



PRELIMINARY APPLICATION

Date/Time Received: _____ Entity Number: _____

Please check the waitlist(s) you are applying for:

- | | |
|---|---|
| <input type="radio"/> Franklin Towers
<input type="radio"/> Harbor Terrace
<input type="radio"/> 155 Anderson St.
<input type="radio"/> 43 Hammond St.
<input checked="" type="radio"/> 81-87 Salem St.
<input type="radio"/> Front Street | <input type="radio"/> Bayside East
<input type="radio"/> Bayside Terrace
<input type="radio"/> Dermot Court
<input type="radio"/> Kennedy Park
<input type="radio"/> Sagamore Village
<input checked="" type="radio"/> Riverton Park |
|---|---|

PLEASE RETURN THIS APPLICATION TO OUR CENTRAL OFFICE LOCATED AT 14 BAXTER BOULEVARD, PORTLAND, ME 04101

Head of Household:

First Name	Last Name	MI	Gender	Social Security #	Date of Birth	Place of Birth

Family Contact Information:

Home Address	City	State	Zip Code
Mailing Address	City	State	Zip Code
Home Telephone	Cell Phone	Email Address	

Who will be living with you? (please list all members of the household on the application)

First Name (with MI)	Last Name	Gender	Relationship to Head of Household	Social Security #	Date of Birth	Place of Birth

Additional Questions:

- Have you or anyone else named on this application been convicted of a crime, other than traffic violations?
 ___ YES ___ NO

- Have you or anyone else named on this application been convicted for trafficking, manufacturing or possession of illegal drugs? ___YES ___NO
- Are you or anyone else named on this application subject to a lifetime sex offender registration requirement in any state? ___YES ___NO If yes, what state(s) _____
- Have you or anyone else named on this application participated in a HUD-assisted program? ___YES ___NO If yes, what agency? _____ did you leave owing money? ___YES ___NO
- Have you or anyone else named on this application ever been evicted from any housing or had eviction proceedings started? ___YES ___NO
- Please list all states you have resided in since the age of 18 _____

Language Services:

Do you require an interpreter ___YES ___NO If yes, what language _____

PLEASE NOTE: Applicants who reach the top of the waiting list will be contacted by the Housing Authority to verify their preferences:

Do you or your spouse/co-head qualify for any of the following preferences?

- 62 years of age or older**
- Disabled Head of Household, Co-head or Spouse**
- 50 to 61 years of age**
- Served or currently serving in the active U.S. military, naval or air service**
- Employed and working at least ten (10) hours per week**
- Currently live or work in PHA’s area of operation** (Portland, South Portland, Westbrook, Cape Elizabeth, Cumberland, Falmouth, Freeport, Gorham, Gray, North Yarmouth, Old Orchard Beach, Scarborough, Windham, and Yarmouth)
- Chronically homeless and can be verified by a local service provider**

NOTICE: You are required to notify the Housing Authority (in writing) of any change of mailing address, phone number or household composition. If we cannot contact you at the above address, your name may be removed from the waitlist list and you will have to re-apply.

Please sign below before turning in your application.

I understand that any misrepresentation of information or failure to disclose information requested on this application may disqualify me from consideration for admission or participation and may be grounds for eviction or termination of assistance.

Applicant Signature _____
Date

GUIDELINES FOR DETERMINING BEDROOM SIZE

Bedroom Size	Persons in Household: (Minimum #)	Persons in Household: (Maximum #)
0 Bedroom	1	1
1 Bedroom	1	2
2 Bedrooms	2	4
3 Bedrooms	3	6
4 Bedrooms	4	8
5 Bedrooms	6	10
6 Bedrooms	8	12