Office Use Only
Time/Date Received:



Application for Unsubsidized Apartments

This information will be used to determine eligibility for Bath Housing unsubsidized housing programs. Please answer all questions completely and accurately. Drop off or mail to 80 Congress Ave, Bath ME 04530, e-mail info@bathhousing.org or fax (207) 443-8116.

HEAD OF HOUSEHOLD INFORMATION

Date of Birth
E-mail
Phone
Monthly Income
Monthly Rent

OTHER HOUSEHOLD MEMBERS

Date of Birth	Gender	Monthly Income	Income Source(s)
Date of Birth	Gender	Monthly Income	Income Source(s)
Date of Birth	Gender	Monthly Income	Income Source(s)
Date of Birth	Gender	Monthly Income	Income Source(s)
	Date of Birth Date of Birth	Date of Birth Gender Date of Birth Gender	Date of Birth Gender Monthly Income Date of Birth Gender Monthly Income

OTHER INFORMATION

Yes No	Is your monthly income 2.5 times the monthly rent? If no, please explain your ability to pay rent.
Full Partial	Do you have full or partial custody of all minors listed in this application?
Yes No	Do you, or any member of your household, owe money to any landlord or housing authority?
Yes No	Please list all states you, and any members of your household, have lived in:

Yes No	Have you, or any member of your household, been required to register as a sex offender in Maine or any other State?
Yes No	Have you, or any member of your household, been arrested or evicted for drug-related or violent criminal activity within the past three years? If so, please explain:
Yes No	Do you own a vehicle? If yes, list make, model, color and year:
Yes No	Do you own any animals? If yes, please describe:

LANDLORD REFERENCE INFORMATION

(please list three most recent landlords)

Landlord Contact 1:	E-mail:	Dates of Tenancy
Rental Property Address:	Phone #:	Reasons for Leaving
Landlord Contact 2:	E-mail:	Dates of Tenancy
Rental Property Address:	Phone #:	Reasons for Leaving
Landlord Contact 3:	E-mail:	Dates of Tenancy
Rental Property Address:	Phone #:	Reasons for Leaving

APPLICANT SCREENING AND CERTIFICATION

Applicants offered an apartment will be subject to screening for income eligibility, criminal activity, including, but not limited to, drug-related criminal activity, violent criminal activity, sex offenses including registration as a sex offender, and other criminal activity related to alcohol abuse and other matters. Depending on the results of the screening, the applicant and their household members may be denied an apartment. An applicant must meet all criteria required by Bath Housing policies. All information listed on this application form will be verified. Refusal by the applicant or any adult member of the household to submit a signed consent form allowing Bath Housing to obtain criminal records and sex offender registry information will automatically disqualify the applicant household.

I give consent to Bath Housing to screen for eligibility and I certify the information provided is accurate and complete to the best of my knowledge and belief. I understand that false statements or information are grounds for termination of housing assistance and termination of tenancy.

Full Legal Signature (Head of Household)	Date
Full Legal Signature (other Adult)	Date

Bath Housing is committed to the letter and spirit of the Fair Housing Act, which, among other things, prohibits discrimination against persons with disabilities. In accordance with our statutory responsibilities and management policies, we will make reasonable accommodations in our rules, policies, practices, or services when such accommodations may be necessary to afford persons with disabilities an equal opportunity to use and enjoy their housing communities. If you would like to request such an accommodation, please contact the office.

Revised 4.10.2025

