



Office Use Only
Time/Date Received:

Preliminary Application

This information will be used to make a preliminary determination of eligibility and to place your household on the waiting list(s) for Bath Housing subsidized 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

<i>Name (Last, First)</i>		<i>Date of Birth</i>		
<i>Current Address</i>		<i>E-mail</i>		
<i>Mailing Address, if different</i>		<i>Phone</i>		
<i>Social Security Number*¹</i>	<i>Gender and preferred pronouns²</i> <i>M/F</i>	<i>Disability?</i> <i>Yes No</i>	<i>Monthly Income</i>	<i>Income Source</i>

Preferred Pronouns (optional): _____

Please indicate which properties you are interested in:

Family Preference	<input type="checkbox"/> Seacliff Family (2- and 3-bedroom units only)
Age 62+ or living with a disability	<input type="checkbox"/> Seacliff
	<input type="checkbox"/> Anchorage ³
	<input type="checkbox"/> Moorings ³
	<input type="checkbox"/> Dikes Landing ³
Age 55+	<input type="checkbox"/> The Uptown: Managed by Saco Falls Property Management with a Bath Housing Authority Project Based Voucher

¹ All applicants must disclose and provide verification of the complete and accurate SSN assigned to them except those household members who do not contend eligible immigration status or applicants age 62 or older as of January 31, 2010, and who do not have a SSN, if they were receiving HUD rental assistance at another location on January 31, 2010. This information is needed to verify whether the applicant qualifies for the exemption from disclosing and providing verification of a SSN.

² Bath Housing recognizes that applicants have diverse gender identities. We respect that gender exists on a spectrum beyond traditional binary concepts. Until the electronic database includes all identities, we must enter a legal male or female gender to all applicants.

³ Applicants for these properties will be selected from Sagadahoc County per its Administrative Plan

OTHER HOUSEHOLD MEMBERS

Do you have full or partial custody of all minors listed on this application? Y/N

<i>Name</i>	<i>Social Security #</i>	<i>Date of Birth</i>	<i>Gender</i> M/F	<i>Monthly Income</i>	<i>Source of Income</i>
<i>Name</i>	<i>Social Security #</i>	<i>Date of Birth</i>	<i>Gender</i> M/F	<i>Monthly Income</i>	<i>Source of Income</i>
<i>Name</i>	<i>Social Security #</i>	<i>Date of Birth</i>	<i>Gender</i> M/F	<i>Monthly Income</i>	<i>Source of Income</i>
<i>Name</i>	<i>Social Security #</i>	<i>Date of Birth</i>	<i>Gender</i> M/F	<i>Monthly Income</i>	<i>Source of Income</i>

OTHER INFORMATION

1	2	3	Number of bedrooms requested. Note: Household must qualify based on number of occupants, age, and gender of any other occupants.
Yes	No		Do you or anyone in your household have a need for an accessible unit?
Yes	No		Does any household member work or volunteer in Sagadahoc County?
Yes	No		Have you or anyone in your household been required to register as a sex offender in Maine or any other State?

CERTIFICATION

Title 18, Section 101 of the United States Code states that a Person is guilty of fraud for knowingly and willingly making false or fraudulent statements to any Department or Agency of the United States, and shall be fined not more than \$10,000, or imprisoned for not more than 5 years, or both.

I certify that the information given to Bath Housing regarding my household members 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



WAITING LIST PLACEMENT

Placement on a waiting list for housing based on this preliminary application does not ensure eligibility for assistance. An applicant household that is offered housing assistance 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 assistance.

An applicant must meet all criteria required by the U.S. Department of Housing and Urban Development (for subsidized apartments) and any additional criteria established by Bath Housing. All information listed on this preliminary 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 from participation in HUD assisted housing programs. Final eligibility will be determined based on a full application.

FAIR HOUSING

As part of Bath Housing's desire to fully meet the Fair Housing Law of 1988, Section 504 of the 1973 Rehabilitation Act, and the Americans with Disabilities Act, we need your help to ensure our program services and activities are fully accessible to persons with disabilities. If you, or anyone in your household, encounters any type of barrier that prevents them from receiving the full benefit of HUD assistance housing programs, please contact us or HUD's Office of Fair Housing and Equal Opportunity (FHEO) at 1-800-669-9777.

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. To request such an accommodation, please contact the office.

Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING

This form is to be provided to each applicant for federally assisted housing

Instructions: Optional Contact Person or Organization: You have the right by law to include as part of your application for housing, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. **You may update, remove, or change the information you provide on this form at any time.** You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form.

Applicant Name:	
Mailing Address:	
Telephone No:	Cell Phone No:
Name of Additional Contact Person or Organization:	
Address:	
Telephone No:	Cell Phone No:
E-Mail Address (if applicable):	
Relationship to Applicant:	
Reason for Contact: (Check all that apply)	
<input type="checkbox"/> Emergency	<input type="checkbox"/> Assist with Recertification Process
<input type="checkbox"/> Unable to contact you	<input type="checkbox"/> Change in lease terms
<input type="checkbox"/> Termination of rental assistance	<input type="checkbox"/> Change in house rules
<input type="checkbox"/> Eviction from unit	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Late payment of rent	
Commitment of Housing Authority or Owner: If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.	
Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
Legal Notification: Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.	

Check this box if you choose not to provide the contact information.

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Signature of Applicant

Date

The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). The public reporting burden is estimated at 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Section 644 of the Housing and Community Development Act of 1992 (42 U.S.C. 13604) imposed on HUD the obligation to require housing providers participating in HUD's assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend, or person associated with a social, health, advocacy, or similar organization. The objective of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any delivery of services or special care to the tenant and assist with resolving any tenancy issues arising during the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and maintained as confidential information. Providing the information is basic to the operations of the HUD Assisted-Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fraud, waste and mismanagement. In accordance with the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless the collection displays a currently valid OMB control number.

Privacy Statement: Public Law 102-550, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions.

Race and Ethnic Data Reporting Form

U.S. Department of Housing and Urban Development
Office of Housing

OMB Approval No. 2502-0204
(Exp. 06/30/2017)

Name of Property **Project No.** **Address of Property**

Name of Owner/Managing Agent **Type of Assistance or Program Title:**

Name of Head of Household **Name of Household Member**

Date (mm/dd/yyyy): _____

Ethnic Categories*	Select One
Hispanic or Latino	
Not-Hispanic or Latino	
Racial Categories*	Select All that Apply
American Indian or Alaska Native	
Asian	
Black or African American	
Native Hawaiian or Other Pacific Islander	
White	
Other	

***Definitions of these categories may be found on the reverse side.**

There is no penalty for persons who do not complete the form.

Signature

Date

Public reporting burden for this collection is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This information is required to obtain benefits and voluntary. HUD may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number.

This information is authorized by the U.S. Housing Act of 1937 as amended, the Housing and Urban Rural Recovery Act of 1983 and Housing and Community Development Technical Amendments of 1984. This information is needed to be in compliance with OMB-mandated changes to Ethnicity and Race categories for recording the 50059 Data Requirements to HUD. Owners/agents must offer the opportunity to the head and co-head of each household to "self certify" during the application interview or lease signing. In-place tenants must complete the format as part of their next interim or annual re-certification. This process will allow the owner/agent to collect the needed information on all members of the household. Completed documents should be stapled together for each household and placed in the household's file. Parents or guardians are to complete the self-certification for children under the age of 18. Once system development funds are provided and the appropriate system upgrades have been implemented, owners/agents will be required to report the race and ethnicity data electronically to the TRACS (Tenant Rental Assistance Certification System). This information is considered non-sensitive and does not require any special protection.