

82 Hanover St, Suite #5  
Portland, ME 04101  
P: (207) 699-2216  
F: (207) 761-8048



Mary Hayward  
Assistant Property Manager  
mary@portpropmgt.com  
www.portpropmgt.com

## CHECKLIST

### **In order to hold an apartment, we need the following:**

\*extra copies of verifications can be found on our website [www.portpropmgt.com/applications](http://www.portpropmgt.com/applications)

- General Income Verification
- Employment Income Verification
- Asset Verification
- If applicable, completed cosigner application
- Completed application
- Last month's rent holding deposit

***Please bring application and supporting documents to 82 Hanover St. Suite #5, Portland, ME.***

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

## **LIHTC RENTAL APPLICATION**

This is an application for housing at 638 Congress Street, apartment # \_\_\_\_\_ for the rental rate of \$ \_\_\_\_\_.

**Date of Showing:** \_\_\_\_\_ **Date of Application:** \_\_\_\_\_ **Rental Agent:** \_\_\_\_\_

Move-in Special: \_\_\_\_\_ Requested lease start date: \_\_\_\_\_ Latest possible move-in date: \_\_\_\_\_

### **APPLICANT INFORMATION:**

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

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

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

**APPLICANT RENTAL HISTORY:** (Please provide most recent 2 years - attach additional page if needed)

**Current Address:** (Note that you must provide your current address, whether it is a rental or not!)

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Landlord's Name: \_\_\_\_\_ Rent: \_\_\_\_\_ Dates of Residency: \_\_\_\_\_

Reason for Moving: \_\_\_\_\_

Landlord's Phone: \_\_\_\_\_ Landlord's Email: \_\_\_\_\_

### **Previous Address:**

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Landlord's Name: \_\_\_\_\_ Rent: \_\_\_\_\_ Dates of Residency: \_\_\_\_\_

Reason for Moving: \_\_\_\_\_

Landlord's Phone: \_\_\_\_\_ Landlord's Email: \_\_\_\_\_

### **A. Household information**

1. List all members of the household. **\*\*Anyone over the age of 18 must fill out a separate application\*\***

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

2. Additional household information

	Yes	No
Are any household members <b>temporarily/permanently</b> (circle one) absent? If yes, list the names: _____	<input type="checkbox"/>	<input type="checkbox"/>
Are any members of your household students (full or part-time { <b>please circle one or the other if applicable</b> })? If yes, list the names: _____	<input type="checkbox"/>	<input type="checkbox"/>

**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"/>	

2. Have you received or expect to receive any lump sum payments such as:

	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"/>	

3. Do you have money in:

	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: _____			
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"/>	
<b>If Yes to any of the above: Name of Agency: _____ Account #: _____</b>			
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 housing assistance? : *Yes No* If so, which agency? \_\_\_\_\_

Pets? : *Yes No* Description (type, size, age): \_\_\_\_\_

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? : Craigslist / MaineToday.com / Press Herald / Other: \_\_\_\_\_

A PPM Resident (list name): \_\_\_\_\_

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

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

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 or deposits and/or surety bonds or (if needed) an eligible guarantor requirements are not able to be met, I can re-apply again at a later date.

I authorize PPM, 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

**Port Property Management**

**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.** its 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 background checks that are deemed necessary to determine my/our eligibility for housing in programs administered/managed by:

**The Dept. of Housing and Urban Development  
Rural Development (USDA)**

**Low Income Tax Credit Housing  
(IRS)  
State of Local Housing Agencies**

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

YOU DO NOT HAVE TO SIGN THIS FORM IF EITHER THE REQUESTING ORGANIZATION  
OR THE ORGANIZATION SUPPLYING THE INFORMATION IS LEFT BLANK

**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 12 months. I/We have applied for an apartment governed by the Federal Tax Credit Program provided for 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

**PENALTIES FOR MISUSING THIS CONSENT:** 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, the PHA and any owner (or any employee of HUD, the PHA 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 willfully 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 may be subject to a misdemeanor and action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD, the PHA or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for the 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).\*\*

Port Property Management does not discriminate on the basis of handicapped status in the admission or access to, or treatment or employment in, its federally assisted programs and activities.

**THIS FORM MAY BE PHOTOCOPIED**

EQUAL HOUSING OPPORTUNITY

**EMPLOYMENT VERIFICATION**  
**TO BE COMPLETED IF YOU RECEIVE WAGES FROM AN EMPLOYER**

**THIS SECTION TO BE COMPLETED BY APPLICANT**

Name of Applicant: \_\_\_\_\_ Phone#: \_\_\_\_\_ Email: \_\_\_\_\_

I hereby authorize release of the information requested below.

\_\_\_\_\_  
Signature of Applicant/Resident

\_\_\_\_\_  
Date signed

**THIS SECTION TO BE COMPLETED BY EMPLOYER *\*ONLY\****

The recipient named above has applied for an apartment governed by the Federal Tax Credit Program provided for under Section 42. The program requires verification of all income and asset sources of this person and also at annual recertifications. To determine whether this individual is within the guidelines of our program, we ask for your cooperation in completing the applicable information below. We hold this information in strict confidence for use only in determining the eligibility status of this individual. Your prompt return of this information by fax or email will be greatly appreciated.

**Return Form To:**

Fax: (207) 761-0770  
Email: [mary@portpromgt.com](mailto:mary@portpromgt.com)  
Address: 82 Hanover St. Suite #5, Portland, ME 04101

Employee Name: \_\_\_\_\_ Job Title: \_\_\_\_\_

Presently Employed: Yes \_\_\_ Date First Employed \_\_\_\_\_ No \_\_\_ Last Day of Employment \_\_\_\_\_

Current Wages/Salary: \$ \_\_\_\_\_ (circle one) hourly weekly bi-weekly semi-monthly monthly yearly other \_\_\_\_\_

Average # of regular hours per week: \_\_\_\_\_ Year-to-date earnings: \$ \_\_\_\_\_ through \_\_/\_\_/\_\_

Overtime Rate: \$ \_\_\_\_\_ per hour Average # of overtime hours per week: \_\_\_\_\_

Shift Differential Rate: \$ \_\_\_\_\_ per hour Average # of shift differential hours per week: \_\_\_\_\_

Commissions, bonuses, tips, other: \$ \_\_\_\_\_ (circle one) hourly weekly bi-weekly semi-monthly monthly yearly other \_\_\_\_\_

List any anticipated change in the employee's rate of pay within the next 12 months: \_\_\_\_\_; Effective date: \_\_\_\_\_

If the employee's work is seasonal or sporadic, please indicate the layoff period(s): \_\_\_\_\_

Additional remarks: \_\_\_\_\_

**By signing below, I hereby certify that the information on this verification is thorough and complete. I have complete knowledge of said employee's position and pay associated with said position. I understand that under Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the United States as to any matter within its jurisdiction. All information recorded on this page is final.**

\_\_\_\_\_  
Employer's Signature

\_\_\_\_\_  
Employer's Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Employer's Title

\_\_\_\_\_  
Employer [Company] Name and Address

\_\_\_\_\_  
Phone #

\_\_\_\_\_  
Fax #

\_\_\_\_\_  
E-mail

# GENERAL INCOME VERIFICATION

TO BE COMPLETED IF YOU RECEIVE ASSISTANCE FROM FAMILY/FRIENDS/CHURCHES/COMMUNITY ORGANIZATIONS/ETC.

Name of Applicant: \_\_\_\_\_

Phone#: \_\_\_\_\_ Email: \_\_\_\_\_

I hereby authorize release of the information requested below.

\_\_\_\_\_  
Signature of Applicant/Resident

\_\_\_\_\_  
Date signed

The recipient named above has applied for an apartment governed by the Federal Tax Credit Program provided for under Section 42. The program requires verification of all income and asset sources of this person and also at annual recertifications. To determine whether this individual is within the guidelines of our program, we ask for your cooperation in completing the applicable information below. We hold this information in strict confidence for use only in determining the eligibility status of this individual. Your prompt return of this information by fax or email will be greatly appreciated.

## THIS SECTION TO BE COMPLETED BY INCOME PROVIDER

Please fill in the blanks. Write N/A if not applicable.

Check the type(s) of assistance received, fill in the GROSS amount CURRENTLY received and frequency of the payments.

BENEFIT	GROSS AMOUNT:	FREQUENCY:
<input type="checkbox"/> Regular gifts/contributions or Payments:	\$ _____	_____
Explain: _____		
<input type="checkbox"/> Lottery winnings, inheritance, Trust:	\$ _____	_____
Explain: _____		
<input type="checkbox"/> Other (list type)	\$ _____	_____
Explain: _____		

<u>Anticipated changes in next 12 months</u>	
AMOUNT:	EFFECTIVE DATE:
\$ _____	_____
Explain: _____	
\$ _____	_____
Explain: _____	
\$ _____	_____
Explain: _____	

Printed Name of Income Provider \_\_\_\_\_

Telephone # \_\_\_\_\_

E-Mail \_\_\_\_\_

Relationship to Applicant \_\_\_\_\_

Provider's Signature \_\_\_\_\_ Date \_\_\_\_\_

**NOTE: Section 1001 of Title 18 of the U. S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the United States as to any matter within its jurisdiction.**

**ASSET VERIFICATION**

To be completed for EVERY asset held in your name whether jointly or individually. If you cannot have financial institution fill out this form, you are required to provide most recent six months' worth of statements.

**THIS SECTION TO BE COMPLETED BY APPLICANT**

Print Applicant's Name \_\_\_\_\_ Social Security \_\_\_\_\_ Account Number \_\_\_\_\_

I hereby authorize release of the information requested below.

Signature of Applicant/Resident \_\_\_\_\_ Date signed \_\_\_\_\_

The above person(s) has applied for residency or is a resident at The Lafayette, an apartment governed by the Federal Tax Credit Program provided for under Section 42. As part of our processing we must verify the household's assets. The individual authorizes the release of the required information by their signature above. The information you provide will be used only for the purpose of determining the household's eligibility and we hold this information in strict confidence.

**THIS SECTION TO BE COMPLETED BY FINANCIAL INSTITUTION \*ONLY\***

**Please list ALL checking/savings account(s)**

Account Number	Type of Account	Current Balance	Average 6mo. Balance	Annual Interest Rate	Withdrawal Penalty

**CERTIFICATE OF DEPOSIT / TREASURY BILLS**

Account Holder	Account Number	Current Balance	Annual Interest Rate/Dividends Capital Gains to be Earned	Amount Invested	Original Date	Withdrawal Penalty

**401K PLAN / ANNUITY / IRA / PENSION / RETIREMENT ACCOUNT**

Account Holder	Account Number	Current Balance	Annual Interest Rate/Dividends Capital Gains to be Earned	Amount Invested	Original Date	Withdrawal Penalty

Does applicant/resident have access to the Retirement Account prior to termination or retirement?  YES  NO

**MUTUAL FUNDS / STOCK / BONDS / MONEY MARKETS / SECURITIES**

Account Holder	Account Number	Current Balance	**Annual Interest Rate/Dividends & Capital Gains to be Earned	Amount Invested	Original Date	Withdrawal Penalty

\*\*Please answer this question based on the income the asset is currently generating  
I certify that the information given above is true and complete to the best of my knowledge.

Name of Institution \_\_\_\_\_ Address \_\_\_\_\_  
 Representative Printed Name \_\_\_\_\_ Telephone \_\_\_\_\_  
 Representative Signature \_\_\_\_\_ E-mail \_\_\_\_\_  
 Representative Position \_\_\_\_\_ Date Completed \_\_\_\_\_

**Return Form To:**  
 Fax: (207) 761-0770  
 E-mail: [mary@portpropmgt.com](mailto:mary@portpropmgt.com)  
 Address: 82 Hanover St. Suite 5,  
 Portland, ME 04101

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