

Date of Application: \_\_\_\_\_ Time application received: \_\_\_\_\_ Rental Agent: \_\_\_\_\_



**LIHTC RENTAL APPLICATION**

**APPLICANT INFORMATION:**

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

SSN#: \_\_\_\_\_ DOB: \_\_\_\_\_ License or ID# & State Issued: \_\_\_\_\_

Phone number: \_\_\_\_\_ Secondary Number: \_\_\_\_\_ Email: \_\_\_\_\_

**A. Household information**

1. List all members of the household.

	Name (first and last name)	Relationship	Age	Date of birth	Social security number
	1.				
	2.				
	3.				
	4.				
	5.				
	6.				
	7.				

Are any household members **temporarily/permanently** (circle one) absent?

If yes, list the names: \_\_\_\_\_

Are any members of your household students (full or part-time {**please circle one or the other if applicable**})? If yes, list the names:

**B. Income and Assets:** Enter the amount received or the asset value for all questions that you answer Yes.

1. Do you receive or expect to receive:

	Yes	No	Amount
Wages, salaries (includes overtime, tips, bonuses, and self-employment)?	<input type="checkbox"/>	<input type="checkbox"/>	
Name of Employer: _____ Phone#: _____ Email: _____ Fax#: _____			
Name of Employer: _____ Phone#: _____ Email: _____ Fax#: _____			
Name of Employer: _____ Phone#: _____ Email: _____ Fax#: _____			
Regular cash contributions or gifts from individuals not living in the unit or organizations such as churches, parents, friends, etc. (includes rent, utilities, groceries, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>	
Do you work for someone who pays you cash?	<input type="checkbox"/>	<input type="checkbox"/>	
Alimony? Child Support?	<input type="checkbox"/>	<input type="checkbox"/>	
Regular pay as a member of the armed forces?	<input type="checkbox"/>	<input type="checkbox"/>	
Social Security payments or benefits?	<input type="checkbox"/>	<input type="checkbox"/>	

Pensions or Retirement benefits?	<input type="checkbox"/>	<input type="checkbox"/>	
Veteran's Administration benefits?	<input type="checkbox"/>	<input type="checkbox"/>	
Unemployment benefits or severance pay? Workman's compensation?	<input type="checkbox"/>	<input type="checkbox"/>	
Annuities or life insurance dividends? Insurance policies?	<input type="checkbox"/>	<input type="checkbox"/>	
Disability or death benefits?	<input type="checkbox"/>	<input type="checkbox"/>	

<b>2. Have you received or expect to receive any lump sum payments such as:</b>	Yes	No	Amount
Inheritances or Lottery winnings?	<input type="checkbox"/>	<input type="checkbox"/>	
Insurance settlements for health, accident, Workers Compensation, etc?	<input type="checkbox"/>	<input type="checkbox"/>	
Capital gains?	<input type="checkbox"/>	<input type="checkbox"/>	
Other? (specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	

<b>3. Do you have money in: (List agencies)</b>	Yes	No	Value
<b>Checking accounts? (If yes, enter the balance)</b>	<input type="checkbox"/>	<input type="checkbox"/>	
Name of Bank: _____ Account number: _____			
Name of Bank: _____ Account number: _____			
Name of Bank: _____ Account number: _____			
<b>Savings accounts?</b>	<input type="checkbox"/>	<input type="checkbox"/>	
Name of Bank: _____ Account number: _____			
Name of Bank: _____ Account number: _____			
Money market funds?	<input type="checkbox"/>	<input type="checkbox"/>	
Certificates of deposit? (CDs)	<input type="checkbox"/>	<input type="checkbox"/>	
Stocks?	<input type="checkbox"/>	<input type="checkbox"/>	
Annuities?	<input type="checkbox"/>	<input type="checkbox"/>	
Securities?	<input type="checkbox"/>	<input type="checkbox"/>	
Trusts?	<input type="checkbox"/>	<input type="checkbox"/>	
	Yes	No	Amount
If yes, is the trust(s) irrevocable?	<input type="checkbox"/>	<input type="checkbox"/>	
IRA or Keogh accounts?	<input type="checkbox"/>	<input type="checkbox"/>	
Other retirement accounts?	<input type="checkbox"/>	<input type="checkbox"/>	

Do you have any coin collections, antique cars, stamps, jewelry or gems, or any other items held as an investment? (this does not include wedding rings and other personal jewelry)	<input type="checkbox"/>	<input type="checkbox"/>	
Do you own a home or other real estate?	<input type="checkbox"/>	<input type="checkbox"/>	
If yes, are you in the process of selling it?	<input type="checkbox"/>	<input type="checkbox"/>	
Do you receive rental income from a home or other real estate?	<input type="checkbox"/>	<input type="checkbox"/>	
Have you disposed of any assets for less than Fair Market Value in the past two years?	<input type="checkbox"/>	<input type="checkbox"/>	
If yes, list the asset(s) you disposed of, the date of disposition, the fair market value and the amount received:			
Are any of the assets listed above held jointly with another person?	<input type="checkbox"/>	<input type="checkbox"/>	
If yes, list the assets:			

**GENERAL QUESTIONS:**

Do you have rental assistance? : *Yes No* If so, which agency? \_\_\_\_\_

Pets? : *Yes No* Description (type, size, age): \_\_\_\_\_ Service Animal (Y/N) \_\_\_\_\_

Do you smoke? : *Yes No*

Have you ever been evicted?: *Yes No* Explain: \_\_\_\_\_

Have you ever been convicted of a felony?: *Yes No* Explain: \_\_\_\_\_

How did you hear about us?: \_\_\_\_\_

IN CASE OF AN EMERGENCY: Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

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I understand that approval/eligibility of my application for a HUD and/or LIHTC program apartment is based on first an approval of my application based on the attached rental policy requirements and then income/asset guidelines established by HUD and Maine State Housing. If this application is denied based on rental criteria requirements are not able to be met, you have the right to appeal this decision within 5 business days of your written notice of denial.

I authorize Port Property Management any of its staff and/or an authorized representative to contact any prior employers, companies, credit bureaus, law enforcement agencies, and/or consumer reporting bureaus, including but not limited to Yardi Systems, Inc.

I do hereby certify that that the information on this application is correct and complete and is needed to prove my households eligibility for HUD and/or LIHTC Program. I certify that all the information and answers to the above questions are true and complete. 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 and/or that such actions punishable under federal law.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**\*Please find a copy of our rental requirements and rental policies online. Hard copies are available upon request\***



82 Hanover Street, Suite 5  
Portland, ME 04101  
Phone: 207-699-2216 TDD 1-800-437-1220

**AUTHORIZATION AND RELEASE OF INFORMATION**

I/We Do Hereby Authorize Port Property management, Inc. It's staff or authorized representative to contact any agencies, local police departments, financial institutions, offices, groups or organizations to obtain and verify any information or materials, including credit/criminal records that are deemed necessary to determine my/our eligibility for housing in programs administered/managed by:

**The Dept. of Housing and Urban Development (HUD)      Low Income Housing Tax Credit (LIHTC)(IRS)**

**ONLY SOURCES FOR DETERMINING ELIGIBILITY/ACCEPTABILITY FOR AN APARTMENT WILL BE CONTACTED**

RELEASE: I/We hereby authorize the release of the requested information. Information obtained under their consent is limited to information that is no older than 18 months. I/We have applied for an apartment governed by the Federal Tax Credit Program provided under Section 42. The program requires verification of all my/our income and asset sources and also at annual recertifications. To determine whether I/We are within the guidelines of the program, all forms of income and assets must be verified. We hold this information in strict confidence for use only in determining the eligibility status of this individual.

\_\_\_\_\_  
Resident Printed Name

\_\_\_\_\_  
Resident Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Resident Printed Name

\_\_\_\_\_  
Resident Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Resident Printed Name

\_\_\_\_\_  
Resident Signature

\_\_\_\_\_  
Date

**PENALTIES FOR MISUSING THIS CONTENT:** Title 18, Section 1001 of the U.S. Code states 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 use of information collected based on this consent form. Use of the information collected based on the consent form: Use of the information collected based on this authorization 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 neglectful disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer of 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 208(a)(6)(7) and (8). Violation of these provisions are cited as violations of 42 U.S.C. 408 (a)(6)(7)(8)