



APPLICATION FOR HOUSING

**Instructions: Please follow carefully - Incomplete applications will be returned**

1. **Complete all areas.** If an item does not apply to you, mark "N/A" on that line.
2. **We need copies of Social Security Cards and Birth Certificate** The government **requires** that all applicants, except those who are not US citizens who do not claim eligible immigration status, submit a copy of their social security card with the attached housing application. If you do not have a social security card, we can accept one of the following, as long as your social security number appears on the document. If you are applying for senior/disabled housing and are under the age of 62, proof of disability must accompany the application. SSDI payments are not proof of disability.  
**Driver's License                      Medicare Card                      Passport**

**Note: Copies of Metal Social Security Cards are not acceptable.**

If you cannot provide us with any of the above documents and are not an ineligible noncitizen, it will be necessary for you to certify that you have made application to the Social Security Office for a new card before we will accept your housing application. You may not need a social security card if you were 62 or older on January 31, 2010 and living in HUD subsidized housing at that time.

3. **Proof of US Citizenship** The US Department of Housing & Urban Development will only provide subsidy in Section 8, Rent Supplement, RAP or Section 236 communities to household members who are US Citizens, nationals or certain categories of eligible noncitizens. If you are applying to one of these types of communities, you **must** have the attached Declaration of Section 214 Status forms completed by **EACH** family member (including yourself). Please make sure you follow the instructions on the Declaration Form.
4. **Signatures are required by all adult applicants**
5. **Return your application to:**

Alpha Management  
PO Box 310  
Scarborough, ME 04070-0310

**Note: Pets are only allowed in our senior citizen properties or for persons with disabilities who require a service animal.**

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**Your application is being returned because:**

- You did not complete all areas or you did not sign the 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 as instructed above.

**Please return your application along with the information that was missing if you want to be considered for HUD Multifamily housing.**





4. Are there any absent household members who normally live with you?    
Explanation \_\_\_\_\_
5. Does your household have or anticipate having any pets other than service animals?    
Type \_\_\_\_\_ Weight \_\_\_\_\_



**INCOME INFORMATION FOR EVERYONE 18 AND OLDER** AND ALL EMANCIPATED MINORS  
 (UNEARNED INCOME, SUCH AS GRANTS OR BENEFITS, IS COUNTED FOR ALL INCLUDING MINORS)  
 (ALL TENANT HOUSEHOLD DATA IS VERIFIED USING THE SECURE HUD EIV SYSTEM)  
**For the next 12 months, do YOU or ANYONE in your household expect to receive income from:**

				YES	NO
<b>6.</b>	<b>Employment or wages?</b> (Including overtime, tips, bonuses, commissions, etc.)			<input type="radio"/>	<input type="radio"/>
	Household Member	Name of Company	Amount Weekly/Monthly		
	_____	_____	_____		
	_____	_____	_____		
	<b>Previous Employment?</b>				
	Household Member	Employer	Pay Rate	Termination Date	
	_____	_____	_____	_____	
	_____	_____	_____	_____	
	_____	_____	_____	_____	
	_____	_____	_____	_____	
<b>7.</b>	<b>Self-Employment?</b> (Including overtime, tips, bonuses, commissions, etc.)			<input type="radio"/>	<input type="radio"/>
	Household Member	Type of Business	Amount Weekly/Monthly		
	_____	_____	_____		
	_____	_____	_____		
<b>8.</b>	<b>Regular pay as a member of the Armed Forces or Military?</b>			<input type="radio"/>	<input type="radio"/>
	Household Member	Base and Branch	Amount Weekly/Monthly		
	_____	_____	_____		
	_____	_____	_____		
<b>9.</b>	<b>Unemployment Benefits or Worker's Compensation?</b>			<input type="radio"/>	<input type="radio"/>
	Household Member	Caseworker	Amount Weekly/Monthly		
	_____	_____	_____		
	_____	_____	_____		
<b>10.</b>	<b>Public Assistance, General Relief, AFDC, TANF?</b>			<input type="radio"/>	<input type="radio"/>
	Household Member	Caseworker	Amount Weekly/Monthly		
	_____	_____	_____		
	_____	_____	_____		
<b>11.</b>	<b>Child support or alimony?</b> (ATTACH COURT ORDER)			<input type="radio"/>	<input type="radio"/>
	Household Member	Name of Payee	Amount Weekly/Monthly		
	_____	_____	_____		
	_____	_____	_____		
<b>12.</b>	<b>Social Security, SSI, or any other payment from the Social Security Office?</b>			<input type="radio"/>	<input type="radio"/>
	Household Member	SSA Office	Amount Weekly/Monthly		
	_____	_____	_____		
	_____	_____	_____		
<b>13.</b>	<b>Regular payments from Veteran's Benefits, pension, retirement or annuity?</b>			<input type="radio"/>	<input type="radio"/>
	Household Member	Source of Benefit	Amount Weekly/Monthly		
	_____	_____	_____		
	_____	_____	_____		



	YES	NO
<b>14. Regular payments from any type of settlement?</b>	<input type="radio"/>	<input type="radio"/>
Household Member    Source of Benefit    Amount    Weekly/Monthly		
_____		
_____		
<b>15. Regular gifts or payments from anyone outside the household?</b>	<input type="radio"/>	<input type="radio"/>
Household Member    Source of Benefit    Amount    Weekly/Monthly		
_____		
_____		
<b>16. Regular payments from lottery winnings or inheritances?</b>	<input type="radio"/>	<input type="radio"/>
Household Member    Source of Benefit    Amount    Weekly/Monthly		
_____		
_____		
<b>17. Regular payments from a rental property or other real estate transaction?</b>	<input type="radio"/>	<input type="radio"/>
Household Member    Source of Benefit    Amount    Weekly/Monthly		
_____		
_____		
<b>18. Any other income sources that are not listed above?</b>	<input type="radio"/>	<input type="radio"/>
Household Member    Source of Benefit    Amount    Weekly/Monthly		
_____		
_____		
<b>19. Do you or any member of your household expect a change to your income in the next twelve months?</b>	<input type="radio"/>	<input type="radio"/>
Explanation: _____		
<b>20. Are you or any adult household members claiming zero income?</b>	<input type="radio"/>	<input type="radio"/>
Household Member    Explanation		
_____		
_____		

**ASSET INFORMATION FOR EVERYONE 18 AND OLDER AND ALL EMANCIPATED MINORS**

**Do YOU or ANYONE in your household have:**

<b>21. Checking Accounts?</b>	<input type="radio"/>	<input type="radio"/>
Household Member    Financial Institution    Amount		
_____		
_____		
<b>22. Savings Accounts?</b>	<input type="radio"/>	<input type="radio"/>
Household Member    Financial Institution    Amount		
_____		
_____		
<b>23. CD's, Money Market Accounts, Treasury Bills, Cash or other?</b>	<input type="radio"/>	<input type="radio"/>
Household Member    Financial Institution    Amount		
_____		
_____		



YES NO

24. Stocks, Bonds, or Securities?

Household Member Financial Institution Amount
\_\_\_\_\_
\_\_\_\_\_

O O

25. Trust Fund, Annuity, IRA, 401K, other Retirement Fund?

Household Member Financial Institution Amount
\_\_\_\_\_
\_\_\_\_\_

O O

26. Whole Life Insurance, Term Life Insurance, or Universal Life Insurance?

Household Member Insurance Carrier Amount
\_\_\_\_\_
\_\_\_\_\_

O O

27. Real Estate, Rental Property, Land, Land Contract or Contract for Deeds?

or other Real Estate belongings? (Including your residence, trailer, land, etc.)
Household Member Address of Property Amount
\_\_\_\_\_
\_\_\_\_\_

O O

28. Personal property held as an investment? (Stamps, Coins, Art, Antiques)

Household Member Item Amount
\_\_\_\_\_
\_\_\_\_\_

O O

29. Have you or anyone in your household disposed of any assets or given away any assets for LESS than Fair Market Value in the past two years?

Household Member Reason Amount
\_\_\_\_\_
\_\_\_\_\_

O O

30. MEDICAL EXPENSES

If you, your spouse or co-head are 62 years of age or older, or disabled, list approximate medical expenses (hospital, prescription, doctor, health insurance) paid directly by you and not reimbursed by an outside agency.

- 1. Provider's Name Monthly Amount
Provider's Address
2. Provider's Name Monthly Amount
Provider's Address
3. Provider's Name Monthly Amount
Provider's Address

31. DEPENDANT CARE EXPENSES – FOR CHILDREN UNDER 13

If you currently have childcare expense paid directly by you and not reimbursed by an outside agency.

- 1. Provider's Name Monthly Amount
Provider's Address

32. Are all members of your household United State Citizens?

O O



YES NO

33. Are you or anyone in your household a student?  YES  NO
- a. Are ALL household members fulltime students? \*  YES  NO
- b. Are any students under 24 AND enrolled in an institute of higher learning? \*\*  YES  NO

\* Exemptions must be met to qualify for a Tax Credit unit.

\*\* Exemptions must be met to qualify for rental assistance at HUD S8 properties.

Household Member	Institution	Status
_____	_____	<input type="radio"/> Full-time <input type="radio"/> Part-time
_____	_____	<input type="radio"/> Full-time <input type="radio"/> Part-time
_____	_____	<input type="radio"/> Full-time <input type="radio"/> Part-time

34. Will you or other members in your household be able to meet the requirements of the lease?  YES  NO

35. Does your household require and want an accessible unit?  YES  NO

36. Will you be receiving rental subsidy at the time of move in?  YES  NO

If yes, Name of Agency? \_\_\_\_\_

Contact Person? \_\_\_\_\_

37. Have you or anyone on the application filed for bankruptcy?  YES  NO

Explanation: \_\_\_\_\_

38. Have you or anyone on the application been convicted of a crime?  YES  NO

Explanation: \_\_\_\_\_

39. Have you or any member of your household been subject to a lifetime sex offender registration requirement in any state?  YES  NO

40. Have you or anyone on the application been convicted of dealing or manufacturing illegal drugs?  YES  NO

Explanation: \_\_\_\_\_

41. Have you or anyone on the application been convicted of arson?  YES  NO

Explanation: \_\_\_\_\_

42. Have you or anyone on the application been evicted from a rental unit, or public housing of any kind, including an apartment, home, mobile home, or trailer, or been terminated from a Section 8 rental assistance program?  YES  NO

Explanation: \_\_\_\_\_

43. How did you hear about this property?  YES  NO

Explanation: \_\_\_\_\_

**HOUSING HISTORY – PLEASE LIST YOUR HOUSEHOLD’S LAST 5 YEARS OF HOUSING**

(If no landlords, list three personal, but non-related references)

**DO YOU CURRENTLY RECEIVE SUBSIDIZED HOUSING?**

- Yes  No
- Rent  Own
- From: \_\_\_\_\_ To: \_\_\_\_\_

Name \_\_\_\_\_ Landlord \_\_\_\_\_

Address \_\_\_\_\_

Amount of Rent Paid \_\_\_\_\_ Telephone \_\_\_\_\_



Name \_\_\_\_\_ Landlord \_\_\_\_\_  Rent  Own  
 Address \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_  
 Amount of Rent Paid \_\_\_\_\_ Telephone \_\_\_\_\_

If you or a member of your household was 62 years old or older on January 31, 2010 and do not have a social security number, were you or they receiving HUD rental assistance somewhere else?  Yes  No

Head of Household (only): Race:  Hispanic  Non-Hispanic  
 Ethnicity:  American Indian or Alaskan Native  Asian  Black  
 Native Hawaiian or Other Pacific Islander  White

**PLEASE LIST ALL STATES THE MEMBERS OF YOUR HOUSEHOLD HAVE LIVED:**

Name \_\_\_\_\_ States \_\_\_\_\_  
 Name \_\_\_\_\_ States \_\_\_\_\_  
 Name \_\_\_\_\_ States \_\_\_\_\_  
 Name \_\_\_\_\_ States \_\_\_\_\_

**EMERGENCY CONTACT – LIST SOMEONE IN THE AREA NOT ON THIS APPLICATION**

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
 Address \_\_\_\_\_ Telephone \_\_\_\_\_

**SIGNATURE CLAUSE**

I understand that management is relying on this information to prove my household's eligibility for HUD, Rural Development and/or LIHTC Program. I certify that all information and answers to the above questions are true and complete to the best of my knowledge. I consent to the release of the necessary information to determine my eligibility. I understand that providing false information or making false statements may be grounds for denial of my application. I also understand that such action may result in criminal penalties.

I authorize my consent to have management verify the information contained in this application for purposes of proving my eligibility for occupancy. I will provide all necessary information including source names, address, phone numbers, accounts numbers where applicable and other information required for expediting this process. I understand that my occupancy is contingent on meeting management, resident selection criteria and HUD, Rural Development and/or LIHTC Program requirements.

**ALL HOUSEHOLD MEMBERS 18 AND OVER MUST SIGN**

_____	_____
Head of Household	Date
_____	_____
Applicant	Date
_____	_____
Applicant	Date
_____	_____
Applicant	Date

"The information solicited on this application is requested by the apartment owner in order to assure the Federal Government....that Federal Laws prohibiting discrimination against tenant applicants on the basis of race, color, national origin, religion, sex, age, handicap, disability or sexual orientation 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 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 applicant on the basis of visual observation or surname."

**EIV FORM – 1**

To: Applicants

If you are submitting an application for residency at a HUD property, Alpha Management will verify household data using the Secure HUD EIV System. This includes household income, including critical data (birth dates, names, and social security numbers).

Management Staff

**All applicants with a disability may qualify for a reasonable accommodation in order to participate in the application process and they have the right to request such an accommodation.**





**AUTHORIZATION AND RELEASE OF INFORMATION**

I / We Do Hereby Authorize **Alpha Management Corp.** its staff or authorized representative to contact the below listed agencies, local police departments, offices, groups or organizations to obtain and verify any information or materials which are deemed necessary to determine my/our eligibility for housing in programs administered/managed by:

**The Dept. of Housing and Urban Development**

"Title 18, Section 1001 of the U.S Code state that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD and any owner (or any employee of HUD or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above, Any person who knowingly or willingly requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages and seek other relief, as may be appropriate, against the officer or employee of HUD or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the \*\*Social Security Act at 208 (a) (6), (7) and (8). Violation of these provisions are cited as violations of 42 U.S.C. 408 (a) (6), (7) and (8).\*\*"

**Rural Development (USDA)  
Low Income Tax Credit Housing (IRS)  
State or Local Housing Agencies**

ONLY SOURCES LISTED BELOW FOR DETERMINING ELIGIBILITY OR  
ACCEPTABILITY FOR AN APARTMENT WILL BE CONTACTED.


**SIGNATURE(S)**

\*Applicant/Tenant does not have to sign this consent form if it is not clear who will provide the information or who will receive the information

Tenant/Applicant	Date
Tenant/Applicant	Date
Tenant/Applicant	Date
Tenant/Applicant	Date

**THIS FORM MAY BE PHOTOCOPIED**

