



MARKET RATE APPLICATION

MARKET UNITS	
(HOUSING FOR ELDERLY, DISABLED, HANDICAPPED)	√
48 Hampshire Street (1, 2 & 3 (bedroom) FULL MARKET RENTS	
62 Spring Street (1 & 2 bedroom) FULL MARKET RENTS	
Barker Mill Place (1 bedroom) FULL MARKET RENTS	
New Auburn Place (1 & 2 bedroom) FULL MARKET RENTS	

Thank you for your interest in applying for an apartment. In order for us to determine your eligibility, please complete the attached form and return immediately to:
AUBURN HOUSING AUTHORITY, PO Box 3037, Auburn, Maine 04212-3037.

APPLYING FOR A : EFFICIENCY ONE TWO THREE BEDROOM APARTMENT?
(Only 48 Hampshire has three-bedroom apartments)

**Application for Housing
 Applicant Declaration of Household Composition and Income**

Household Information

Starting with Head of Household, list all household members that are applying to live in this apartment with you.

Name First, Middle, Last	Full-Time Student Y/N	Relationship to Head of Household	Gender M/F	Social Security Number	Birth Date mm/dd/yyyy
Current Address					
Mailing Address if different					
Day Time Phone: () -			Evening Phone: () -		
Email Address:					

Auburn Housing Authority does not discriminate in the rental of housing, the provision of services, or in any other matter, based on race, color, age, religion, sex, ancestry, national origin, disability, familial status, sexual orientation or status as a recipient of public assistance.



- YES NO **1. Are you or any member of your household requesting an apartment with features for the disabled?** (special unit design) If yes, please describe: _____
- YES NO **2. Will your household be receiving rental assistance such as Section 8, BRAP, RAC or any other rental assistance at the time of move-in?** If yes, Name of Agency: _____
- YES NO **3. Do you expect any additions to the household within the next twelve months?** If yes, Name and Relationship _____
- YES NO **4. Does your household have or anticipate having any pets other than those used as service animals?** If yes, please describe: _____
(Please ask about the pet policy)
- YES NO **5. Have you or anyone else named on this application been convicted of a felony or have pending charges for a felony crime?** Explanation: _____
- YES NO **6. Have you or anyone else named on this application been convicted, or have pending charges for dealing or manufacturing or possession of illegal drugs?** Explanation: _____
- YES NO **7. Have you or anyone else named on this application been evicted or had any eviction proceedings commenced against you from a rental unit of any type including an apartment, home, mobile home or trailer?** Explanation: _____
- YES NO **8. Are you or anyone else named on this application, required to register as a sex offender?** Explanation: _____

Housing References

List the past **SEVEN** years of housing references. *(If additional space is required, use a separate sheet of paper)*

	Current Landlord's Name/Address/Phone	Your Address	Own/Rent
Name:	_____	_____	<input type="checkbox"/> Own <input type="checkbox"/> Rent
Address:	_____	_____	From _____ To _____
	_____	_____	Rent Amount: _____
Phone:	_____		

	Previous Landlord's Name/Address/Phone	Your former apartment address	Own/Rent	Dates
Name:	_____	_____	<input type="checkbox"/> Own <input type="checkbox"/> Rent	
Address:	_____	_____	From _____ To _____	
	_____	_____	Rent Amount: _____	
Phone:	_____			

I understand that Auburn Housing Authority is relying on this information to prove my household's eligibility for the programs for which I've applied. I certify that all information and answers to the above questions are true and I understand that it is an illegal act to make false statements in order to obtain federal housing assistance and will lead to cancellation of this application or termination of tenancy after occupancy. I also understand that such action may result in criminal penalties.

I understand that it's my responsibility to notify Auburn Housing Authority, in writing, of address changes. I understand that incomplete applications will not be processed, that completion of an application is not a guarantee of an apartment, and that should I be offered an apartment a security deposit will be required.

I will provide all necessary information including source names, addresses and phone numbers where applicable and any other information required for expediting this process. I understand that my occupancy is contingent on meeting the Auburn Housing Authority's Resident Selection Criteria and the Housing Program requirements. I certify that if I'm offered and accept an apartment it will be my permanent residency and that I will not maintain another apartment in a different location.

All ADULT household members must agree to the above statements and sign below:

_____	_____
Signature of Head of Household	Date
_____	_____
Signature of other household member 18 years or older	Date
_____	_____
Signature of other household member 18 years or older	Date

If you are willing to help us with the US Government survey regarding racial/ethnic heritage, please complete the following information about the head/co-head of your household. You do not have to give this information as it is not required to determine your eligibility. It is being used for statistical purposes to be sure that everyone receives assistance on a fair basis.

Select all that Apply	Racial Categories	Select One	Ethnic Categories
_____	American Indian or Alaska Native	_____	Hispanic
_____	Asian	_____	Native American/Alaskan
_____	Black or African American	_____	Male
_____	Native Hawaiian or Other Pacific Islander	_____	Female
_____	White	_____	
_____	Other	_____	

Applicant Signature

MARKET RENT RELEASE

AUTHORIZATION FOR RELEASE OF INFORMATION

I, _____, and _____

Do hereby authorize individuals, agencies, offices, groups, organizations or business firms to release to Auburn Housing Authority information or materials which are deemed necessary to complete my application for housing. These contacts are to include, but are not limited to: credit bureaus, State Agencies, past and present landlords, utility companies, and law enforcement agencies (public records and criminal backgrounds),

This authorization shall continue from the date of signature and until such time as Auburn Housing Authority is notified in writing that the authorization is canceled. I also understand that a photocopy is as valid as the original.

Signed

Signed

SSN

SSN

Address

Address

Date

Date