

York Region

City	Name	Address	Type	Bedroom
Alfred	Woodsedge	78 Saco Road, Alfred	Elderly or Disabled	1, 2BR
Biddeford	Five Graham Street	5 Graham Street, Biddeford	Elderly - 62 or older	1BR *
	Hill St. Terrace	285/287 Hill Street, Biddeford	Family	2BR
Buxton	Elwell Farms	443 Long Plains Road, Buxton	Elderly - 62 or older	1BR *
	Harmon Pines	Harmon Pines Drive, Buxton	Family	1, 2, 3BR *
Eliot	Baran Place	150 Beech Road, Eliot	Elderly - 62 or older	1BR *
Kennebunk	Pinebluff	119 Cat Mousam Road, Kennebunk	Elderly or Disabled	1BR *
	Cousens School	12 Day Street, Kennebunk, ME	Family	1, 2BR *
Kittery	Foxwell I	21 Manson Avenue, Kittery	Elderly or Disabled	1, 2BR *
	Foxwell II	21 Manson Avenue, Kittery	Elderly or Disabled	1BR
Berwick	Prescott Heights	78 High Street, North Berwick	Elderly or Disabled	Studio, 1BR *
Old Orchard	Orchard Terrace	133 Portland Avenue, OOB	Elderly or Disabled	1BR *
Saco	Golden Park Village	South Street/Park Avenue, Saco	Elderly or Disabled	1BR
	Kallock Terrace	9 Therrien Avenue, Saco	Elderly or Disabled	1BR *
	Maple Grove	7 Nott Street, Saco	Elderly or Disabled	1BR *
Sanford	Patriot Place	16 Patriot Lane, Sanford	Family	1, 2, 3BR *
Waterboro	Applewood	17 Townhouse Road, Waterboro	Elderly or Disabled	Studio, 1BR *
Wells	Stephen Eaton	10 Stephen Eaton Drive	Elderly or Disabled	1, 2 BR *
	Sunnyside	47 Buzzell Road		1BR *

Cumberland Region

City	Name	Address	Type	Bedroom
Bridgton	Sandy Creek	41 Sawyer Circle, Bridgton	Family	1, 2, 3BR *
	Wayside Pines	42 Wayside Avenue, Bridgton	Elderly or Disabled	1, 2BR *
Cornish	Pumpkinville	25 Pumpkinville Road, Cornish	Elderly or Disabled	1, 2BR *
Falmouth	Blackstone I & II	82 Depot Road, Falmouth	Elderly or Disabled	1, 2BR *
Gorham	Ridgewood	101 School Street, Gorham	Elderly or Disabled	1BR *
	Thirty Birch Lane	30 Birch Lane, Gorham	Elderly or Disabled	1, 2BR
	Village Square	121 School Street, Gorham	Elderly or Disabled	1, 2BR *
Gray	Meadowview	16 Hancock Street, Gray	Elderly or Disabled	Studio, 1, 2BR
Limerick	Mary Ann Manor	109 Washington Street, Limerick	Elderly - 62 or older	1, 2BR*
Livermore Falls	Livermore Terrace	27 Depot Street, Livermore Falls	Elderly or Disabled	1BR*
Naples	Brook Hollow	17 & 21 Brookhollow Road, Naples	Elderly or Disabled	Studio, 1BR *
Parsonsfield	Pinewood	25 Howe Drive, Parsonsfield	Family	1, 2, 3 BR
Raymond	Jordan Bay Place	10 Levy Lane, Raymond	Elderly - 62 or older	1BR *
Standish	Stonecrest	15 Oak Ridge Drive, Standish	Elderly or Disabled	1BR *
Windham/South Windham	Little Falls Landing	Depot Street, South Windham	Elderly - 62 or older	1BR
	New Marblehead Manor	21 Oak Lane, Windham	Elderly or Disabled	Studio, 1, 2BR
	New Marblehead Seniors	21 Oak Lane, Windham	Elderly or Disabled	1, 2BR
	New Marblehead North	32 Sandbar Road, Windham	Elderly or Disabled	1BR
	Unity Gardens	124 Tandberg Trail, Windham	Elderly or Disabled	1BR *

Greater Portland Region - These properties are not subsidized

City	Name	Address	Type	Bedroom	
Portland	Bayside East	47-55 Smith Street, Portland	Elderly - 55 or older	1BR	
	Brackett Street	48-50 Brackett Avenue, Portland	Family	2, 3BR	
	Deering Place	61-73 Deering Street, Portland	Family	2, 3BR	
	Fore River	63 Frederic Street, Portland	Family	1, 2BR	
	Monroe Street	6 Monroe Street, Portland	Family	2, 3BR	
	Iris Park Apartments	189 Park Avenue, Portland	Visually Impaired	1, 2BR *	
	Munjoy Commons	Emerson/North Street, Portland	Family	Studio, 1, 2, 3BR	
	Pearl Place	Oxford & Pearl Street, Portland	Family	1, 2, 3BR *	
	PROP I		49 Hanover Street, Portland	Family	3BR
			12 Monroe Street, Portland	Family	3BR
			9 Greenleaf Street, Portland	Family	3BR
			133 Anderson, Portland	Family	3BR
	PROP II		77-85 Grant Street, Portland	Family	2, 3BR
	PROP III		135-137 Anderson Street, Portland	Family	3BR
			139 Cumberland Ave, Portland	Family	3, 4BR
		Unity at Bayside	24 Stone Street, Portland	Family	1, 2, 3 BR
	YMCA Residence	231 High Street, Portland	Individuals	Studio	
South Portland	Brick Hill Cottages	Red Oak Lane, South Portland	Family	1, 2, 3, 4BR	
	Brick Hill Heights	80 Brickhill Avenue, South Portland	Family	1, 2, 3BR	
	Brick Hill Townhouses	2 Townhouse Drive, South Portland	Family	1, 2, 3BR	
Westbrook	Prop III	13-15-17-23 North Street, Westbrook	Family	1, 3BR	
	Steeple Square	Walker/Webb Street, Westbrook	Family	1, 2, 3BR *	

* Some ADA Accessible



Rental Housing *Pre* Application

Please list the properties and bedroom size for which you are applying. Attach a separate sheet if necessary.

Property	Number of Bedrooms	Property	Number of Bedrooms
1. _____	_____	5. _____	_____
2. _____	_____	6. _____	_____
3. _____	_____	7. _____	_____
4. _____	_____	8. _____	_____

INSTRUCTIONS: Please answer all questions carefully and completely since this information will be used to determine your eligibility. If you need more space, please attach a separate piece of paper.

HOUSEHOLD INFORMATION: Complete the following information for each person who will live in your apartment.

First and Last Name	Social Security Number	Birthdate	Gender M/F	Relationship	Full Time Student Y/N
_____	_____	_____	_____	Head of Household	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Day phone number: _____ Evening phone number: _____

What is your present address? _____

Mailing address if different than physical address? _____

How long have you lived at this address? _____

Do you rent? ___ Yes ___ No Who is your landlord? _____ Phone: _____

Landlord's Mailing Address: _____

Do you own your home? ___ Yes ___ No If yes, what is the market value of your home? \$ _____

Are you or any family member requesting an apartment with features for the disabled? ___ Yes ___ No

Are you currently receiving rental assistance? ___ Yes ___ No

If so, check one: Section 8 BRAP RAC Other (please specify) _____

Please check a preference request: Falmouth Connection Visually Impaired Preference

Homeless Preference Disabled Preference

PREVIOUS HOUSING: Fill out the information for all places you have lived in the past 5 years, not including your present housing. Attach separate sheet of paper if needed.

Address	Dates Rented	Landlord's Name, Address & Phone Number
_____	_____ TO _____	_____
_____	_____ TO _____	_____
_____	_____ TO _____	_____



INCOME: Please list ALL sources of income for each member of your family. Be sure to list where the income comes from.

Employment Income:

Family Member Name	Employer Name and Address	Gross Monthly Amount
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

Other Income:

Family Member Name	Name/Type Income (such as Social Security Pensions, SSI, TANF, Child Support, Other)	Gross Monthly Amount
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

ASSETS: Please list any checking/savings accounts and/or other bank accounts or stock/bonds your family holds.

Family Member Name	Type of Account (Checking, Savings, CDs, Other)	Account #	Bank/Institution Name
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Does anyone in your household own real estate other than the home you live in? Yes No

If so, what is the location? _____ Market Value \$ _____

Does anyone in your household own any other asset not already listed (such as Mutual Funds, Annuities, 401K, Trust Funds, Other Investments)?

Yes No If yes, please describe: _____
 _____ Value \$ _____

GENERAL INFORMATION: Has anyone in your household ever been convicted of a crime or are there any pending criminal charges against you, including but not limited to illegal manufacture or distribution of illegal drugs?

Yes No If you answered yes, please explain:

Have you ever been evicted or have any eviction proceedings ever commenced against you?

Yes No If you answered yes, please explain:

Do you have any pets other than those used as service animals?

Yes No If you answered yes, please explain:

Please read the following statement carefully before signing this application

I understand that Avesta Housing is relying on this information to prove my household's eligibility for programs for which I've applied. I certify that all information and answers to the above questions are true and I understand that it is an illegal act to make false statements in order to obtain federal housing assistance and will lead to cancellation of this application or termination of tenancy after occupancy. I also understand that such action may result in criminal penalties.

I understand that it's my responsibility to notify Avesta Housing, in writing, of address changes. I understand that incomplete applications will not be processed, that completion of an application is not a guarantee of an apartment, and that should I be offered an apartment a security deposit will be required.

I will provide all necessary information including source names, addresses, phone numbers, and account numbers where applicable and any other information required for expediting this process. I understand that my occupancy is contingent on meeting the Avesta's resident selection criteria and the Housing Program requirements. I certify that if I'm offered and accept an apartment it will be my permanent residency and that I will not maintain a separate subsidized apartment in a different location.

All adult members of the household must sign completed application for processing (18 years of age or older). Please allow 7-10 business days for processing this application. You will be notified by mail upon completion.

_____	_____
Date	Head of Household
_____	_____
Date	Co-head of Household
_____	_____
Date	Adult Member of Household (18 or older)
_____	_____
Date	Adult Member of Household (18 or older)

Please return completed application to: Avesta Housing, 307 Cumberland Avenue, Portland, Maine 04101

Please see reverse side for Authorization for Release of Information

"The information regarding race, national origin, and sex designation solicited on this application is requested in order to assure the Federal Government, acting through HUD, MSHA, and USDA, Rural Development, that Federal laws prohibiting discrimination against resident applications on the basis of race, color, national origin, religion, sex, familial status, age, and disability are complied with. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you 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."

Racial Categories

_____	American Indian or Alaska Native	_____	Asian
_____	Black or African American	_____	Native Hawaiian or Other Pacific Islander
_____	White	_____	Other

Ethnic Categories

_____	Hispanic	_____	Non Hispanic
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Authorization for Release of Information

I, _____; and _____;
and _____; and _____;

do hereby authorize individuals, agencies, offices, groups, organizations or business firms to release to Avesta Housing Management Corporation information or materials, which are deemed necessary to complete my application for housing. These contacts are to include, but are not limited to: credit bureau; financial institutions; child support payers; state employment security commissions; past or present employers; past and present landlords; social security administration, utility companies; workman's compensation payers; public and private retirement systems; law enforcement agencies (public records and criminal backgrounds); attorneys; medical care providers; pharmacies; realtors. This authorization shall continue from the date of signature and until such time that Avesta Housing Management Corporation is notified in writing that the authorization is cancelled. I also understand that a photocopy is as valid as the original.

Signature

Social Security Number

Address

Date

Signature

Social Security Number

Address

Date

Signature

Social Security Number

Address

Date

Signature

Social Security Number

Address

Date

USDA Civil Rights Statement

In accordance with Federal Law and USDA Policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability (not all prohibited bases apply to all programs). To file a complaint of discrimination, write to: USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Avenue, SW, Washington, D.C., 20250-9410, or call 1-800-795-3272 (voice) or 202-720-6382 (TDD). USDA is an equal opportunity provider and employer.



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.