

**This complex is a non-smoking property  
Smoking of any kind prohibited**

## **Housing Application**

Please complete the following application and return it to **Emerald Management Corporation 752 Main Street, Westbrook, ME 04092, or fax it: 1-207-854-2837. All items** must be completed in order to determine your eligibility. **Incomplete applications will be returned.** If an item does not apply to you, please mark "N/A" on that line. Every applicant will be required to go through a formal interview before eligibility is determined.

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

1. Complete all areas. If an item does not apply to you, please mark "N/A" on that line.

2. Required documents:

Social Security Card

Bank Statement  
Retirement benefit letter from the Government

Tax Return

ALL applicants must submit a copy of their Social Security card with the housing application. If you do not have a Social Security card, at least one of the following required documents must include your Social Security number.

3. **Proof of Citizenship:** All applicants are required to be US Citizens, nationals, or certain categories of eligible noncitizens. To do this, you must complete the attached Declaration of Section 214 Status forms completed by each member of the household. Please make sure you follow the instructions attached to the Declaration Form.

4. Signatures required by all applicants

5. Return your application to: Emerald Management Corporation  
752 Main Street  
Westbrook, Maine 04092

**NOTE: Pets are allowed in our senior citizen properties or for persons with disabilities who require a service/companion animal. A Pet Deposit and a Pet Lease/Pet Rules and Regulations are required and enforced.**

Your application is being returned because:

You did not complete all areas, or you did not sign your application

You did not provide the required Social Security Cards for all household members.

The Declaration of Section 214 Status and Family Summary Sheet were not completed/signed

**INCOME LIMIT:**

1 Person - \$23,460 - \$39,100  
2 Person - \$26,820 - \$53,640

**RENT:**

1 BR - Min rent \$ 628  
1 BR - Max rent \$1257

2 BR - Min rent \$ 754  
2BR - Max rent \$1509

## Yarmouth Senior Housing – Bartlett Circle

Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

Daytime Telephone Number: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

- 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 the 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, care for their apartment, to report required information to Emerald Management Corporations, to avoid disturbing their neighbors, etc. there is a requirement that they must 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 applications based on 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.
- The Fair Housing Act/Federal law prohibits discrimination in sale, rental, or financing of housing on the basis of race, color, national origin, 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).

**Household Composition – List all persons, including yourself, who will be living in the apartment.**

Name (List Head of Household first)	Relationship	Birth Date	Social Security Number
1.	HEAD		- -
2.			- -
3.			- -
4.			- -
5.			- -
6.			- -

Mailing Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Physical Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
(if different from mailing)

How did you hear about the apartment \_\_\_\_\_

Requested unit size \_\_\_\_\_ (# of bedrooms) Do you require handicap-accessible unit: YES NO

**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 "N/A" next to any source that does not apply.**

Family Member Name	Sources of Income	Amount
	Wages – Gross Monthly Amount Employer Name: _____	\$ _____
	Pension – Gross Monthly Amount Source: _____	\$ _____
	Social Security – Gross Monthly Amount	\$ _____
	Unemployment- Gross Monthly Amount	\$ _____
	VA Benefits – claim #:	\$ _____
	Interest Income - Gross Monthly Amount (i.e., interest earned from bank accounts, CD's, stocks, bonds, etc.)	\$ _____
	Other Income	\$ _____

**Assets:**

- Have you sold or disposed of any asset(s) valued over \$1000.00 in the last two years? Yes \_\_\_\_\_ No \_\_\_\_\_

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

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

- Do you own any Property? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, type and location of property: \_\_\_\_\_

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

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

\_\_\_\_\_  
 Broker/Realtor                      Address                                      City, State                                      Zip

**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 \$

**Applicant Information – Please circle correct answer**

Federal law required us to get drug and criminal background and sex offender registration information about all adult household members applying for financially assisted housing. To enable us to do this ALL-HOUSEHOLD MEMBERS AGE 18 OR OLDER MUST ANSWER THE QUESTIONS BELOW, THEN SIGN 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 your 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 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 last 10 years?      YES      NO
9. Have you been convicted of any crime involving fraud or dishonesty with the past 10 years?      YES      NO
10. Have you been convicted of any crime involving violence within the past 10 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 \_\_\_\_\_

List all states, other than the one that you reside in now, in which you have lived or held a drivers license (include driver's license # \_\_\_\_\_)

Have you ever used or been known by any other name? If so please list names used: \_\_\_\_\_

**References – Current Landlord**

Name \_\_\_\_\_ Address \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ ( ) \_\_\_\_\_ Phone Number \_\_\_\_\_  
 Rental Began: \_\_\_\_\_ Current Rent: \$ \_\_\_\_\_ per \_\_\_\_\_

**Previous Landlords**

Name of Landlord	Address	Phone Number	Apartment Address	Period Rented
1.				From: To:
2.				From: To:

**Professional References (example: teachers, principals, past/present employers, clergy, physicians, etc.) Please do not list relatives or friends.**

Name of Professional Reference	Address	Phone Number
1.		
2.		
3.		

List any vehicles that you own: Yr./Make: \_\_\_\_\_ License Plate \_\_\_\_\_  
 Yr./Make: \_\_\_\_\_ License Plate \_\_\_\_\_

Do you own a pet? Yes  No  If yes, describe \_\_\_\_\_

Emergency contact: Name: \_\_\_\_\_ Phone(day) \_\_\_\_\_ (evening) \_\_\_\_\_

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

**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 process.**

**Certification**

I/we hereby certify that I/we do not and will not maintain a separate, subsidized unit in another location. I/we understand I/we must pay a security deposit for this apartment prior to occupancy. I/we certify that the housing I/we will occupy is/will be my/our permanent residence.

I/we understand that eligibility for housing will be based on either the USDA, Rural Development or the Department of Housing and Urban Development criteria and Emerald Management Corporation's resident selection criteria. I/we understand that this application in no way ensures occupancy and that my/our application can be rejected based on, but not limited to (1) a history of unjustified and/or chronic nonpayment of rent and/or financial obligations;(2) a history of living or housekeeping habits that would pose a direct threat to the health and safety of the Tenants Household or other Residents or whose tenancy would result in substantial physical damage to the Owner's property or the property of other Residents;(3) a history of disturbance of neighbors;(4) a history of violations of the terms or previous rental agreements, especially those resulting in eviction for housing or termination from residential programs;(5) police records indicating any type of criminal activity or convictions; and (6) any records which show the applicant's behavior to be unacceptable, even it is a manifestation of an applicant's disability.

**Signatures**

Signed:  \_\_\_\_\_  
**Head of Household** \_\_\_\_\_ Date \_\_\_\_\_  
 \_\_\_\_\_  
**Spouse/Co-Tenant** \_\_\_\_\_ Date \_\_\_\_\_  
 \_\_\_\_\_ Date \_\_\_\_\_

# 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.

## Signatures

(✓)

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

(✓)

\_\_\_\_\_  
Co-Applicant Signature

\_\_\_\_\_  
Date