

**Projects:**

Lakeview Apts. (16 Units)  
Old Main St. Apts. (8 Units)  
Summer St. Apts. (16 Units)  
Senior Citizens Center



P.O. Box 256, 4 Albert Street, Eagle Lake, Maine 04739-0256

Telephone: (207) 444-5015  
TDD: 1-800-437-1220

Rec'd @ ELDC  
Date: \_\_\_\_\_ Time \_\_\_\_\_

**RENTAL APPLICATION**

This is an application for (circle one) **Lakeview, Old Main, or Summer St. Projects.**  
Please complete this application and return to Eagle Lake Development Corporation at the address listed at the top of this page. Completed applications are placed in order of date and time received. An applicant may be interviewed only after the Management Agent receives the complete application.

**A. GENERAL INFORMATION**

Applicant Name(s) \_\_\_\_\_

Address: \_\_\_\_\_

Street Apt. # City/State Zip

Telephone # \_\_\_\_\_ No. of Bedrooms in current unit \_\_\_\_\_

Do You Own \_\_\_\_\_ or Rent \_\_\_\_\_. If Rental, amount of monthly rent \$ \_\_\_\_\_

Check Utilities Paid by You: Approximate Monthly Cost of Utilities  
Heat \_\_\_\_\_ Gas \_\_\_\_\_ Paid by you (excluding phone & cable  
Electricity \_\_\_\_\_ Other \_\_\_\_\_ tv) \$ \_\_\_\_\_

Bedroom Size Requested: \_\_\_\_\_ One Bedroom; \_\_\_\_\_ Two bedrooms;  
\_\_\_\_\_ Handicap BR; \_\_\_\_\_ Wheelchair; \_\_\_\_\_ Visual/Hearing

**ELDC is an Equal Housing Opportunity Provider and Employer, with projects in compliance with 504 and Fair Housing Regulations. ELDC shall accommodate any applicant who needs assistance in filling out this application.**

**The Fair Housing Act prohibits discrimination in the sale, rental or financing of housing on the basis of race, color, religion, sex, disability, familial status, or national origin. Federal law also prohibits discrimination on the basis of age. Complaints of discrimination may be forwarded to the USDA Director, Office of Civil Rights, 1400 Independence Avenue, S. W. Washington, DC 20250-9410 or Call (800) 795-3272 (voice), or (202) 720-6382 (TDD)**

**“Eagle Lake Development Corporation is an Equal Opportunity Provider and Employer”**



“In accordance with Federal laws and U.S. Department of Agriculture policy, this institution is prohibited from discrimination on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, 1400 Independence Avenue, S.W. Washington, D.C. 20250-9410, or call (800) 795-3272 (voice), or (202) 720-6382 (TDD)”



EQUAL HOUSING  
OPPORTUNITY  
10890.01 07/03

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Equal Opportunity Provider and Employer”**

List ALL persons who will live in the apartment. List Head of Household First:

NAME RELATIONSHIP BIRTHDATE AGE SOCIAL SECURITY #

- 1. HEAD
2.
3.
4.

Is anyone in this household a full time student: Yes No

Name(s)

B. INCOME: LIST ALL SOURCES OF INCOME AS REQUESTED BELOW

FAMILY MEMBER:

SOURCE OF INCOME

- a. Social Security..Monthly Amount \$
Social Security..Monthly Amount \$
b. Pension.....Monthly Amount \$
Pension.....Monthly Amount \$
Source of Pension(s)
c. Veterans Benefits
Monthly Amount \$ Claim #
d. SSI Benefits.....Monthly Amount \$
SSI Benefits.....Monthly Amount \$
e. Unemployment Comp.Monthly Amount \$
Unemployment Comp.Monthly Amount \$
f. AFDC.....Monthly Amount \$
g. Wages.....Gross.....Monthly Amount \$
Employer
Position held
How long employed
Wages.....Gross....Monthly Amount \$
Employer
Position held
How long employed
h. Full Time Student Income (Only Full Time Students 18 and
Monthly Amt \$ Source
i. Alimony..... Monthly Amt \$ Source
j. Child Support Monthly Amt \$ Source
k. Interest Income. Monthly Amt \$ Source
l. Other Income Monthly Amt \$ Source
m. Long Term Care Ins. Monthly .Amt \$ Source

TOTAL GROSS ANNUAL INCOME (Base this on the monthly amounts listed above and multiply x 12) \$

Do you anticipate any changes in this income in the next 12 months? Yes \_\_\_\_\_ No \_\_\_\_\_  
If Yes, please explain \_\_\_\_\_

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**C. ASSETS**

(for checking, average 6 month daily balance)

Checking Account(s) # \_\_\_\_\_ Bank \_\_\_\_\_ Balance \$ \_\_\_\_\_  
# \_\_\_\_\_ Bank \_\_\_\_\_ Balance \$ \_\_\_\_\_  
# \_\_\_\_\_ Bank \_\_\_\_\_ Balance \$ \_\_\_\_\_

Trust Accounts # \_\_\_\_\_ Bank \_\_\_\_\_ Balance \$ \_\_\_\_\_  
Certificates # \_\_\_\_\_ Bank \_\_\_\_\_ Balance \$ \_\_\_\_\_

Credit Union # \_\_\_\_\_ Bank \_\_\_\_\_ Balance \$ \_\_\_\_\_  
# \_\_\_\_\_ Bank \_\_\_\_\_ Balance \$ \_\_\_\_\_

Savings Bonds # \_\_\_\_\_ Maturity Date \_\_\_\_\_ Value \$ \_\_\_\_\_  
# \_\_\_\_\_ Maturity Date \_\_\_\_\_ Value \$ \_\_\_\_\_

Whole Life Insurance Policy # \_\_\_\_\_ Face Value \$ \_\_\_\_\_

Cash Value of Life Insurance Policy \$ \_\_\_\_\_

Real Property: Do you own any property? Yes \_\_\_\_\_ No \_\_\_\_\_  
If Yes, type of property \_\_\_\_\_ Location: \_\_\_\_\_  
Appraised Market Value \$ \_\_\_\_\_  
Mortgage or Outstanding Loans Balance Due \$ \_\_\_\_\_  
Amount of Annual Insurance Premium \$ \_\_\_\_\_  
Amount of Most Recent Tax Bill \$ \_\_\_\_\_

Have you Sold/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 of for \$ \_\_\_\_\_ Date of Transaction \_\_\_\_\_

1. Have you disposed of any other Assets in the last 2 years (example: Given away money to relatives, set up Irrevocable Trust Accounts)? Yes \_\_\_\_\_ No \_\_\_\_\_  
If Yes, Describe Asset \_\_\_\_\_  
Date of Disposition \_\_\_\_\_ Amount Disposed:\$ \_\_\_\_\_

2. Do you have any other Assets not listed above (excluding personal property)?  
Yes \_\_\_\_\_ No \_\_\_\_\_  
If Yes, list \_\_\_\_\_

**D. MEDICAL/CHILDCARE/DISABLED ASSISTANCE EXPENSES**

**Medical Costs:** Complete this part ONLY if Head of Household or Spouse is 62 or Older, Disabled or Handicapped.

- 1. Medicare Premiums.....Monthly Amount \$ \_\_\_\_\_  
Monthly Amount \$ \_\_\_\_\_
- 2. Medical Insurance Coverage-Name of Insurance Company \_\_\_\_\_  
Address: \_\_\_\_\_  
Monthly Amount \$ \_\_\_\_\_
- 3. Anticipated Medical/Drug/Prescription/Non Prescription costs NOT covered by Insurance NOR reimbursed: Monthly Amount \$ \_\_\_\_\_
- 4. Medical bills our outstanding costs you are making Monthly Payments for :  
Balance due \$ \_\_\_\_\_ Monthly Payments \$ \_\_\_\_\_  
Payable to \_\_\_\_\_
- 5. Medical related travel costs \$ \_\_\_\_\_  
Projected costs NOT covered by Insurance NOR reimbursed for the next 12 months \$ \_\_\_\_\_
- 6. Any other Medical expenses: List type and Amounts: \_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_ \$ \_\_\_\_\_

**Childcare Costs:** Complete ONLY for children 12 and younger:

- 7. Name(s) of Children cared for \_\_\_\_\_ Age \_\_\_\_\_  
\_\_\_\_\_ Age \_\_\_\_\_
- 8. Name & Address of person OR Agency caring for Children \_\_\_\_\_  
\_\_\_\_\_
- 9. Weekly cost for Childcare Due to Employment \$ \_\_\_\_\_
- 10. Weekly Cost for Childcare Due to Education \$ \_\_\_\_\_

**Disabled Assistance Expenses:** Attendant care and/or apparatus expense that enables Disabled applicants or others in the household to work. Complete ONLY if Disabled Expenses allow someone in the household to work.

- 11. List Type of Expenses, Weekly Amount, Paid to whom:

**E. PROGRAM INFORMATION**

**Questions 1, 2 and 3 are optional**

- 1. Are you displaced? Yes \_\_\_\_\_ No \_\_\_\_\_  
If Yes, Displacement Agency \_\_\_\_\_
- 2. Is your current Unit Condemned/Substandard? Yes \_\_\_\_\_ No \_\_\_\_\_  
If Yes, Describe \_\_\_\_\_
- 3. Are you paying more than 50% of your Gross Income for Rent and Utilities  
Yes \_\_\_\_\_ No \_\_\_\_\_
- 4. Are you Applying for status as an "Elderly Household," where the tenant or co-tenant is 62 or older, handicapped or disabled as defined by RD? Yes \_\_\_\_\_ No \_\_\_\_\_  
If Yes, do you realize you will be eligible for a \$400 and Medical deduction?  
Please realize that your eligibility must be verified.
- 5. Would you or anyone in your household benefit from a wheelchair or other handicapped accessible unit: Yes \_\_\_\_\_ No \_\_\_\_\_
- 6. If so, would you like to request an adapted unit? Yes \_\_\_\_\_ No \_\_\_\_\_
- 7. Are you currently living in Subsidized Housing? Yes \_\_\_\_\_ No \_\_\_\_\_

**E. PROGRAM INFORMATION (cont.)**

- 8. Have you ever resided in a Project financed and/or Subsidized by the Government?  
Yes \_\_\_\_\_ No \_\_\_\_\_ If Yes, Name & Address \_\_\_\_\_
- 9. Have you ever been evicted from Public Housing or any other Federal Housing Program? Yes \_\_\_\_\_ No \_\_\_\_\_

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- 10. Have you ever been evicted from Other Housing? Yes \_\_\_\_\_ No \_\_\_\_\_
- 11. Have you ever been convicted of a felony? Yes \_\_\_\_\_ No \_\_\_\_\_
- 12. Are you currently using illegal drugs? Yes \_\_\_\_\_ No \_\_\_\_\_
- 13. Have you ever been convicted of sale, distribution, or possession of illegal drugs?  
Yes \_\_\_\_\_ No \_\_\_\_\_
- 14. Are you now or will you become a part time or full time student prior to move-in?  
Yes \_\_\_\_\_ No \_\_\_\_\_
- 15. How did you hear about this housing? \_\_\_\_\_
- 16. Will you take an Apartment when one is available? Yes \_\_\_\_\_ No \_\_\_\_\_
- 17. Briefly describe your reasons for applying \_\_\_\_\_
- 18. Are you a smoker? Yes \_\_\_\_\_ No \_\_\_\_\_

**F. REFERENCE INFORMATION**

Current Landlord: Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Business Phone \_\_\_\_\_

Previous Rental Information:

Prior Landlord \_\_\_\_\_  
 Address \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Business Phone \_\_\_\_\_

Prior Landlord \_\_\_\_\_  
 Address \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Business Phone \_\_\_\_\_

**G. CREDIT REFERENCES**

1. Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City/State/Zip \_\_\_\_\_  
 Phone \_\_\_\_\_

2. Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City/State/Zip \_\_\_\_\_  
 Phone \_\_\_\_\_

3. Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City/State/Zip \_\_\_\_\_  
 Phone \_\_\_\_\_

**H. PERSONAL NON-RELATED REFERENCES**

1. Name \_\_\_\_\_ Address \_\_\_\_\_  
Phone \_\_\_\_\_

2. Name \_\_\_\_\_ Address \_\_\_\_\_  
Phone \_\_\_\_\_

3. Name \_\_\_\_\_ Address \_\_\_\_\_  
Phone \_\_\_\_\_

In Case of Emergency Notify \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_

**I. OTHER REQUIRED INFORMATION**

**VEHICLES:** List any cars, trucks or other vehicles owned. Parking will be provided for \_\_\_\_\_ one vehicle. Arrangements with management is necessary for more than one vehicle.

Type of vehicle \_\_\_\_\_ Year/Make \_\_\_\_\_ Color \_\_\_\_\_  
License Plate # \_\_\_\_\_ Driver's License # \_\_\_\_\_

Type of vehicle \_\_\_\_\_ Year/Make \_\_\_\_\_ Color \_\_\_\_\_  
License Plate # \_\_\_\_\_ Driver's License # \_\_\_\_\_

**PETS:** Do you own any pets? Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes, describe \_\_\_\_\_

**J. CERTIFICATION & AUTHORIZATION**

**CERTIFICATION**

I/We hereby certify that I/we do/will not maintain a separate subsidized rental unit in another location. I/We further certify that this will be my/our permanent residence. I/We understand I/we must pay a security deposit for this apartment. I/We understand that my eligibility for housing will be based on Rural Development or Section 8 income limits and by EKDC selection criteria. I/We certify that all information in this application is true to the best of my/our knowledge and I/we understand that false statements or information are punishable by law and will lead to cancellation of this application or termination of tenancy after occupancy.

Applicant SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_\_

Co-Applicant SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_\_

**J.**  
**AUTHORIZATION**

I/We do hereby authorize Eagle Lake Development Corporation and its staff or authorized representative to contact any agencies, local police departments, offices, groups or organizations to obtain and verify any information or materials which are deemed necessary to complete my/our application for housing in programs administrated/managed by ELDC. I/We further authorize ELDC and its Management Agent to verify all information listed on this application.

SIGNATURE:

_____	_____
Print Name: _____	Print Name: _____
Dated _____	Dated _____

**Please mail or fax your completed application to:**

**Jocelyn Haley, Residential Manager**  
**Eagle Lake Development Corporation**  
**PO Box 256**  
**Eagle Lake, ME 04739**

**Fax: (207) 444-2878**

**FOR RURAL DEVELOPMENT 515 PROGRAM  
APPLICANTS ONLY**

FAMILY HOUSEHOLD COMPOSITION

“The information solicited on this application is requested by the apartment owner in order to assure the Federal Government, acting through Rural Development, 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 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.”

Race \_\_\_\_\_ Ethnic Group \_\_\_\_\_ Sex \_\_\_\_\_