Address: _____

Name of Medical Appliance Provider: _____

Address: _____

Name of Optometrist: _____

Address: _____

Name of Insurance Company: _____

Address: _____

Are you currently making payments on outstanding medical bills, hospital stays, or related expenses?

Yes No

If yes, please list total amount of expenses owed: _____

Will your expenses for the next twelve months be basically the same as listed above?

Yes No

If no, please describe any changes: _____

***End of Elderly/Disabled Applicant Section**

How did you hear about us? _____

EMPLOYMENT HISTORY:

Applicant: Present Employer: _____

Address: _____

Supervisor: _____ Length of time at current job: _____ Phone #: _____

Previous Employer: _____

Address: _____

Supervisor: _____ Length of time at current job: _____ Phone #: _____

Co-Applicant: Present Employer: _____

Address: _____

Supervisor: _____ Length of time at current job: _____ Phone #: _____

Previous Employer: _____

Address: _____

Supervisor: _____ Length of time at current job: _____ Phone #: _____

EMERGENCY CONTACT INFORMATION:

Name	Address	Relationship	Phone #

CURRENT HOUSING INFORMATION:

Own Rent Length of time at current address: _____

Landlord: _____ Phone: _____

Landlord's Address: _____

Reason for Leaving: _____

PREVIOUS HOUSING INFORMATION:

Own Rent Length of time at previous address: _____

Landlord: _____ Phone: _____

Landlord's Address: _____

Reason for Leaving: _____

Have you ever received or lived at any other subsidized housing? Yes No

If yes, please list name and address: _____

APPLICANT CERTIFICATION:

I/we certify that all of the above statements are true and complete and hereby authorize verification of all information, references and credit records. I/we acknowledge that false information herein constitutes grounds of rejection of this application, termination of the right of occupancy, and/or forfeiture of deposits and may constitute a criminal offence under the laws of this state. I/we understand that the information give must be verified in order for the application to be processed. All necessary verification forms may be obtained from the site manager. I/we further certify that this housing shall be my/our permanent residence and that I do not and will not maintain a separate subsidized rental unit in a different location.

Applicant's Signature: _____

Date: _____

Co-Applicant Signature: _____

Date: _____

DISCLOSURE STATEMENT: The information regarding race, ethnicity, and gender designation solicited in this application is requested in order to assure the federal government, acting through rural development, rural housing service that federal laws prohibiting discrimination against tenant applications on the base of race, color, national origin, religion, gender, sexual orientation, familial status, age, and disability are complied with. You are not required to furnish the following 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 this the owner is required to note the race/ethnicity and gender of individual applicants on the basis of visual observation or surname.

AUTHORIZATION FOR RELEASE OF INFORMATION

CONSENT

I authorize and direct any FEDERAL, STATE, or LOCAL AGENCY, ORGANIZATION, BUSINESS, or INDIVIDUAL, to release and verify my application for participation, and/or to maintain my continued assistance under the Section 8, Rental Rehabilitation, Low-Income Public and Indian Housing, and/or other housing assistance programs. I understand and agree that this authorization or the information obtained with its use may be given to and used by the Department of Housing and Urban Development (HUD)/Rural Development (RD) administering and enforcing program rules and policies. I also consent for HUD/RD or the manager to release information from my file about my rental history to credit bureaus, collection agencies, or future landlords. This includes records on my payment history, and any violations of my lease or occupancy policies.

INFORMATION COVERED

I understand that, depending on program policies and requirements, previous or current information regarding me or any household may be needed:

- Identity and Marital Status
- Medical or Child Care Allowances
- Employment, Income, and Assets
- Credit, Residences and Rental Activity

GROUPS OR INDIVIDUALS THAT MAY BE ASKED

The groups or individuals that may be asked to release the above information (depending on program requirements) include, but are not limited to:

- Previous Landlords (including Public Housing Agencies)*
- Courts and Post Offices*
- Schools and Colleges*
- Law Enforcement Agencies*
- Medical and Child Care Providers*
- Retirement Systems*
- Credit Providers and Credit Bureaus*
- Past and Present Employers*
- Public Assistance Agencies*
- State Unemployment Agencies*
- Social Security Administration*
- Support and Alimony Providers*
- Banks and Financial Institutions*

I agree that a photocopy of this authorization may be used for the purpose stated above. The original of this authorization is on file in the management office and will stay in effect for a year and one month from the date signed. I understand I have a right to review my file and correct any information that I can prove is incorrect.

Signatures:

_____	_____	_____
Head of Household (Applicant)	Print Name	Date
_____	_____	_____
Spouse (Co-applicant)	Print Name	Date
_____	_____	_____
Adult Member (Co-Applicant)	Print Name	Date

ADDENDUM TO APPLICATION FOR RESIDENCY

We operate in accordance with the fair housing law. We do not discriminate against any person in the terms, conditions or privileges of sale or rental of a dwelling or in the provisions of services or facilities in connection therewith, because of race, color, national origin, religion, gender, sexual orientation, familial status, age, or disability.

Stanford Management, LLC does not discriminate on the basis of handicapped status in the admission or access to, or treatment, or employment in, its federally assisted programs and activities.

The person named below has been designated to coordinate compliance with non-discrimination requirements contained in the development of Housing and Urban Developments regulating implementing Section 504. (24CRF Part 8 Date June 2, 1988).

Thom Rhoads	Telephone:	(207) 772-3399
VP of Operations	Fax:	(207) 772-8990
P.O. Box 3879		
Portland, ME 04104-3879	TTY Maine: 711 or	(800) 437-1220
	TDD Pennsylvania:	(800) 654-5984

“This institution is an equal opportunity housing provider and employer.” If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at http://www.ascr.usda.gov/complaint_filing_cust.html, or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all the information requested in the form.

Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at program.intake@usda.gov



STANFORD MANAGEMENT, LLC IS AN EQUAL OPPORTUNITY PROVIDER AND EMPLOYER
 (207) 772-3399 TYY (MAINE): 711 TDD (PENNSYLVANIA): 800-654-5984



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.

Form HUD- 92006 (05/09)