

**NOTE: Please apply proper postage when returning application.**

**This is an important Document if you cannot read and understand this in English we will be glad to accommodate you. Please call 1-800-335-9949**

**Instructions: Please follow carefully - Incomplete applications will be not be accepted.**

- 1. Complete all areas.** *If an item does not apply to you, please mark an "X" or "N/A" on that line.*
- 2. We need copies of Social Security Cards** The government requires that all applicants over the age of 5 submit a copy of their social security card with the attached housing application. If you do not have a social security card, we can accept one of the following, as long as your social security number appears on the document.  
Driver's License                      Medicare Card                      Medical Insurance Card  
Bank Statement  
Retirement benefit letter Benefit letter from government agencies

**Note: Copies of Metal Social Security Cards are not acceptable.**

If you cannot provide us with any of the above documents, it will be necessary that you certify to us that you have made application to the Social Security Office for a new card before we will accept your housing application.

- 3. Proof of US Citizenship** The US Department of Housing & Urban Development **requires** that all applicants be US Citizens, nationals or certain categories of eligible noncitizens. To do this, you **must** have the attached Declaration of Section 214 Status forms completed by **EACH** family member (including yourself). Please make sure you follow the instructions on the Declaration Form.
- 4. Signatures are required by all adult applicants**
- 5. Return your application to:**  
**Emerald Management Corporation**  
**752 Main Street**  
**Westbrook ME 04092**

**Note: Pets are only allowed in our senior citizen properties or for persons with disabilities who require a service/companion animal. Pets are allowed in other properties only with prior written Owner/Agent approval. A Pet Deposit (waived for service/companion animals) and a Pet Lease/Pet Rules & Regulations are required.**

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**Your application is being returned because:**

- You did not complete all areas or you did not sign the application.**
- You did not provide the required social security cards for all household members over age 5.**
- The Declaration of Section 214 Status and Family Summary Sheet were not completed/signed as instructed above.**

**Please return your application along with the information that was missing if you want to be considered for Section 8 housing.**

**APPLICATION FOR ASSISTED HOUSING – (SECTION 8 HOUSING)**

- If the information provided by or about any applicant from any source at any time during the screening process reveals negative information relating to the applicant's ability to meet the obligations of tenancy, the information will be researched as part of the tenant selection screening process and that applicant will be asked to explain this information as part of a uniformly applied policy applicable to all applicants.
- All applicants must be able to meet essential Lease obligations of tenancy -- they must be able to pay rent, to care for their apartment, to report required information to Emerald Management Corporation, to avoid disturbing their neighbors, etc., but there is no requirement that they be able to do these things without assistance.
- Emerald Management Corporation is a management company that provides low income rental housing to eligible households. Emerald Management Corporation is not permitted to discriminate against applicants on the basis of their race, color, religion, sex, national origin, sexual orientation, disability/handicap or familial status. In addition, Emerald Management Corporation has a legal obligation to provide "reasonable accommodations" to applicants if they, or any household member, have a disability or handicap.
- A reasonable accommodation is some modification or change Emerald Management Corporation can make to its apartments or procedures that will assist an otherwise eligible applicant with a disability to take advantage of government programs.
- If you, or a member of your household, have a disability or handicap and think you might need or want a reasonable accommodation, or qualify for a handicap adjustment to income, or any other adjustment you are eligible for, you may request it at any time in the application process or after admission.
- The Fair Housing Act/Federal law prohibits discrimination in the sale, rental or financing of housing on the basis of race, color, national original, sex, religion, age, disability, marital,familial status or sexual orientation. USDA, Rural Development applicants may file any complaints of discrimination to USDA Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Avenue, SW, Washington, DC, 20250-9410 or call (202) 720-5964 (voice or TDD). Section 8 applicants may file any complaints of discrimination to the U.S. Dept. of Housing & Urban Development, Assistant Secretary for Fair Housing & Equal Opportunity, Washington DC 20410.

**A. HOUSEHOLD-List all persons, including yourself, who will be living in the apartment. List head of household first.**

| Name | Full Time Student? | Relationship | Gender | Soc Sec # | Birth Date | Place of Birth |
|------|--------------------|--------------|--------|-----------|------------|----------------|
| 1    |                    | Head         |        |           |            |                |
| 2    |                    |              |        |           |            |                |
| 3    |                    |              |        |           |            |                |
| 4    |                    |              |        |           |            |                |
| 5    |                    |              |        |           |            |                |
| 6    |                    |              |        |           |            |                |

**Mailing Address:** \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
**Physical Address:** \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 (if different than mailing address)

Telephone No. (which you can be reached at): \_\_\_\_\_ E-Mail Address \_\_\_\_\_

Applying to Property(s): \_\_\_\_\_ Requested Unit Size: \_\_\_\_\_ # of Bedrooms

How did you hear about the apartment for which you are applying? \_\_\_\_\_

**Do you require a handicap-accessible unit?** Yes  No

**Are you requesting any modifications to an apartment?** Yes  No  **If yes, please describe:**

\_\_\_\_\_

**B. INCOME - List all sources of income in your Household, regardless of recipient's age, that is regularly received or expected to be received. Please put Zero "0" or "N/A" next to any source that does not apply.**

| Family Member Name | Sources of Income   | Amount |
|--------------------|---|--------|
|                    | Social Security Gross Monthly Amount                                    | \$     |
|                    | Social Security Gross Monthly Amount                                    | \$     |
|                    | Pension Gross Monthly Amount  | \$     |
|                    | Source:   |        |
|                    | Address:  |        |
|                    | Claim No.   |        |
|                    | Pension Gross Monthly Amount  | \$     |
|                    | Source:   |        |
|                    | Address:  |        |
|                    | Claim No.   |        |
|                    | VA Benefits (Claim # )  | \$     |
|                    | SSI Benefits Gross Monthly Amount                                       | \$     |
|                    | Unemployment Compensation Gross Monthly Amount                          | \$     |
|                    | Address:  |        |
|                    | TANF or AFDC Gross Monthly Amount                                       | \$     |
|                    | Wages Gross Monthly Amount  | \$     |
|                    | Employer:   |        |
|                    | Address:  |        |
|                    | Wages Gross Monthly Amount  | \$     |
|                    | Employer:   |        |
|                    | Address:  |        |
|                    | Scholarship/Grant/Work Study/Housing Allowance                          | \$     |
|                    | Alimony Gross Monthly Amount  | \$     |
|                    | Child Support Gross Monthly Amount                                      | \$     |
|                    | Other Income Gross Monthly Amount<br>(for example, rental income, etc.) |        |
|                    |   | \$     |
|                    |   | \$     |

**C. ASSETS:**

Have you sold or disposed of any asset(s) valued over \$1,000 in the last two years? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, type of asset (e.g., money/land/house) \_\_\_\_\_

Market value when sold/disposed \$ \_\_\_\_\_ Amount sold/disposed for \$ \_\_\_\_\_ Date of transaction \_\_\_\_\_

C. **ASSETS** (continued)

Provide the following information for all members of the household (use another sheet of paper if necessary).

**Checking Accounts**

|             |            |             |            |
|-------------|------------|-------------|------------|
| Bank        |            | Bank        |            |
| Address     |            | Address     |            |
|             |            |             |            |
| Account No. |            | Account No. |            |
| Int. Rate   | Balance \$ | Int. Rate   | Balance \$ |

**Savings Accounts**

|             |            |             |            |
|-------------|------------|-------------|------------|
| Bank        |            | Bank        |            |
| Address     |            | Address     |            |
|             |            |             |            |
| Account No. |            | Account No. |            |
| Int. Rate   | Balance \$ | Int. Rate   | Balance \$ |

**Certificates of Deposit**

|                              |          |               |  |
|------------------------------|----------|---------------|--|
| Bank                         |          | Bank          |  |
| Address                      |          | Address       |  |
|                              |          |               |  |
| Acct.#                       | Int Rate | Amt. \$       |  |
| Penalty for Early Withdrawal |          | Maturity Date |  |

**Stocks**

**IRA's/401-K's**

|          |           |          |           |
|----------|-----------|----------|-----------|
| Name     |           | Bank     |           |
| Address  |           | Address  |           |
|          |           |          |           |
| Value \$ | Div. Rate | Value \$ | Div. Rate |

**Bonds**

**Trust Accounts**

|                  |  |             |            |
|------------------|--|-------------|------------|
| Bank             |  | Bank        |            |
| Address          |  | Address     |            |
|                  |  |             |            |
| Present Value \$ |  | Account No. |            |
| Maturity Date    |  | Int. Rate   | Balance \$ |

C. **ASSETS** (continued):

**Real Estate**

Do you own any property? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, type & location of property \_\_\_\_\_

Appraised market value \$ \_\_\_\_\_ Mortgage or outstanding loan due \$ \_\_\_\_\_

Name & address of broker/realtor who would provide verification of market value:

| Broker/Realtor | Address | City | State | Zip |
|----------------|---------|------|-------|-----|
|----------------|---------|------|-------|-----|

D. **MEDICAL AND DISABILITY ASSISTANCE EXPENSES**

**FOR ELDERLY, DISABLED, HANDICAPPED APPLICANTS ONLY**

**Medical Costs** - Complete only if head or spouse is 62 or older or handicapped/disabled AND ONLY if these medical expenses are paid for out of your own pocket and not reimbursed by any other source including medical insurance.

**Medicare**

|                   |                   |
|-------------------|-------------------|
| Monthly Amount \$ | Monthly Amount \$ |
|-------------------|-------------------|

**Medical Insurance**

|  |  |
|--|--|
| Name   | Name   |
| Address  | Address  |
|  |  |
| Claim No.                      Monthly Amt. \$ | Claim No.                      Monthly Amt. \$ |

**Pharmacy**

|  |  |
|--|--|
| Name   | Name   |
| Address  | Address  |
|  |  |
| Anticipated prescription costs <b>not covered by insurance</b> - Monthly Amount \$ | Anticipated prescription costs <b>not covered by insurance</b> - Monthly Amount \$ |

**Physician**

|   |   |
|---|---|
| Are you seeing a physician <b>REGULARLY</b> ? Yes _____ No _____      |   |
| Name  | Name  |
| Address   | Address   |
|   |   |
| Anticipated costs <b>not covered by insurance</b> - Monthly Amount \$ | Anticipated costs <b>not covered by insurance</b> - Monthly Amount \$ |

**Outstanding Medical Bills for which You are Making Monthly Payments**

|   |   |
|---|---|
| Name  | Name  |
| Address   | Address   |
|   |   |
| Anticipated costs <b>not covered by insurance</b> - Balance Due \$                      Monthly Amount \$ | Anticipated costs <b>not covered by insurance</b> - Balance Due \$                      Monthly Amount \$ |

**Handicap/Disability Assistance Expenses**

|               |  |
|---------------|--|
| Provider Name | Anticipated costs <b>not covered by insurance</b> -<br>Monthly Amount \$ |
| Address       | Auxiliary Apparatus type:  |
| Phone         |  |

**E. CHILD CARE EXPENSES - Complete for children 12 and younger including Foster Children**

Weekly cost for Child Care \$\_\_\_\_\_

Name & Address of Person/Agency caring for children (note this cannot be a family member living in your household: \_\_\_\_\_

**F. PROGRAM INFORMATION**

Are you currently living in subsidized housing? Yes  No

Are you applying as an "Elderly Household" as defined by MSHA/HUD? Yes  No

If yes, in order to qualify for this designation, you must meet one of the following criteria:

1.  62 years or older
2.  Handicapped/Disabled (over 18 years old)

**G. APPLICANT INFORMATION - Please circle the correct answer.**

**Federal law requires us to get drug and criminal background and sex offender registration information about all adult household members applying for assisted housing. To enable us to do this all household members age 18 or older must answer the questions below, then sign below to consent to a background check. The questions ask about drug-related and other criminal activity that could adversely affect the health, safety, or welfare of other residents.**

1. Have you been served a Notice to Quit or been asked to leave by a previous landlord? YES NO
2. Have you been served with lease violations from a previous landlord? YES NO
3. Have you been evicted? YES NO
4. Have you or any household member been evicted from federally assisted housing for drug-related criminal activity? YES NO
5. Do you currently use illegal drugs or abuse alcohol? YES NO
6. Have you or a household member have been convicted of a sex related crime or are subject to a lifetime registration in a State sex offender registration program? YES NO
7. Have you been convicted of any drug-related crime within the past five years? YES NO
8. Have you been convicted of any felony or Class A – Class D crimes within the past ten years? YES NO
9. Have you been convicted of any crime involving fraud or dishonesty within the past ten years? YES NO
10. Have you been convicted of any crime involving violence within the past ten years? YES NO
11. Are you currently charged or being charged with any of the above criminal activities? YES NO

**If you answered yes to any of the above, please explain the circumstances in detail on an attached sheet of paper. If you answered yes to questions 1,2,3 or 4 please provide property name and Landlord information:** \_\_\_\_\_

12. List all states, other than the one that you reside in now, in which you have lived or have held licenses to drive (include driver's license #s) in during the last seven years?

\_\_\_\_\_

\_\_\_\_\_

13. Have you ever used or been known by any other name ?

If yes, please list names used \_\_\_\_\_

\_\_\_\_\_

**H. REFERENCE INFORMATION**

**Current Landlord** (Name, Address) \_\_\_\_\_ Telephone: \_\_\_\_\_

When did you move in? \_\_\_\_\_ Is this landlord related to you? Yes\_\_\_ No\_\_\_

**List all Previous Landlords for ALL Adults in Household (Attach a sheet of paper if more space is needed.)**

(Name, Address & Phone #'s are required – application may be denied if we are unable to contact them)

|   |   |
|---|---|
| 1.  | 2.  |
|   |   |
|   |   |
| Telephone Number:                             | Telephone Number:                             |
| Address of Apt.                               | Address of Apt.                               |
| From Date:                      To Date:      | From Date:                      To Date:      |
| Is this landlord related to you? Yes___ No___ | Is this landlord related to you? Yes___ No___ |

**List two Professional References for ALL Adults in Household (Attach a separate sheet of paper if more space is needed.)**

(Name, Address, Phone No. & Relationship) (Example: teachers, principals, past/present employers, etc.)

**Please do not list relatives or friends.**

|                   |                   |
|-------------------|-------------------|
| 1.                | 2.                |
|                   |                   |
|                   |                   |
| Telephone Number: | Telephone Number: |
| Relationship      | Relationship      |

**All information received by Emerald Management Corporation during the application process regarding the applicant or applicant's household will be taken into consideration as part of the application.**

**EMERGENCY CONTACT:** Please supply the following information of who to contact in case of an emergency:  
 Name: \_\_\_\_\_ Phone (days): \_\_\_\_\_ (evenings) \_\_\_\_\_  
 Address: \_\_\_\_\_

**VEHICLES** - Please list all vehicles owned:





## Please sign ALL black checkmarks

### Authorization

**I/we do hereby authorize Emerald Management Corporation and its staff to contact any agencies, offices, credit bureaus, landlords, or professional references for the purpose of verifying the information I/we have provided on the application. The information provided will be used solely for the determination of my/our eligibility and admission to the housing I/we are applying for and the information that is supplied will be kept confidential.**

**I/we certify that the information given to the above questions in this application is true and complete to the best of my/our knowledge. I/we understand that any false information or any omission of any significant information is punishable by law, and could be grounds for cancellation of this application or termination of residency after occupancy. I authorize Emerald Management to verify the above information, and I consent to the release of the necessary information to determine eligibility.**

**I further understand and authorize a criminal background check to be performed in order to determine eligibility for admission. I hereby authorize law enforcement agencies, to release criminal records and/or sex offender registration information to Emerald Management, or to an agency (AmRent) contracted by Emerald Management to conduct criminal background checks.**

### Signatures      All Household Members Age 18 and Over:

(  )

Applicant Signature

Date

Applicant's Name (Please Print)

(  )

Co-Applicant Signature

Date

Name (Please Print)

(  )

Other Adult Applicant Signature

Date

Name (Please Print)

(  )

Other Adult Applicant Signature

Date

Applicant's Name (Please Print)

## 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.

|  |  |
|--|--|
| <b>Applicant Name:</b>   |  |
| <b>Mailing Address:</b>  |  |
| <b>Telephone No:</b>   | <b>Cell Phone No:</b>  |
| <b>Name of Additional Contact Person or Organization:</b>  |  |
| <b>Address:</b>  |  |
| <b>Telephone No:</b>   | <b>Cell Phone No:</b>  |
| <b>E-Mail Address (if applicable):</b>   |  |
| <b>Relationship to Applicant:</b>  |  |
| <b>Reason for Contact:</b> (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  |  |
| <b>Commitment of Housing Authority or Owner:</b> 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.   |  |
| <b>Confidentiality Statement:</b> The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.  |  |
| <b>Legal Notification:</b> 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.

|                               |             |
|-------------------------------|-------------|
|                               |             |
| <b>Signature of Applicant</b> | <b>Date</b> |

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.