

# WORKFORCE HOUSING APPLICATION CHECKLIST

for 1006 Congress Street, Portland, ME 04102

## Mail or Hand Deliver Completed Application and Documentation to:

**South Portland Housing Authority  
100 Waterman Drive, Suite 101  
South Portland, ME 04106**

- Application for Workforce Housing** – must be completed in full and signed by everyone in the household age 18 and older.
- Authorization for Release of Information** – must be signed by everyone in the household age 18 and older.
- Social Security Cards** – must be submitted for all members of the household.
- Birth Certificates** – must be submitted for all members of the household.
- Photo Identification** – a valid state or federal ID (i.e. driver’s license or photo ID) must be submitted for everyone in the household age 18 and older.
- Copy of most recent Federal Tax Returns** – must be submitted for everyone in the household who filed a tax return.
- Copies of two (2) most recent paystubs** – must be provided for all current employers for everyone in the household, including minors if employed.
- Verification of ALL other sources of income** – (Social Security, Retirement/Pension, VA Benefits, TANF, etc. Verification must be from the provider of the income (*a bank statement showing deposit is not acceptable*).
- Copies of legal documents awarding child support and/or alimony** (if applicable).
- Zero Income Form (if applicable)** – must be completed for any member of the household age 18 and older with no source of income.

Household Size	Maximum Income Limits
1	\$69,950
2	\$79,950
3	\$89,950
4	\$99,900

**WORKFORCE HOUSING  
RESIDENTIAL LEASE APPLICATION  
FOR 1006 CONGRESS STREET, PORTLAND, ME 04106**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ DOB \_\_\_\_\_

Social Security Number \_\_\_\_\_ Desired Move-In Date \_\_\_\_\_

Email \_\_\_\_\_

**Current Residence**

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Length of stay \_\_\_\_\_ Do you rent? \_\_\_\_ Yes \_\_\_\_ No Monthly rental fee \_\_\_\_\_

Reason for moving \_\_\_\_\_

Owner/Manager \_\_\_\_\_ Phone Number \_\_\_\_\_

Owner/Manager Address \_\_\_\_\_

**Previous Address**

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Length of stay \_\_\_\_\_ Did you rent? \_\_\_\_ Yes \_\_\_\_ No Monthly rental fee \_\_\_\_\_

Reason for moving \_\_\_\_\_

Owner/Manager \_\_\_\_\_ Phone Number \_\_\_\_\_

Owner/Manager Address \_\_\_\_\_

**Workforce Housing Preferences**

Have you lived in Portland, Maine as your primary address (residence) for the last 2 years? \_\_\_\_ Yes \_\_\_\_ No

Are you a previous resident of Portland, Maine who has been displaced within the last 12 months due to the unavailability of affordable housing? \_\_\_\_ Yes \_\_\_\_ No

Are you employed full-time by the City of Portland, Maine? \_\_\_\_ Yes \_\_\_\_ No

*\*Applicants shall be responsible for documenting their preferred status under any of the above noted categories. Documentation may include confirmed leases, bank statements, utility bills, voter registration, tax returns, insurance statements, and other reasonable documents as requested. More than one form of documentation may be requested and required.*

**Type of Apartment Desired**

\_\_\_ One Bedroom (*Minimum 1 person, Maximum 2 persons*)

\_\_\_ Two Bedroom (*Minimum 2 persons, Maximum 4 persons*)

**\*Under no circumstances will households be allowed to exceed the maximum household size.**

Approximate amount of rent you are able to pay \_\_\_\_\_ Smoker \_\_\_ Non-Smoker \_\_\_

How did you hear about us? \_\_\_\_\_

Do you own any pets? \_\_\_ Describe (type, size and age) \_\_\_\_\_

Pets must be approved by management and will require a **pet deposit of \$350 (See Pet Policy attached).**

**List name and relationship of each person who will be living with you.**

Name	Relationship

**List all income received by yourself and each person who will be living with you.**

Household Member Name	Source of Income ( <i>i.e. SSI, TANF, Employment, etc.</i> )	Amount of Income ( <i>Please list GROSS amount – pre-tax</i> )	Frequency of Income ( <i>i.e. weekly, bi-weekly, monthly, etc.</i> )

Are you a student and if so please state means of support \_\_\_\_\_

Current occupation \_\_\_\_\_

Company \_\_\_\_\_ Length of Employment \_\_\_\_\_

Supervisor \_\_\_\_\_ Phone # \_\_\_\_\_

Previous Employer \_\_\_\_\_ Length of Employment \_\_\_\_\_

Phone # \_\_\_\_\_

Have you ever filed for bankruptcy: \_\_\_\_ If so, when \_\_\_\_\_

Have you ever been evicted \_\_\_\_ If so, explain \_\_\_\_\_

Do you own any real estate? \_\_\_\_ If yes, describe \_\_\_\_\_

**Vehicle(s) Information**

Owner \_\_\_\_\_ Driver's License # \_\_\_\_\_

Make \_\_\_\_\_ Model \_\_\_\_\_ Year \_\_\_\_\_ Plate Number \_\_\_\_\_

Owner \_\_\_\_\_ Driver's License # \_\_\_\_\_

Make \_\_\_\_\_ Model \_\_\_\_\_ Year \_\_\_\_\_ Plate Number \_\_\_\_\_

Please indicate the number of parking spaces you would be interested in requesting. Assigned off-street parking is subject to availability and will require a **monthly fee**.

\_\_\_\_ *Request 1 parking spot*      \_\_\_\_ *Request 2 parking spots*      \_\_\_\_ *No parking spot needed*

**Personal References (please list 2 character reference that are not relatives)**

Name \_\_\_\_\_ Relationship \_\_\_\_\_

How long have they known you \_\_\_\_\_ Phone # \_\_\_\_\_

Mailing Address \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

How long have they known you \_\_\_\_\_ Phone # \_\_\_\_\_

Mailing Address \_\_\_\_\_

**In case of emergency, please notify**

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home/Cell Phone # \_\_\_\_\_ Work Phone # \_\_\_\_\_

**CERTIFICATION AND CONSENT:**

I authorize PK Realty Management, LLC, or its designee, to have access to my personal credit report and to contact any companies, individuals, government entities, and/or consumer or credit reporting bureaus for the purposes of verifying information herein, reporting on any past criminal, credit, rental and eviction history, and providing any and all such information including this application to the herein above referenced Owner/Manager.

I herein swear and affirm the information contained in this application is true and complete. I understand that material misstatements or misrepresentations herein may serve as a basis to deny my application and could be deemed a possible breach of any lease I might subsequently enter.

Date: \_\_\_\_\_ Signature of Applicant: \_\_\_\_\_

Date: \_\_\_\_\_ Other Household Member: \_\_\_\_\_

Date: \_\_\_\_\_ Other Household Member: \_\_\_\_\_

Date: \_\_\_\_\_ Other Household Member: \_\_\_\_\_



## SOUTH PORTLAND HOUSING AUTHORITY

100 Waterman Drive, Suite 101, South Portland, Maine 04106

(207) 773-4140 • FAX (207) 773-4006

ME Relay – call 711

### **AUTHORIZATION FOR RELEASE OF INFORMATION**

I/We, the undersigned, do hereby authorize any agencies, offices, groups, organizations or business firms to release any information or materials deemed necessary to complete my/our eligibility for housing. These organizations are to include, but are not limited to: U.S. Citizenship and Immigration Services (INS SAVE); financial institutions; child support payers; state employment security commission; past or present employers; past or present landlords; Internal Revenue Service, social security administration; utility companies; worker's compensation payers; public and private retirement systems; law enforcement agencies; and attorneys.

**This consent form expires fifteen (15) months after date of signature.**

#### **Head of Household:**

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

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

Print Name: \_\_\_\_\_

#### **All other household members, age 18 or older:**

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

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

Print Name: \_\_\_\_\_

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

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

Print Name: \_\_\_\_\_

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

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

Print Name: \_\_\_\_\_



Equal Housing Opportunity  
"People in Service to People"

**WORKFORCE HOUSING  
CERTIFICATION OF ZERO INCOME**

**\*\*\*This form must be completed and signed by each adult member of the household that DOES NOT have any income.\*\*\***

HEAD OF HOUSEHOLD NAME \_\_\_\_\_ ADDRESS: \_\_\_\_\_

FAMILY MEMBER NAME: \_\_\_\_\_

**1. I hereby certify that I do not individually receive income from any of the following sources:**

- a. Wages from employment (including commissions, tips, bonuses, fees, etc.);
- b. Income from operation of a business;
- c. Rental income from real or personal property;
- d. Interest or dividends from assets;
- e. Social Security payments, annuities, insurance policies, retirement funds, pensions, or death benefits;
- f. Unemployment or disability payments;
- g. Public assistance payments such as TANF;
- h. Periodic allowances such as alimony, child support, or gifts received from persons not living in my household;
- i. Sales from self-employed resources;
- j. Any other source not named above.

**2. I currently have no income of any kind and there is no imminent change expected in my financial status or employment status during the next 12 months.**

**I will be using the following sources of funds to pay for my monthly expenses:**

Food Expenses:        \$ \_\_\_\_\_ Source: \_\_\_\_\_

Housing Expenses    \$ \_\_\_\_\_ Source: \_\_\_\_\_

Medical Expenses    \$ \_\_\_\_\_ Source: \_\_\_\_\_

Other Living Expenses \$ \_\_\_\_\_ Source: \_\_\_\_\_

Under penalty of perjury, I certify that the information presented in this certification is true and accurate to the best of my knowledge. The undersigned further understand(s) that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of a lease agreement.

\_\_\_\_\_  
Signature of Applicant/Tenant

\_\_\_\_\_  
Date

## Pet Policy

Tenants of 1006 Congress Street (the "Property") may keep up to two pets. No pets allowed other than dogs and cats (the "Pets"), in accordance with the following rules and regulations:

1. The Tenant shall keep all Pets in compliance with all applicable state and local laws. Landlord has the right to approve comfort animals per state guidelines.
2. Tenant is allowed to keep "Pets" up to 45 pounds in weight.
3. **A \$350 pet non-refundable fee is due upon signing of lease.**
4. The Tenant shall keep all Pets when outside of the Tenant's unit, on a leash no longer than six (6) feet and in the control of a person over twelve (12) years of age, or in a carrying case.
5. The Tenant shall immediately pick up and properly dispose of all animal waste deposited on the Property. Animal waste should not be placed in trash receptacles located in common areas of the Property.
6. The Tenant shall not permit the Pet to damage any part of the unit or Property.
7. No dog that has acted aggressively towards people or other animals may be kept by Tenant. Aggressive behavior includes, but is not limited to, growling, snarling, excessive barking, biting, clawing, and mauling.
8. A first violation of these rules will result in a written warning to the Tenant. A second violation will subject the Tenant to a \$100 fine, payable to the Landlord. A third violation will subject the Tenant to a \$500 fine. Upon written notice of any further violation, the Tenant shall be required to remove the Pet from the Unit and the Property or face eviction under the terms of the Tenant's lease. Notwithstanding the foregoing, in the event that any Pet has physically attacked any person, whether occurring on the Property or in another location, the Tenant shall be required to immediately remove the Pet from the Unit and the Property or face eviction under the terms of the Tenant's lease.
9. These restrictions do not apply to animals kept according to the requirements of the Americans with Disabilities Act.