



Office Use Only
Time/Date Received:

Preliminary Application for Bath Housing

This information will be used to make a preliminary determination of eligibility and place your household on the waiting list(s) for Bath Housing programs. Please answer all questions completely and accurately and return to Bath Housing. Drop off or mail to 80 Congress Ave, Bath ME 04530; e-mail to info@bathhousing.org; or fax to 207-443-8116.

Please provide the following information for Head and Co-Head of Household (if applicable):

Last Name	First Name	Social Security Number	Date of Birth	Disabled (Head or Co-Head)	Monthly Gross Income	Source of Income
				Y/N		
				Y/N		

Please provide the following information for any other people who will be living with you:

Last Name	First Name	Social Security Number	Date of Birth	Monthly Gross Income	Source of Income

Contact Information:

Current Address		Mailing Address (if different)	
E-mail		Phone #	

Please check all properties you are interested in:

Senior (62+) -or- Disabled Properties (1, 2 Bedrooms)	<input type="checkbox"/> *Anchorage <input type="checkbox"/> *Dike's Landing <input type="checkbox"/> *Moorings <input type="checkbox"/> *Seacliff Floral Street	Family Preference (2, 3 Bed)	<input type="checkbox"/> *Seacliff Shaw & Middle Street

Please request number of bedrooms (please note household must qualify based on number of occupants, age, and gender of any other occupants):

- One-Bedroom
 Two-Bedroom
 Three-Bedroom
 Do you or anyone in your household have a need for an accessible unit? **Y / N**

Placement on a waiting list for housing based on this preliminary application does not ensure eligibility for assistance. An applicant household that is offered housing assistance will be subject to screening for income eligibility, criminal activity, including but not limited to drug-related criminal activity, violent criminal activity, sex offenses including registration as a sex offender, and other criminal activity related to alcohol abuse and other matters. Depending on the results of the screening, the applicant and their household members may be denied assistance. An applicant must meet all criteria required by the U.S. Department of Housing and Urban Development (for subsidized apartments) and any additional criteria established by Bath Housing. All information listed on this preliminary application form will be verified. Refusal by the applicant or any adult member of the

household to submit a signed consent form allowing Bath Housing to obtain criminal records and sex offender registry information will automatically disqualify the applicant household from participation in HUD assisted housing programs. Final eligibility will be determined based on a full application.

It is your responsibility to notify Bath Housing in writing of any changes in address or phone number. If Bath Housing cannot contact you, it will remove your name from the waiting list and you will have to re-apply.

Please answer all questions:

- Where does Head/Co-Head work? List cities/towns in Maine only: _____
- Do you or any member of your household owe money to any Housing Authority? **Y / N**
- Have you or anyone in your household been arrested or evicted for drug-related or violent criminal activity within the past three years? **Y / N**
If yes, please explain _____
- Have you or anyone in your household been required to register as a sex offender in Maine or any other State? **Y / N**
- List of states you or any of your household members have resided in: _____
- Are you a victim of domestic violence? **Y / N**
- Have you or any member of your family previously resided in public housing, Section 8 or any federally subsidized apartment in this or any other state? **Y / N**
If yes, when and where? _____

Fair Housing

As part of Bath Housing's desire to fully meet the Fair Housing Law of 1988; Section 504 of the 1973 Rehabilitation Act; and the Americans with Disabilities Act, we need your help to ensure all of our program services and activities are fully accessible to persons with disabilities. If you, or anyone in your household, encounters any type of barrier that prevents them from receiving the full benefit of our HUD assistance housing programs, please contact us. You may also contact the Equal Opportunity National toll-free hot line number at 1-800-424-8590.

Certification Clause:

Title 18, Section 101 of the United States Code states that a Person is guilty of fraud for knowingly and willingly making false or fraudulent statements to any Department of Agency of the United States, and shall be fined not more than \$10,000, or imprisoned for not more than 5 years, or both.

I certify that the information given to Bath Housing regarding my household members is accurate and complete to the best of my knowledge and belief. I understand that false statements or information are grounds for termination of housing assistance and termination of tenancy.

Full Legal Signature (Head of Household)

Date

Full Legal Signature (other Adult)

Date

Bath Housing is committed to the letter and spirit of the Fair Housing Act, which, among other things, prohibits discrimination against persons with disabilities. In accordance with our statutory responsibilities and management policies, we will make reasonable accommodations in our rules, policies, practices, or services when such accommodations may be necessary to afford persons with disabilities an equal opportunity to use and enjoy their housing communities. If you would like to request such an accommodation, please contact the office.

80 Congress Ave, Bath, ME 04530

207-443-3116 • FAX 207-443-8116

www.bathhousing.org



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.