

Seton Village
PRELIMINARY APPLICATION
1 Carver Street, Box 144
Waterville ME 04901



All items must be completed in order to determine eligibility

NAME _____
(Head of Household)

ADDRESS _____
City, State, Zip

Home Phone _____ Work Phone _____

MAILING ADDRESS: Only if different from above: _____

HEAD OF HOUSEHOLD MUST BE 62 YEARS OF AGE OR OLDER

Do you require the features of a wheelchair accessible unit? _____

Complete the following for each member of your household (including yourself) who will be occupying the apartment.

NAME	BIRTHDATE	SOCIAL SECURITY NUMBER	DRIVER'S LICENSE #
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Do you anticipate any changes in your household composition? _____ If yes, please explain:

We must have copies of Social Security Cards and Birth Certificates for all family members Please include these with your application.

Seton Village does not discriminate in the rental of housing, the provision of services, or in any other manner, based on race, color, religion, sex, ancestry, national origin, disability, familial status, sexual orientation, or status as a recipient of public assistance.

INCOME AND ASSETS

List the source of money received by each person in the household.

Name of member receiving income

_____	Wages (Gross)	\$ _____	per _____
_____	Wages (Gross)	\$ _____	per _____
_____	Social Security	\$ _____	per _____
_____	Social Security	\$ _____	per _____
_____	SSI	\$ _____	per _____
_____	Unemployment	\$ _____	per _____
_____	Pension/Annuity	\$ _____	per _____
_____	Other Income	\$ _____	per _____

HOUSEHOLD ASSETS

Bank or Institution: _____
Address: _____

Checking Acct. Balance: \$ _____ Savings Acct. Balance \$ _____

Certificate Value: \$ _____ Stocks & Bonds Value \$ _____

Bank or Institution: _____
Address: _____

Checking Acct. Balance: \$ _____ Savings Acct. Balance \$ _____

Certificate Value: \$ _____ Stocks & Bonds Value \$ _____

REAL ESTATE: Do you own a year-round home, vacation home, rental property, or land?

Location	Type	Value
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Is there any outstanding mortgage(s) on your property? _____

If so, please state the total amount outstanding. \$ _____

Do you have Whole Life Insurance? _____ If yes, please give name, address of carrier. _____

CERTIFICATION OF DISPOSITION OF ASSETS

In calculating your eligibility, we are required to consider any assets you have given away or disposed of for less than full market value. We are required to estimate the value of these assets and count that amount as if it would earn at least 2% interest for the year, if you had kept the asset. We would use a higher amount if it can be determined that the asset would have actually earned that amount if you had kept it.

You are required to report any assets that you have disposed of during the past two years for which you did not receive full market value. Two common examples are: selling or giving away a house or business for less than you could have sold it for on the open market and giving money, stocks, bonds, etc. to relatives or others. The federal government requires that transactions such as these be reported to us at the time of certification or recertification.

You do not have to report any assets disposed of as a result of foreclosure, bankruptcy or a divorce settlement.

I hereby certify that I have _____ or have not _____ disposed of any assets for less than fair market value during the past two years.

If assets have been disposed of during the above period for less than fair market value:

Date Disposed of Assets: _____

Type of Asset(s): _____

Amount Received: \$ _____

Market Value of Asset(s):
at time of their disposition \$ _____

Signature, Head of Household _____
Date

Signature, Co-head, Spouse _____
Date

=====

Do you own a pet? _____

If yes, what kind? _____

Nothing in our policies, nor the Fair Housing Act, provides that an apartment be made available to anyone whose tenancy would constitute a direct threat to the health or safety of other individuals or whose tenancy would result in substantial physical damage to the property of others or who is a current, illegal user of, or addicted to a controlled substance, e.g., Marijuana. Please answer the following questions and provide details of any "Yes" responses on a separate sheet:

1. Does anyone in the household pose a direct threat? _____
2. Is anyone in the household a current, illegal user of, or addicted to a controlled substance? _____
3. Has anyone in the household been convicted or are there charges now pending for the illegal manufacture of, distribution of a controlled substance? _____
4. Has anyone in the household been convicted or are there any charges now pending of a felony or any criminal offence or convicted for any criminal offense at any time in the past? _____
5. Is anyone in the household a registered sex offender in any State? _____

CREDIT REFERENCES

Please list 2 Bills you pay or have paid on a monthly basis.

Name

Address

Phone

Name

Address

Phone

PERSONAL REFERENCE

Please provide Two personal / character reference other than relatives or landlord references.

Name

Address

Phone

Name

Address

Phone

LANDLORD REFERENCE

Please list the most current landlord from whom you've rented. If you have resided in your own home over a long period of time, you may complete only the last part of this section.

RESIDENCE ADDRESS

FROM ~ TO

Landlord's Name

Landlord's Complete Address

Landlord's Phone number

OWNED MY OWN HOME FOR THE LAST _____ YEARS.

(This section for landlord or management agent to complete)

Monthly Rent Amount \$ _____

How long has / was this person(s) a resident? _____

Is a 30-day notice required? YES _____ NO _____

Are you related to this person? YES _____ NO _____

Is / was the rent paid on time? YES _____ NO _____

Is / was unit maintained in a safe and sanitary manner? YES _____ NO _____

Is / was there any tenant caused damages? YES _____ NO _____

Are / were there any problems with neighbors?
(tenant complaints, noise, etc.) YES _____ NO _____

Are / were there any behavioral problems due to drinking /
Drugs? (police calls, parties, fighting, etc.?) YES _____ NO _____

Would you rent to this person(s) again? YES _____ NO _____

If not, please state why _____

Any additional information or comments you may care to provide would be helpful

Landlord's name, address and telephone number

Signature: _____ Date: _____

CERTIFICATION AND RELEASE OF INFORMATION

I/we hereby certify that I/we do not and will not maintain a separate subsidized rental unit in another location. I/we understand I/we must pay a security deposit equal to one month's rent or \$50.00, whichever is greater, 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 Department of Housing and Urban Development's eligibility criteria and Seton Village or organizations, which may provide information that could substantiate or verify information given in this application; for example, local police department, welfare agency or senior service agency. The authorization shall continue from the date of signature and until such time Seton Village is notified in writing that the authorization is canceled.

Signature (Head of Household)

Date

Signature (Spouse or CO-Head)

Date

If we have questions regarding your application, is there someone other than yourself you would like us to contact? _____ yes _____ no

If yes, please provide the following information about the person you would like for us to contact:

Name: _____

Address: _____

Telephone: _____

Relationship to you: _____

Name of Applicant: _____

Address: _____

Please release the following information to Seton Village where I have applied for housing.

Applicant's Signature

Date

_____ I wish to be considered for priorities or special considerations, because of being displaced from my home due to a natural disaster, code violation, actual or threats of violence by a member of household, or current residence lacks accessibility.

DISCLOSURE STATEMENT

The information regarding race, national origin, and sex designation solicited on this application is requested in order to assure the Federal Government, acting through the Department of Housing and Urban Development, that Federal Laws prohibiting discrimination against tenant applicants on the basis of race, color, national origin, religion, sex, familial status, sexual orientation, 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 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 individual applicants on the basis of visual observation or surname.

Ethnicity: _____ Hispanic or Latino _____ Not Hispanic or Latino

Race: _____ American Indian or Alaskan Native _____ Asian _____ Black or African American
_____ Native Hawaiian or Pacific Islander _____ White

Sex: _____ Male _____ Female

Information supplied by: Applicant _____ Management _____
(initials) (initials)

Please return the completed preliminary application to:

**Seton Village
1 Carver Street, Box 144
Waterville ME 04901**

For questions please call 207-873-0178



Seton Village

APPLICANT / TENANT CERTIFICATION

I _____ hereby certify

(Applicant/Head of Household)

That the information that I have given to Seton Village, Inc. here within regarding household composition, income, net family assets, and allowances and deductions is accurate and complete to the best of my knowledge and belief. I understand that any false statements or false information is punishable under Federal Law. I also understand that providing false statements or the exclusion of requested information are grounds for denial of my application for housing assistance, termination of housing assistance and termination of tenancy.

Signature Applicant/Head of Household:

Date:

Signature of Spouse/Other Adult Household member:

Date:

NOTE TO APPLICANTS: If you believe you have been discriminated against, you may call the Fair Housing and Equal Opportunity National toll-free Hot Line at 800/424-8590.



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.