

**YORK HOUSING**  
4 Pine Grove Lane  
York, Maine 03909

**Deerfield Place**  
**RENTAL APPLICATION**



Equal Housing Opportunity

**PLEASE TELL US ABOUT YOURSELF**

Full Name \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_ Date of Birth \_\_\_\_\_

Social Security # \_\_\_\_\_

Email Address: \_\_\_\_\_ (optional)

Other Phone ( ) \_\_\_\_\_

Co-Applicant Name \_\_\_\_\_

Co-Applicant Date of Birth \_\_\_\_\_ Social Security# \_\_\_\_\_

List All Pets \_\_\_\_\_

It is York Housing Authority's policy to allow one (1) pet per unit under 20 lbs subject to receipt of veterinary documentation as to current vaccinations.

**PLEASE GIVE RESIDENTIAL HISTORY**

Current Address \_\_\_\_\_ Apt# \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Month/Year Moved In \_\_\_\_\_

Do you own your own home? Yes \_\_\_\_\_ No \_\_\_\_\_

If not, please provide Residential History (Last 3 Years)

Previous Address \_\_\_\_\_

Rent \$ \_\_\_\_\_ Reasons for Leaving \_\_\_\_\_

Owner/Agent Name: \_\_\_\_\_

Owner/Agent Phone ( ) \_\_\_\_\_

Previous Address \_\_\_\_\_

Rent \$ \_\_\_\_\_ Reasons for Leaving \_\_\_\_\_

Owner/Agent Name \_\_\_\_\_

Owner/Agent Phone ( ) \_\_\_\_\_

**PLEASE DESCRIBE YOUR CREDIT HISTORY**

Have you declared bankruptcy in the past seven (7) years? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever been evicted from a rental residence? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you had two or more late rental payments in the past year? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever willfully or intentionally refused to pay rent when due? Yes \_\_\_\_\_ No \_\_\_\_\_

**PLEASE LIST YOUR REFERENCES**

**Personal Reference or Emergency Contact (CIRCLE ONE):**

Name \_\_\_\_\_ Address \_\_\_\_\_

Phone \_\_\_\_\_ Relationship \_\_\_\_\_

**Driver's License:**

Your Driver's License Number \_\_\_\_\_ State \_\_\_\_\_

**Vehicle Information:**

Make / Model \_\_\_\_\_ Year \_\_\_\_\_ License Plate Number \_\_\_\_\_

**INCOME AND ASSETS**

York Housing Authority prides itself on providing affordable housing for seniors. Though Income Limits have not been set for Deerfield Place, it is our intention to meet with you on an annual basis at time of lease renewal to insure that you are in a housing situation that best suits your needs. Applicant and Co-Applicant, please complete the information below to the best of your ability. The financial data will help us create a history to help you qualify for a subsidized unit should the need ever arise, as well as confirmation of ability to pay.

\_\_\_\_\_ Wages (Gross) \$ \_\_\_\_\_ Per \_\_\_\_\_

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\_\_\_\_\_ Social Security \$ \_\_\_\_\_ Per \_\_\_\_\_

\_\_\_\_\_ Social Security \$ \_\_\_\_\_ Per \_\_\_\_\_

\_\_\_\_\_ Pension \$ \_\_\_\_\_ Per \_\_\_\_\_

\_\_\_\_\_ Pension \$ \_\_\_\_\_ Per \_\_\_\_\_

\_\_\_\_\_ Other Income \$ \_\_\_\_\_ Per \_\_\_\_\_

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Bank Name \_\_\_\_\_ Type of Account \_\_\_\_\_ Account Number \_\_\_\_\_

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Real Estate: Do you own a year round home, vacation home, and/or rental property?

\_\_\_\_\_ Location \_\_\_\_\_ Type \_\_\_\_\_ Estimated Market Value \_\_\_\_\_

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Is there an outstanding mortgage (s) on your property? If so, please state the total amount outstanding: \$ \_\_\_\_\_

**MEDICAL**

Are you, or any member of your family who will be occupying the apartment, handicapped? Yes \_\_\_\_\_ No \_\_\_\_\_

If so, can you obtain a doctor's statement verifying the disability? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you require the features of a handicapped accessible unit? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you require a first floor unit? Yes \_\_\_\_\_ No \_\_\_\_\_ (You must provide a medical reason for you to refuse a second floor unit.)

**ADDITIONAL INFORMATION:**

Have you ever resided in the Town of York? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please indicate: Address \_\_\_\_\_ Date of Residency \_\_\_\_\_

Do you have a son or daughter residing in the Town of York? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please indicate: Address \_\_\_\_\_ Date of Residency \_\_\_\_\_

If someone is helping you with this application, please complete the following in case we need to contact this person when this application is being processed.

Name \_\_\_\_\_ Agency \_\_\_\_\_ or Relationship \_\_\_\_\_

Address \_\_\_\_\_

Telephone Number \_\_\_\_\_

**Applicant (Voluntary: For statistical purposes only)**

Minority Code:

- a.) White Non Minority
- b.) Negro/Black
- c.) American Indian
- d.) Spanish American
- e.) Oriental
- f.) Other \_\_\_\_\_

Please give any additional information that might help owner/management evaluate this application.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Where may we reach you to discuss this application?

Day Phone # ( ) \_\_\_\_\_ Evening Phone # ( ) \_\_\_\_\_

I/we understand that a deposit equal to one month's rent will be required and is payable prior to moving into an apartment.

I/we certify that the apartment I/we will occupy will be my/our permanent residence and that I/we will not maintain a separate rental unit in a different location. I/we understand that York Housing Authority reserves the right to verify that a leased unit will be my/our permanent residence.

I/we do hereby attest that I/we have answered all of the questions on this form truthfully, and I/we understand that it is an illegal act to make false statements in order to obtain housing.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

.....  
**(To be completed in applicant's own handwriting)**

Authorization for release of information

I, \_\_\_\_\_; AND \_\_\_\_\_; DO HEREBY AUTHORIZE ANY AGENCIES, OFFICES, GROUPS, ORGANIZATIONS OR BUSINESS FIRMS TO RELEASE TO **YORK HOUSING AUTHORITY** ANY INFORMATION OR MATERIALS WHICH ARE DEEMED NECESSARY TO COMPLETE MY APPLICATION FOR HOUSING. THESE ORGANIZATIONS ARE TO INCLUDE, BUT ARE NOT LIMITED TO: FINANCIAL INSTITUTIONS; CHILD SUPPORT PAYERS; STATE EMPLOYMENT SECURITY COMMISSIONS; PAST OR PRESENT EMPLOYERS; PAST AND PRESENT LANDLORDS; SOCIAL SECURITY ADMINISTRATION; UTILITY COMPANIES; WORKMAN'S COMPENSATION PAYERS; HOSPITALS; PUBLIC AND PRIVATE RETIREMENT SYSTEMS; LAW ENFORCEMENT AGENCIES; ATTORNEYS; REALTORS; DOCTORS; SOCIAL WORKERS.

THIS AUTHORIZATION SHALL CONTINUE FROM THE DATE OF SIGNATURE UNTIL SUCH TIME THAT **YORK HOUSING AUTHORITY** IS NOTIFIED IN WRITING THAT THE AUTHORIZATION IS CANCELLED OR MY APPLICATION IS WITHDRAWN. I ALSO UNDERSTAND THAT A PHOTOCOPY IS AS VALID AS THE ORIGINAL.

SIGNED: \_\_\_\_\_ SIGNED: \_\_\_\_\_

SS# \_\_\_\_\_ SS# \_\_\_\_\_

ADDRESS: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

\_\_\_\_\_

DATE: \_\_\_\_\_ DATE: \_\_\_\_\_

**APPLICANT: PLEASE DO NOT WRITE BELOW (FOR OFFICE USE ONLY)**

Deposit of \$\_\_\_\_\_ Received by \_\_\_\_\_ Date \_\_\_\_\_

OFFICE NOTES: