



PRELIMINARY APPLICATION

<p style="text-align: center;">Please check the waitlist(s) you are applying for:</p> <p style="margin-left: 20px;"> <input type="radio"/> Bayside Anchor <input type="radio"/> Washington Gardens <input type="radio"/> Front Street </p>	<p>Date/Time Received:</p> <p>Entity #: _____</p>
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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	Are you currently a Full Time Student?

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? (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	Are you currently a Full Time Student?

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?

<p><input type="checkbox"/> 62 years of age or older</p> <p><input type="checkbox"/> Disabled Head of Household, Co-head or Spouse</p> <p><input type="checkbox"/> Family with Dependents</p>
