

Unassisted Housing Application

Please complete the following application and return it to **Phoenix Management Corporation, ATTN: Darlene P. O. Box 759 Saco ME 04072**. **All items** must be completed in order to determine your eligibility. **Incomplete applications will be returned**. If an item does not apply to you, please mark "N/A" on that line. Please include a copy of a picture ID or drivers license for each adult member of the household. Every applicant will be required to go through a formal interview before eligibility is determined.

A. General Information - Please circle one: MR. MRS. MS. MISS

App ID: **9469**
 Name: _____
 Address: _____
 City: _____ State: _____ Zip: _____

Daytime Telephone Number: () - _____ E-Mail Address: _____

Property Name: **Cumming Mill - Conventional**

Unit Size: **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.			- -
5.			- -
6.			- -

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

Family Member Name	Sources of Income	Amount
	Wages – Gross Monthly Amount Employer Name: _____	\$
	Wages – Gross Monthly Amount Employer Name: _____	\$
	Social Security/Pension – Gross Monthly Amount	\$
	AFDC – Gross Monthly Amount	\$
	Child Support/Alimony - Monthly Amount	\$
	Interest Income - Gross Monthly Amount (i.e., interest earned from bank accounts, CD's, stocks, bonds, etc.)	\$
	Other Monthly Income	\$

Over →

D. References – Current Landlord

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

E. Previous Landlords

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

**F. 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.		

G. Other Information

Have you ever been evicted or served with a Notice to Quit? Yes No If yes, describe reason(s):

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

Do you own a pet? Yes No If yes, describe _____

H. Signatures

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

Please sign ALL black checkmarks

Authorization

I/we do hereby authorize Phoenix Management - Saco, ME and its staff to contact any 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

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Signatures

(✓)

Applicant Signature

Date

(✓)

Co-Applicant Signature

Date

PLEASE PRINT



PLEASE PRINT

ORDER FORM
NATIONWIDE CRIMINAL SEARCH
FAX TO: CRIMINAL DEPT. 1-800-324-4595
FOR QUESTIONS: 1-800-324-3681

Property Name: _____ Date: _____
Customer Number: _____ Requested by: _____
Lawson's Number: _____ Fax: _____
Phone: _____

I, the undersigned, acknowledge and represent the information requested on the applicant below will not be used for employment purposes.

Agent Signature: _____ Date: _____

Applicant Name: First: _____ Middle: _____ Last: _____
Date of Birth: _____ Address: _____
SSN: _____

I, the undersigned, warrant and represent the information contained herein to be true and correct. In addition, I authorize AmRent to conduct a criminal background search and release any and all information obtained to the above property, and I hereby waive all rights of action for any consequences resulting from such information.

Applicant Signature: _____ Date: _____

STATEWIDE CRIMINAL SEARCH	COUNTY LEVEL SEARCH																																																				
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STATEWIDE SEARCHES RETURNED IN 24 HOURS!!! (UNLESS SPECIFIED)	SEX OFFENDER SEARCH RETURNED IN 24 HRS!!! (States not listed, do not provide a separate Sex Offender Registry)																																																				
**A \$5.00 surcharge will be assessed on all S. Dakota searches. Pricing is subject to change based on availability and data sources.	<p>* Will load soon in the AmRent Database @ In the AmRent Database NA Statewide Search Currently Not Available</p>																																																				

Fill out one of these forms for each adult applicant

*Fill in middle section only. Circle the States that you have lived in.

PLEASE PRINT



PLEASE PRINT

ORDER FORM
NATIONWIDE CRIMINAL SEARCH
FAX TO: CRIMINAL DEPT. 1-800-324-4595
FOR QUESTIONS: 1-800-324-3681

Property Name: _____
 Customer Number: _____
 Lawson's Number: _____
 Phone: _____

Date: _____
 Requested by: _____
 Fax: _____

I, the undersigned, acknowledge and represent the information requested on the applicant below will not be used for employment purposes.

Agent Signature: _____

Date: _____

Applicant Name: First: _____ Middle: _____ Last: _____
 Date of Birth: _____
 SSN: _____

Address: _____

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Applicant Signature: _____

Date: _____

F I L L I N

STATEWIDE CRIMINAL SEARCH	COUNTY LEVEL SEARCH		
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<input type="checkbox"/> Alabama <input checked="" type="checkbox"/> Alaska <input type="checkbox"/> Arizona* <input type="checkbox"/> Arkansas* <input type="checkbox"/> California <input type="checkbox"/> Colorado* <input type="checkbox"/> Connecticut* <input checked="" type="checkbox"/> DC <input type="checkbox"/> Delaware ^{1 to 3 days} <input checked="" type="checkbox"/> Florida <input checked="" type="checkbox"/> Georgia <input type="checkbox"/> Hawaii <input type="checkbox"/> Idaho* <input checked="" type="checkbox"/> Illinois <input checked="" type="checkbox"/> Indiana ^{Elkhart City} <input type="checkbox"/> Iowa ^{1 to 3 days} <input type="checkbox"/> Kansas <input type="checkbox"/> Kentucky* <input checked="" type="checkbox"/> Louisiana <input checked="" type="checkbox"/> Maine ^{county level 48hrs-2weeks} <input type="checkbox"/> Maryland <input checked="" type="checkbox"/> Massachusetts <input checked="" type="checkbox"/> Michigan <input checked="" type="checkbox"/> Minnesota <input type="checkbox"/> Mississippi* <input checked="" type="checkbox"/> Missouri	<input type="checkbox"/> Montana <input type="checkbox"/> Nebraska <input type="checkbox"/> Nevada <input type="checkbox"/> New Hampshire ^{1 to 5 days} <input type="checkbox"/> New Jersey* <input type="checkbox"/> New Mexico <input type="checkbox"/> New York* <input type="checkbox"/> N Carolina* <input type="checkbox"/> N Dakota <input checked="" type="checkbox"/> Ohio <input type="checkbox"/> Oklahoma <input type="checkbox"/> Oregon* <input checked="" type="checkbox"/> Pennsylvania* ^{1 to 3 days} <input type="checkbox"/> Rhode Island <input type="checkbox"/> S Carolina <input type="checkbox"/> S Dakota** <input type="checkbox"/> Tennessee* <input checked="" type="checkbox"/> Texas <input checked="" type="checkbox"/> Utah <input checked="" type="checkbox"/> Vermont <input type="checkbox"/> Virginia <input type="checkbox"/> Washington <input checked="" type="checkbox"/> W Virginia <input type="checkbox"/> Wisconsin <input checked="" type="checkbox"/> Wyoming		
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<p>STATEWIDE SEARCHES RETURNED IN 24 HOURS!!! (UNLESS SPECIFIED)</p>	<p style="text-align: center;">SEX OFFENDER SEARCH RETURNED IN 24 HRS!!! (States not listed, do not provide a separate Sex Offender Registry)</p> <p style="font-size: small; text-align: center;"> * Will load soon in the AmRent Database @ In the AmRent Database NA Statewide Search Currently Not Available </p>		

**A \$5.00 surcharge will be assessed on all S. Dakota searches. Pricing is subject to change based on availability and data sources

PHOENIX MANAGEMENT

RESIDENTIAL & COMMERCIAL

****We kindly request that each employed adult applicant assist us by having their employer complete an employment verification form.**

Employment Verification – Cummings Mill

Employer Phone #: _____

Employer Fax #: _____

Employer Name & Address:

Re: _____

SS: _____

This person has applied for an apartment with Phoenix Management. This form is to verify the applicant's employment status. Your prompt return of this information is necessary to assure timely processing of their application. Thank you.

Phoenix Management

Employed Since	<input type="text" value="___/___/___"/>	Occupation	<input type="text"/>
1. Salary Information – Complete only one			
Weekly	\$ <input type="text"/> /per wk	Bi-Weekly	\$ <input type="text"/> /bi-wkly
		Annual	\$ <input type="text"/> /annually
Hourly	\$ <input type="text"/> /per hr	Number of average hours worked weekly	<input type="text"/> hours
		Expected # of weeks worked yearly (do not complete if annual salary was given)	<input type="text"/> weeks
2. Overtime Pay (complete only if overtime is regular)			
Per Hour Amount	\$ <input type="text"/> /per hr		
	Expected average # of hours to be worked per week over the next twelve months <input type="text"/> hours		
3. Other Compensation not including above (Specify for commissions, regular bonuses, tips, etc.)			
Compensation Type	<input type="text"/>	Amount	\$ <input type="text"/> Per <input type="text"/>
4. Total Base Pay Earnings past 12 months	\$ <input type="text"/>		
Total Overtime Earnings past 12 months	\$ <input type="text"/>		

Signature & Title of Person Supplying Info

Phone #

Date

RELEASE: I hereby authorize the release of the requested information. Information obtained under this consent is limited to information that is no older than 12 months.

Applicant Signature:

Date: _____

Penalties for misusing this consent: 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, the PHA and any owner (or any employee of HUD, the PHA or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes 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 than \$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, the PHA 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). Violations of these provisions are cited as violations of 42 U.S.C. 408 (f)(g) and (h).



PHOENIX MANAGEMENT

RESIDENTIAL & COMMERCIAL

Landlord Reference

Landlord Name & Address:

Applicant Name & Address:

This person has applied for an apartment in one of our communities. We ask your cooperation in providing the following information and returning it to us. Your prompt return of this information will help to assure timely processing of the application for assistance. Enclosed is a self-addressed, stamped envelope for this purpose. The applicant has consented to this release of information as shown below.

TO BE COMPLETED BY LANDLORD ONLY:

Address of Apartment Rented: _____ Rental Period:: From _____ to _____

Amount of current/previous rent \$ _____ Amount in arrears at this time \$ _____

If this rental is current, do you receive a subsidy through the Rural Housing 515 program or HUD Section 8 program? Yes No

Had/have you begun/completed eviction proceedings for non-payment? Yes No

Rent payment history for the past year/prior years: Excellent Good Fair Poor

Housekeeping: Does (did) the tenant keep the unit clean, safe & sanitary? Yes No

Are (were) there any damages beyond normal wear and tear? Yes No

Does (did) tenant permit persons other than those on the lease to live in the unit on a regular basis? Yes No

Has (had) tenant/family members/guests damaged/vandalized the common areas? Yes No

Does (did) tenant/family members/guests interfere with the rights/quiet enjoyment of other tenants? Yes No

Has (had) tenant/family members/guests acted in a physically violent and/or verbally abusive manner towards neighbors, landlord, or landlord staff? Yes No

Type of tenant: Excellent Good Fair Poor Would you rent to applicant again? Yes No

Comments on any of the above: _____

Signature & Title of Person Supplying Info

Phone #

Date

RELEASE: I hereby authorize the release of the requested information.

(✓)

Please Return By: _____

Applicant Signature

Penalties for misusing this consent: 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.



Equal Housing
Opportunity

40 Water Street, PO Box 759, Saco, ME 04072
Phone (207) 571-3061 • 1 (866) 701-3904 • Fax (207) 571-3066
info@phoenixmanagementcompany.com



PHOENIX MANAGEMENT

RESIDENTIAL & COMMERCIAL

Landlord Reference

Landlord Name & Address:

Applicant Name & Address:

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PHOENIX MANAGEMENT

RESIDENTIAL & COMMERCIAL

Professional Reference

Property: _____

Reference Name & Address:

Applicant Name & Address:

This person has applied for an apartment in one of our communities. We are asking for your cooperation in providing the following information and to return the form to us. Your prompt return of this information will help to assure timely processing of the application for housing. Enclosed is a self-addressed, stamped envelope for this purpose. The applicant has consented to this release of information as shown below.

TO BE COMPLETED BY REFERENCE ONLY:

1. How long have you known the applicant? _____
2. Would you consider the applicant a responsible person? Yes No
- Please explain: _____
3. Would the applicant be a benefit to our community? Yes No
- Please explain: _____
4. Does the applicant get along with his/her neighbors? Yes No
- Please explain: _____
5. How would you describe the applicant? _____
6. How do you know the applicant? _____
7. Is the applicant a relative? Yes No
8. If you had property to rent, would you rent to this applicant? Yes No
- Additional Comments on any of the above: _____

Signature & Title of Person Supplying Info

Phone #

Date

RELEASE: I hereby authorize the release of the requested information.

(✓)

Please Return By: _____

Applicant Signature

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PHOENIX MANAGEMENT

RESIDENTIAL & COMMERCIAL

Professional Reference

Property: _____

Reference Name & Address:

Applicant Name & Address:

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