

Eliot Senior Housing – Rental Application

Eliot, Maine

SMOKE FREE HOUSING

I N S T R U C T I O N S

PLEASE READ CAREFULLY. INCOMPLETED APPLICATION **WILL NOT BE ACCEPTED.**

1. **COMPLETE ALL AREAS.** If an item does not apply to you, answer “NO” on that question or mark with a “0” if it is a dollar amount line or section.
2. **SIGNATURES** are required by *all* applicants.
3. **COPIES OF SOCIAL SECURITY CARDS** are required for everyone on the application. Copies of Drivers Licenses for all adult members of the household are needed for identification purposes.
4. **RETURN YOUR APPLICATION TO:**

**Phoenix Management
P O Box 759
Saco ME 04072**

Office Use Only:

Your application is being returned because:

- You did not complete all areas or you did not sign the application.**

Please return your application along with the information that was missing if you want to be considered for housing.

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A. General Information -

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Daytime Telephone Number: _____ E-Mail Address: _____

Unit Size: **Studio 1BR 2BR** Please Circle One: **1st 2nd 3rd 4th 5th floor**

B. Household Composition – List all persons, including yourself, who will be living in the apartment.

Name (List Head of Household first)	Relationship	Birth Date	Social Security Number
1.	HEAD		- -
2.			- -
3.			- -
4.			- -

- YES NO 1. Do you, or any member of your household request handicap accessible unit? (special unit design)
- YES NO 2. Are there any absent household members who under normal conditions would live with you? (For example, a spouse in the military.)
Explanation: _____
- YES NO 3. Does your household have or anticipate having any pets other than those used as service animals?
Pet Type: _____ Weight: _____
- YES NO 4. Have you or anyone else named on this application filed for bankruptcy?
Explanation: _____
- YES NO 5. Have you or anyone else named on this application been convicted of a felony?
Explanation: _____
- YES NO 6. Have you or anyone else named on this application been convicted for dealing or manufacturing illegal drugs?
Explanation: _____
- YES NO 7. Have you or anyone else named on this application been convicted of property damage?
Explanation: _____
- YES NO 8. Have you or anyone else named on this application been served a Notice to Quit or been evicted from a rental unit of any type including an apartment, home, mobile home or trailer?
Explanation: _____

C. Income – All sources of regularly received monies must be listed regardless of recipient’s age.

Also, include income anticipated in the next 12 months. Put zero "0" or "N/A" next to any source that does not apply.

Family Member Name	Source	Source Name/Address/Claim # if Applicable	Gross Monthly Income
	Employer		\$
	Employer		\$
	Pension		\$
	Pension		\$
	Pension		\$
	Pension		\$
	Social Security		\$
	Social Security		\$
	Other:		\$
	Other:		\$

D. Assets – Bank Accounts; Stocks & Bonds

Family Member Name	Bank Name	Asset Type	Amount
			\$
			\$
			\$
			\$
			\$
			\$
			\$

YES NO Do you own Real Estate? If yes, type of property & address: _____

E. References – Current Landlord

Name _____ Address _____ State _____ Zip Code _____ (_____) Phone Number _____
Rental Began: _____ Current Rent: \$ _____ per _____

F. Previous Landlords

Name of Landlord	Address	Phone Number	Apartment Address	Period Rented
1.				From: To:
2.				From: To:
3.				From: To:

YES NO Do you have a Rental Assistance Voucher? From what agency? _____

**G. Professional References (example: teachers, principals, past/present employers, clergy, etc.)
Please do not list relatives or friends.**

Name of Professional Reference	Address	Phone Number
1.		
2.		
3.		

H. Other Information

List any vehicles that you own: Yr./Make: _____ License Plate _____
Yr./Make: _____ License Plate _____

I. Signatures - All Household Member 18 year of age or older must sign the application.

Signed: (✓) _____
Head of Household Date _____
(✓) _____
Spouse/Co-Tenant Date _____

Authorization

I/we do hereby authorize Phoenix Management and its staff to contact any employers, agencies, offices, credit bureaus, landlords, or professional references for the purpose of verifying the information I/we have provided on the application. The information provided will be used solely for the determination of my/our eligibility and admission to the housing I/we are applying for and the information that is supplied will be kept confidential.

Signatures

(✓)

Applicant Signature

Date

(✓)

Co-Applicant Signature

Date

