

Projects:

Lakeview Apts. (16 Units)
Old Main St. Apts. (8 Units)
Summer St. Apts. (15 Units)
Senior Citizens Center

Telephone: (207) 444-5152
TDD: 207-444-2876



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

Rec'd @ ELDC

Date: _____ Time: _____

RENTAL APPLICATION

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)

This is An Application For (check one):

- Lakeview Projects
- Old Main Projects
- Summer St. Projects
- Any of the above

A. GENERAL INFORMATION

Applicant Name(s) _____

- Address: _____

Street	Apt. #	City/State	Zip
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- Telephone # _____ Email: _____
- No. of Bedrooms in current unit _____ Do You Own _____ or Rent _____.
- If Rental, amount of monthly rent \$ _____
- Check Utilities Paid by You: **Heat** _____ **Gas** _____ **Electricity** _____ **Other** _____
- Approximate Monthly Cost of Utilities Paid by you (excluding phone & cable tv) _____
- Bedroom Size Requested: _____ One Bedroom; _____ Two bedrooms;
_____ Handicap BR; _____ Wheelchair; _____ Visual/Hearing

“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

10690.01 07/03

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

NAME	RELATIONSHIP	BIRTHDATE	AGE	SOCIAL SECURITY #
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1. _____ HEAD _____

2. _____

3. _____

4. _____

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

Name(s) _____

**FOR RURAL DEVELOPMENT 515 PROGRAM APPLICANTS ONLY
(ELDC is a 515 Program)**

“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.”

Applicant: Race (Circle One):

- White/European American
- American Indian/Alaskan Native
- Asian
- Black/African American
- Hawaiian/Pacific Islander
- Hispanic or Latino

Sex: _____

Co-Applicant: Race (Circle One):

- White/European American
- American Indian/Alaskan Native
- Asian
- Black/African American
- Hawaiian/Pacific Islander
- Hispanic or Latino

Sex: _____

B. PROGRAM INFORMATION**Questions 1, 2 and 3 Are Optional**

1. Are you displaced? Yes _____ No _____
If Yes, name 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 _____
 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 _____
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C. 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 _____

D. 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 +) |
| | 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: _____

E. 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:

F. 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, Their Weekly Amount, and to Whom They're Paid:

G. REFERENCE INFORMATION

- 1. Current Landlord: Name _____
Address _____
Home Phone _____ Business Phone _____
- 2. Previous Rental Information:
Prior Landlord _____
Address _____
Home Phone _____ Business Phone _____

3. Previous Rental Information:

Prior Landlord _____
Address _____
Home Phone _____ Business Phone _____

H. CREDIT REFERENCES

1. Name _____ Address _____ City/State/Zip _____ Phone _____	2. Name _____ Address _____ City/State/Zip _____ Phone _____
3. Name _____ Address _____ City/State/Zip _____ Phone _____	

I. PERSONAL NON-RELATED REFERENCES

1. Name _____ Address _____
Phone _____

2. Name _____ Address _____
Phone _____

3. Name _____ Address _____
Phone _____

In Case of Emergency Notify: _____
Address _____
Phone _____

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 ELDC 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: _____

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: _____

Date: _____ Date: _____

**Authorization of Release
by Applicant(s)/Tenant(s)**

Name(s) : _____ :

SS# _____ SS# _____

I/WE authorize the management agent of the Eagle Lake Development Corporation to obtain information (data) regarding my/our income, assets, and medical expenses so ELDC can determine my/our eligibility for occupancy of or recertification for the housing project:

Project: _____

Address: _____

You have my/our permission to release this information to the ELDC:

**Residential Manager
Eagle Lake Development Corp.
P.O. Box 256
Eagle Lake ME 04379-0256**

Dated: _____

Signature of Applicant/Tenant

Signature of Applicant/Tenant

Please complete this application and return to the Eagle Lake Development address listed below. 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. Thank you for completing this application, and for your consideration of the ELDC apartments.

Please Mail or Fax Your Completed Application To:

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

Fax: (207) 444-6099