



DIRIGO MANAGEMENT COMPANY

Thank you for requesting the affordable application enclosed. Please be sure to **fill out the entire application completely**. If a field does not apply to you please cross it out or mark it as not applicable. Otherwise, the application will be mailed back to you for completion. **We will not accept incomplete application**. The application needs to be signed by all members of the household 18 years of age and older.

In order to process your application in the quickest way possible, we have provided a checklist below for information required along with your application. **Please provide copies of the documents listed below** that are applicable to you and make sure you check off each item before returning the application.

___ Copies of **Birth Certificates** and **Social Security cards** for **all** household members including children. Also include **Photo ID's** for all members of the household 18 years old and over.

___ Copies of the **Social Security/Social Security Supplemental Income Award Letters**. You can request a copy from the Social Security Office at 1-800-772-1213 between 9:00 am – 3:00pm. Monday through Friday.

___ Contact information for **all bank accounts**.

___ **Six consecutive weeks of paystubs**.

___ **Contact information for a doctor** who will certify **disability for applicants under the age of 62 years** apply for the elderly/disabled properties.

When your application is received and depending on availability, you will either be processed or put on the waitlist pending a unit. When your name comes to the top of this list you will be contacted either via phone or mail to make sure that you are still interested. You are allowed to refuse a unit offer once and hold your position on the waiting list. If you deny a second offer you will be removed from the waiting list and will need to reapply. Your application once returned is valid for 120 days. If a unit becomes available after the 120 day period we will require you to fill out an application update to inform us of any new information.

If your contact information changes, it is your responsibility to inform us. If we are unable to reach you within a given amount of time, you will be removed from the waitlist.

Thank you,

DIRIGO Management



Individual Member



ONE CITY CENTER, PORTLAND, MAINE 04101-4009
TEL: (207) 871-1080 · 1-800-615-1080 · FAX: (207) 871-7189
E-MAIL: info@dirigomgmt.com
WEB SITE: www.dirigomgmt.com

Are you currently homeless or displaced? Yes No

Are you or any members of your household subject to a lifetime sex offender registration requirement in any state?
 Yes No

Please list all states in which you or any household member has resided. _____

Does your name currently appear on a public housing or Section 8 wait list? Yes No
 If yes with whom? _____

Do you currently hold a housing voucher? Yes No If yes with whom? _____

Do you currently live in subsidized housing? Yes No

	Name	Relationship to head	Birth Date	Age (Optional)	Social Security Number	Student Y/N
Head						
Co-T						
3.						
4.						
5.						
6.						
7.						
8.						

Have there been any changes in household composition in the last twelve months? Yes No
If yes explain: _____

Do you anticipate any changes in household composition in the next twelve months? Yes No
If yes explain: _____

Will all of the persons in the household be or have been full-time students during five calendar months of this year or plan to be in the next calendar year at an educational institution (other than a correspondence school) with regular faculty and students? Yes No

IF YES, ANSWER THE FOLLOWING QUESTIONS:

Are any full-time student(s) married and filing joint tax return?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are any full-time student(s) previously in a foster care program under Part B or Part E of Title IV of the Social Security Act?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are any full-time student(s) enrolled in a job-training program receiving assistance under the Job Training Partnership Act?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are any full-time student(s) a TANF or a title IV recipient?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are any full time student(s) a single parent living with his/her minor child who is not a Dependent on another's tax return?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

C. INCOME

List ALL sources of income as requested below. If a section doesn't apply, cross out or write NA.

Household Member Name	Source of Income	Gross Monthly Amount
	Social Security	\$
	Social Security	\$
	Social Security	\$
	Social Security	\$
	SSI Benefits	\$
	SSI Benefits	\$
	SSI Benefits	\$
	SSI Benefits	\$
	Pension (List Source)	\$
	Pension (List Source)	\$
	Pension (List Source)	\$
	Veteran's Benefits (List Claim #)	\$
	Veteran's Benefits (List Claim #)	\$
	Unemployment Compensation	\$
	Unemployment Compensation	\$
	Title IV/ TANF	\$
	Title IV/ TANF	\$
	Title IV/ TANF	\$
	Full-Time Student Income (18 & Over Only)	\$
	Full-Time Student Income (18 & Over Only)	\$
	Interest Income (Source)	\$
	Interest Income (Source)	\$
	Long Term Medical Care Insurance Payments in excess of \$180/ day	\$

Household Member Name	Source of Income	Gross Monthly Amount
	Employment amount	\$
	Employer:	
	Address:	
	Position Held:	
	How long employed:	
	Employment amount	\$
	Employer:	
	Address:	
	Position Held:	
	How long employed:	
	Employment amount	\$
	Employer:	
	Address:	
	Position Held:	
	How long employed:	
	Employment amount	\$
	Employer:	
	Address:	
	Position Held:	
	How long employed:	
	Alimony	
	Are you <i>legally entitled</i> to receive alimony?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, list the amount you are <i>entitled</i> to receive.	\$
	Do you receive alimony?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, list the amount you receive.	\$
	Child Support	
	Are you <i>legally entitled</i> to receive child support?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, list the amount you are <i>entitled</i> to receive.	\$
	Do you receive Child Support?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, list the amount you receive.	\$
	Other Income	\$
	Other Income	\$
	Other Income	\$
TOTAL GROSS ANNUAL INCOME (Based on the monthly amounts listed above x 12)		\$
TOTAL GROSS ANNUAL INCOME FROM PREVIOUS YEAR		\$
Do you anticipate any changes in this income in the next 12-months?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is any member of the household legally entitled to receive income assistance?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is any member of the household likely to receive income or assistance from someone who is not a member of the household as listed on Page 2?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes to any of the above, explain:		
Is the income received?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

D. ASSETS

If your assets are too numerous to list here, please request an additional form.
If a section doesn't apply, cross out or write N/A.

Checking Accounts	#	Bank	Balance \$	
	#	Bank	Balance \$	
	#	Bank	Balance \$	
	Bank Address:			
Savings Accounts	#	Bank	Balance \$	
	#	Bank	Balance \$	
	#	Bank	Balance \$	
	Bank Address:			
Trust Account	#	Bank	Balance \$	
Bank Address:				
Certificates	#	Bank	Balance \$	
	#	Bank	Balance \$	
	#	Bank	Balance \$	
	#	Bank	Balance \$	
	Bank Address:			
Credit Union	#	Bank	Balance \$	
	#	Bank	Balance \$	
	Bank Address:			
Savings Bonds	#	Maturity Date	Value \$	
	#	Maturity Date	Value \$	
	#	Maturity Date	Value \$	
	Holder Address:			
Life Insurance Policy	#	Whole or Term? _____	Cash Value \$	
Life Insurance Policy	#	Whole or Term? _____	Cash Value \$	
Mutual Funds	Name:	#Shares:	Interest or Dividend \$	Value \$
	Name:	#Shares:	Interest or Dividend \$	Value \$
	Name:	#Shares:	Interest or Dividend \$	Value \$
Stocks	Name:	#Shares:	Dividend Paid \$	Value \$
	Name:	#Shares:	Dividend Paid \$	Value \$
	Name:	#Shares:	Dividend Paid \$	Value \$
Bonds	Name:	#Shares:	Interest or Dividend \$	Value \$
	Name:	#Shares:	Interest or Dividend \$	Value \$
Investment Property				Appraised Value \$

Real Estate Property: <i>Do you own any property?</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If yes</i> , Type of property:	
Location of property:	
Appraised Market Value	\$
Mortgage or outstanding loans balance due	\$
Amount of annual insurance premium	\$
Amount of most recent tax bill	\$

Does any member of the household have an asset(s) owned jointly with a person who is NOT a member of the household as listed on Page 2?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If yes, describe:</i>	
Do they have access to the asset(s)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you sold/disposed of any property in the last 2 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If yes, Type of property:</i>	
Market Value when sold/disposed	\$
Amount sold/ disposed for	\$
Date of transaction:	

Have you disposed of any other asset in the last 2 years (Example: Given away money to relatives, set up Irrevocable Trust Account)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If yes, describe the asset:</i>	
Date of disposition:	
Amount disposed	\$

Do you have any other assets not listed above (excluding personal property)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If yes, please list:</i>	

E. ADDITIONAL INFORMATION

Are you or any member of your family currently using an illegal substance?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you or any member of your family ever been convicted of a criminal offense?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>If yes, please describe:</i>		
Have you or any member of your family ever been evicted from any housing?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>If yes, describe:</i>		
Have you ever filed for bankruptcy?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>If yes, describe:</i>		
Will you take an apartment when one is available?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>Briefly describe your reasons for applying:</i>		

F. MEDICAL AND CHILD CARE EXPENSES

<p><u>FOR ELDERLY, DISABLED, HANDICAPPED APPLICANTS APPLYING FOR SECTION 8 HOUSING ONLY</u> Medical Costs - Complete only if head or spouse is 62 or older, handicapped, or disabled AND ONLY if these medical expenses are paid for out of your own pocket and not reimbursed by medical insurance.</p>

Medicare

Monthly Amount \$	Monthly Amount \$
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Medical Insurance

Name	Name
Address	Address
Claim No.	Claim No.
Monthly Amt. \$	Monthly Amt. \$

Pharmacy

Name	Name
Address	Address
Anticipated prescription costs not covered by insurance - Monthly	Anticipated prescription costs not covered by insurance -

Amount \$	Monthly Amount \$
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Physician

Are you seeing a physician REGULARLY ? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Name	Name
Address	Address
Anticipated costs not covered by insurance - Monthly Amount \$	Anticipated costs not covered by insurance - Monthly Amount \$

Outstanding Medical Bills for which You are Making Monthly Payments

Name	Name
Address	Address
Anticipated costs not covered by insurance - Balance Due \$ Monthly Amount \$	Anticipated costs not covered by insurance - Balance Due \$ Monthly Amount \$

Child Care Expenses - Complete for children 12 and younger - Weekly cost for Child Care \$ _____

Name & Address of Person/Agency caring for children:

G. REFERENCE INFORMATION

Current Landlord	Landlord Name:	
	Your Address:	
	Landlord's Address:	
	Landlord Phone:	
	How Long?	

Prior Landlord and Address	Landlord Name:	
	Your Prior Address:	
	Landlord's Address:	
	Landlord Phone:	
	How Long?	

Credit Reference #1:	
Address:	
Account #:	Phone #:
Credit Reference #2:	
Address:	
Account #:	Phone #:
Credit Reference #3:	
Address:	
Account #:	Phone #:
Personal Reference #1:	
Address:	
Relationship:	Phone #:
Personal Reference #2:	
Address:	
Relationship:	Phone #:
Personal Reference #3:	
Address:	
Relationship:	Phone #:

In case of emergency notify:	
Address:	
Relationship:	Phone #:

G. VEHICLE AND PET INFORMATION (if applicable)	
List any cars, trucks, or other vehicles owned. Parking will be provided for one vehicle, unless otherwise specified. Arrangement with Management will be necessary for more than one vehicle.	
Type of Vehicle:	License Plate #:
Year/Make:	Color:
Type of Vehicle:	License Plate #:
Year/Make:	Color:
Do you own any pets:	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If yes describe:</i>	

CERTIFICATION

I/We hereby certify that I/We Do/Will Not maintain a separate subsidized rental unit in another location. I/ We further certify that this will be my/our permanent residence. I/We must pay a security deposit for this apartment prior to occupancy. I/We understand that my eligibility for housing will be based on applicable income limits and by management’s selection criteria. I/We certify that all information in this application is true and to the best of my/our knowledge and I/We understand that false statements or information are punishable by law and will lead to cancellation of this application or termination of tenancy after occupancy. All adult applicants, 18 or older must sign application.

A non-refundable application fee of \$30.00 per each applicant is required for Tax Credit Properties payable to Dirigo Management Company must accompany this application.

I/ We further hereby deposit \$_____ as earnest money to be refunded to me/us if this application is not accepted. Upon acceptance of this application, this deposit shall be retained as security deposit. When so approved and accepted I/We agree to execute a lease before possession is given, or the deposit will be forfeited as liquidated damages in payment for the agent’s time and effort in processing my inquiry and application, including making necessary investigation of my credit, character and reputation. If this application is not approved and accepted by the owner or agent, the deposit will be refunded, the applicant hereby waiving any claim for damages by reason of non-acceptance, which the owner or his agent may reject without stating any reason for so doing.

I/ WE RECOGNIZE THAT AS PART OF YOUR PROCEDURE FOR PROCESSING MY/OUR APPLICATION, AN INVESTIGATIVE CONSUMER REPORT/CREDIT REPORT MAY BE PREPARED WHEREBY INFORMATION IS OBTAINED THROUGH CURRENT AND/OR PREVIOUS LANDLORDS.

The above information, to the best of my knowledge, is true and correct.

SIGNATURES (S):

(Signature of Tenant)	Date
(Signature of Co-Tenant)	Date
(Signature of Co-Tenant)	Date
(Signature of Co-Tenant)	Date

Date: ____ / ____ / ____

Property: _____ Unit: _____

GENERAL AUTHORIZATION

I/We Do Hereby Authorize Dirigo Management Company, One City Center – 4th Floor, Portland, ME 04101-4009, and its staff or authorized representative to contact any agencies, local police departments, offices, groups, individuals, or organizations to obtain and verify any information or materials which are deemed necessary to determine my/our eligibility for housing in programs administered/managed by Dirigo Management Company. I/We do hereby authorize Dirigo Management Company to photocopy this General Authorization with my/our signature for verification purposes as outlined above.

The following person/people has/have applied for housing assistance under a program of the U.S. Department of Housing and Urban Development (HUD). HUD requires the housing owner to verify all information that is used in determining eligibility or level of benefits.

SIGNATURE(S):

TENANT/APPLICANT SIGNATURE

DATE

PRINTED NAME

UNIT (if applicable)

CO-TENANT/APPLICANT SIGNATURE

DATE

PRINTED NAME

OTHER ADULT SIGNATURE

DATE

PRINTED NAME

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 and any owner (or any employee of HUD or the owner) may be subject to penalties for unauthorized disclosures or improper use of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposed cited above. Any person who knowingly or willingly requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more that \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages and seek other relief, as may be appropriate, against the officer or employee of HUD or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at 42 U.S.C. 208(f)(g) and (h). Violation of these provisions are cited as violations of 42 U.S.C. 408 (f)(g) and (h).