

# LRG Realty Management

PO Box 801, Bangor, ME 04401

(207) 546-7800 / (TTY) Dial 711 / Fax (207) 546-7811

[www.lrgmanagement.com](http://www.lrgmanagement.com) / [info@lrgmanagement.com](mailto:info@lrgmanagement.com)



## Application for Subsidized Housing

Write the name of the housing complex(s) applying for (Please do not write the word "ANYWHERE.") Property name list on page 10

### Property Names

#### For Office Use Only

Date Received: \_\_\_\_/\_\_\_\_/\_\_\_\_

Time Received: \_\_\_\_:\_\_\_\_ AM/PM

#1 \_\_\_\_\_ #2 \_\_\_\_\_ #3 \_\_\_\_\_

# of Bedrooms Requested: ☐ 1 ☐ 2 ☐ 3-Family Only

Applicant Name(s): \_\_\_\_\_

Please list all prior names: \_\_\_\_\_

Physical Address: \_\_\_\_\_ City \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home/Cell #: \_\_\_\_\_ Email: \_\_\_\_\_

How long have you lived at this address (please list move-in date): \_\_\_\_\_

Is a 30 days' notice required to vacate the premises? ☐ Yes ☐ No

Owned by ☐ Landlord ☐ Friend ☐ Family:

Name: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Person we can contact and discuss your application with, if we cannot reach you:

Name \_\_\_\_\_ Telephone #: \_\_\_\_\_

**Family Composition:** List ALL people who will live in the apartment (list Head of Household first).

Legal Name (First, Middle, Last)	Date of Birth	Relationship	Social Security #	US Military Veteran (Y/N)
1. _____	_____	Head of Household	____-____-____	_____
2. _____	_____	_____	____-____-____	_____
3. _____	_____	_____	____-____-____	_____
4. _____	_____	_____	____-____-____	_____
5. _____	_____	_____	____-____-____	_____
6. _____	_____	_____	____-____-____	_____

Do you anticipate your family composition changing within the next twelve months? ☐ Yes ☐ No

If yes, please explain in detail: \_\_\_\_\_

Is anyone in this household a smoker? ☐ Yes ☐ No



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Does anyone in the household use marijuana? ☐ Yes ☐ No

*\*All properties listed in this application are smoke free. Marijuana is **NOT** legal in federal housing.*

Do you have any animals? ☐ Yes ☐ No

*\*One pet per unit is allowed in Elderly properties. NO pets in Family properties*

If yes, what type and breed: \_\_\_\_\_

Is anyone in this household 18 or older enrolled as a full or part-time student? ☐ Yes ☐ No

If so, who: \_\_\_\_\_ ☐ Full-Time ☐ Part-Time

Name of School: \_\_\_\_\_

Do you currently hold a voucher which you will be using to pay for a portion of your rent? ☐ Yes ☐ No

If yes, please list the agency that holds your voucher: \_\_\_\_\_

**INCOME:** List all sources of household income.

**Member:**

\_\_\_\_\_ Social Security \$ \_\_\_\_\_/month \_\_\_\_\_/month \_\_\_\_\_/month

\_\_\_\_\_ Maine State Supplement \$ \_\_\_\_\_/month

\_\_\_\_\_ Unemployment Compensation \$ \_\_\_\_\_/weekly

\_\_\_\_\_ TANF \$ \_\_\_\_\_/month

\_\_\_\_\_ Child Support \$ \_\_\_\_\_/month

Source: \_\_\_\_\_

\_\_\_\_\_ Alimony \$ \_\_\_\_\_/month

Source: \_\_\_\_\_

\_\_\_\_\_ Pension \$ \_\_\_\_\_/month

I.D. #: \_\_\_\_\_

\_\_\_\_\_ V.A. \$ \_\_\_\_\_/month

VA Claim #: \_\_\_\_\_

\_\_\_\_\_ Any other type of income including rentals \$ \_\_\_\_\_ / Month Source: \_\_\_\_\_

\_\_\_\_\_ Any recurring withdrawal from accounts such as Retirement Funds, IRA, 401K, Annuity, Trust Fund:

\$ \_\_\_\_\_ Frequency withdrawn: \_\_\_\_\_ Account withdrawn from: \_\_\_\_\_

**Employment:**

\_\_\_\_\_ Wages/Salaries **Gross Amount Weekly** \$ \_\_\_\_\_ **OR Bi-Weekly** \$ \_\_\_\_\_

**Employer Name** \_\_\_\_\_

**Address** \_\_\_\_\_

\_\_\_\_\_ Wages/Salaries **Gross Amount Weekly** \$ \_\_\_\_\_ **OR Bi-Weekly** \$ \_\_\_\_\_

**Employer Name** \_\_\_\_\_

**Address** \_\_\_\_\_

Do you anticipate changes in any source of income in the next 12 months? Yes \_\_\_ No \_\_\_

**IF YES,** explain: \_\_\_\_\_

**ASSETS**

Is the total value of your combined assets over \$50,000? ☐ Yes ☐ No

State amount of any cash on hand or in a safety deposit box: \$ \_\_\_\_\_ ☐ Cash-on-Hand ☐ Deposit Box

If you receive Social Security benefits, do you have a Direct Xpress card? Yes \_\_\_ No \_\_\_

**Member:**

\_\_\_\_\_ **Checking Acct** Bank Name & Address: \_\_\_\_\_

\_\_\_\_\_ **Checking Acct** Bank Name & Address: \_\_\_\_\_



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\_\_\_\_\_ **Savings Acct** Bank Name & Address: \_\_\_\_\_  
\_\_\_\_\_ **Savings Acct** Bank Name & Address: \_\_\_\_\_  
\_\_\_\_\_ **C.D. Acct** Bank Name & Address: \_\_\_\_\_  
\_\_\_\_\_ **C.D. Acct** Bank Name & Address: \_\_\_\_\_  
\_\_\_\_\_ **Life Insurance that has cash value:** Policy #'s \_\_\_\_\_  
Insurance Company/Address: \_\_\_\_\_

**Do you have any 401k, securities, stocks, bonds, or other investment accounts?** Yes \_\_\_\_ No \_\_\_\_  
If yes, please account types, account holder's name, account numbers, and addresses for verification:  
\_\_\_\_\_  
\_\_\_\_\_

**Do you own any real estate?** Yes \_\_\_\_ No \_\_\_\_  
If yes, physical location address: \_\_\_\_\_

**Have you sold/disposed of any assets in the past two years?** (Example: Given away money, sold property, etc.)  
Yes \_\_\_\_ No \_\_\_\_ Type: \_\_\_\_\_ Date of Transaction: \_\_\_\_\_  
Amount Sold/Disposed For: \$ \_\_\_\_\_ Actual Cash Received: \$ \_\_\_\_\_

## EXPENSES

Do you pay for child care for children 12 years old & under due to work and/or education? Yes \_\_\_\_ No \_\_\_\_  
If yes, amount paid per week \$ \_\_\_\_\_  
Name of Care Provider: \_\_\_\_\_  
Address: \_\_\_\_\_ Telephone # \_\_\_\_\_

Are you applying for status as an "Elderly Household" where the Application or Co-Applicant is 62 or older or disabled, regardless of age, as defined by HUD which allows an adjustment to your income? Yes \_\_\_\_ No \_\_\_\_

If you are under age 62, please provide the name of a licensed professional (i.e. Physician, Social Worker, and Psychiatrist) that will certify that you are disabled:

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_

Do you pay any out of pocket medical expenses? Yes \_\_\_\_ No \_\_\_\_  
If yes, please list anticipated annual cost for any medical expenses **not covered** by insurance \$ \_\_\_\_\_

**GENERAL COMMENTS:** Please include any pertinent information about yourself, your living conditions, or your need for housing.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## OTHER INFORMATION:

1. Please check if you or any household member has a disability related need for any of the following:

\_\_\_\_\_ Handicap Unit \_\_\_\_\_ Unit for vision impairment  
\_\_\_\_\_ Live in Aide \_\_\_\_\_ Unit for hearing impairment



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\_\_\_\_\_ First floor unit

\_\_\_\_\_ Other accessibility needs (please specify)

2. Have you ever been evicted from any housing? Yes \_\_\_\_\_ No \_\_\_\_\_  
If Yes, Where \_\_\_\_\_ When \_\_\_\_\_  
Describe reason: \_\_\_\_\_
3. Section 8, 236 & 202/8 require you to be a citizen of the U.S. or have eligible immigration status. Do you have legal right to be in the United States?  
\_\_\_\_\_ Yes, because I am a United States citizen – Provide copy of birth certificate or U.S. Passport  
\_\_\_\_\_ Yes, because I have valid documentation from the Bureau of Citizenship and Immigration Services  
\_\_\_\_\_ No  
**If you answered “Yes” because you are a non-U.S. citizen with valid documentation, you must provide documentation and complete paperwork required by the Department of Housing and Urban Development so we can verify that you are a non-citizen with eligible immigration status.**
4. How did you hear about this Housing? \_\_\_\_\_
5. Please list any other States any household members 18 and older has live in: \_\_\_\_\_
6. If you were age 62 or older as of January 31, 2010, and do not have a SSN, were you receiving rental assistance at another location on January 31, 2010? Yes \_\_\_\_\_ No \_\_\_\_\_

## REFERENCES

**Previous Address:** List former addresses for a minimum of the past ten years. Any information received from any sources during the application process will be used to determine eligibility for occupancy. You must complete this page in its entirety to include full mailing addresses and phone numbers.

### *INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED*

#### Head of Household:

Previous Street Address: \_\_\_\_\_

Owned by Landlord, Friend, Family (circle one)

Name : \_\_\_\_\_ Telephone: \_\_\_\_\_

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

From \_\_\_\_\_, 20\_\_\_\_ to \_\_\_\_\_, 20\_\_\_\_

Previous Street Address: \_\_\_\_\_

Owned by Landlord, Friend, Family (circle one)

Name : \_\_\_\_\_ Telephone: \_\_\_\_\_

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

From \_\_\_\_\_, 20\_\_\_\_ to \_\_\_\_\_, 20\_\_\_\_



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Previous Street Address: \_\_\_\_\_  
Owned by Landlord, Friend, Family (circle one)  
Name : \_\_\_\_\_ Telephone: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
From \_\_\_\_\_, 20\_\_\_\_ to \_\_\_\_\_, 20\_\_\_\_

**Co-Applicant:**

Previous Street Address: \_\_\_\_\_  
Owned by Landlord, Friend, Family (circle one)  
Name : \_\_\_\_\_ Telephone: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
From \_\_\_\_\_, 20\_\_\_\_ to \_\_\_\_\_, 20\_\_\_\_

Previous Street Address: \_\_\_\_\_  
Owned by Landlord, Friend, Family (circle one)  
Name : \_\_\_\_\_ Telephone: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
From \_\_\_\_\_, 20\_\_\_\_ to \_\_\_\_\_, 20\_\_\_\_

Previous Street Address: \_\_\_\_\_  
Owned by Landlord, Friend, Family (circle one)  
Name : \_\_\_\_\_ Telephone: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
From \_\_\_\_\_, 20\_\_\_\_ to \_\_\_\_\_, 20\_\_\_\_

**Please attach an additional page if necessary, in order to provide a history of where you have resided for the past 10 years. Do not leave any gaps between dates.**

**PROFESSIONAL REFERENCES: 2 per adult household member: (e.g. current or former employer, co-worker, counselor, teacher, clergy, etc.)**

**Head of Household:** 1. Name \_\_\_\_\_ Telephone # \_\_\_\_\_  
Address: \_\_\_\_\_  
2. Name \_\_\_\_\_ Telephone # \_\_\_\_\_  
Address: \_\_\_\_\_

**Co-Applicant:** 1. Name \_\_\_\_\_ Telephone # \_\_\_\_\_  
Address: \_\_\_\_\_  
2. Name \_\_\_\_\_ Telephone # \_\_\_\_\_  
Address: \_\_\_\_\_

**Race & Ethnicity**

The information regarding race, ethnicity, and sex designation solicited on this application is requested in order to assure the Federal Government, acting through Maine Housing and Rural Development, that the Federal laws prohibiting discrimination against tenant applications on the basis of race, color, national origin, religion, sex, familial status, age, disability, political belief, limited English proficiency, and sexual orientation are complied with (not all bases apply to all programs). You are not required to provide this information, but are encouraged to do so.



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This information will not be used in evaluating your application or to discriminate against you in any way. However, if you choose to furnish it and you are applying for Rural Development property, the owner is required to note the race, ethnicity, and sex of individual applicants on the basis of visual observation or surname.

**Complete for Head of Household only:**

Ethnicity: Hispanic or Latino \_\_\_\_\_ Not Hispanic or Latino \_\_\_\_\_  
Race: (Mark one or more) American Indian or Alaska Native \_\_\_\_\_ Asian \_\_\_\_\_ White \_\_\_\_\_  
Black or African \_\_\_\_\_ Native Hawaiian or Other Pacific Islander \_\_\_\_\_  
Gender: Male \_\_\_\_\_ Female \_\_\_\_\_

**Complete for Occupant 2 only:**

Ethnicity: Hispanic or Latino \_\_\_\_\_ Not Hispanic or Latino \_\_\_\_\_  
Race: (Mark one or more) American Indian or Alaska Native \_\_\_\_\_ Asian \_\_\_\_\_ White \_\_\_\_\_  
Black or African \_\_\_\_\_ Native Hawaiian or Other Pacific Islander \_\_\_\_\_  
Gender: Male \_\_\_\_\_ Female \_\_\_\_\_

**Complete for Occupant 3 only:**

Ethnicity: Hispanic or Latino \_\_\_\_\_ Not Hispanic or Latino \_\_\_\_\_  
Race: (Mark one or more) American Indian or Alaska Native \_\_\_\_\_ Asian \_\_\_\_\_ White \_\_\_\_\_  
Black or African \_\_\_\_\_ Native Hawaiian or Other Pacific Islander \_\_\_\_\_  
Gender: Male \_\_\_\_\_ Female \_\_\_\_\_

**Complete for Occupant 4 only:**

Ethnicity: Hispanic or Latino \_\_\_\_\_ Not Hispanic or Latino \_\_\_\_\_  
Race: (Mark one or more) American Indian or Alaska Native \_\_\_\_\_ Asian \_\_\_\_\_ White \_\_\_\_\_  
Black or African \_\_\_\_\_ Native Hawaiian or Other Pacific Islander \_\_\_\_\_  
Gender: Male \_\_\_\_\_ Female \_\_\_\_\_

**Complete for Occupant 5 only:**

Ethnicity: Hispanic or Latino \_\_\_\_\_ Not Hispanic or Latino \_\_\_\_\_  
Race: (Mark one or more) American Indian or Alaska Native \_\_\_\_\_ Asian \_\_\_\_\_ White \_\_\_\_\_  
Black or African \_\_\_\_\_ Native Hawaiian or Other Pacific Islander \_\_\_\_\_  
Gender: Male \_\_\_\_\_ Female \_\_\_\_\_

**There is no penalty for persons NOT PROVIDING ethnicity, race, or gender.**

**Rural Development Properties:** If you wish to file a Civil Rights program complaint or discrimination, complete the USDA Program Discrimination Form (PDF) found online at [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html), or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442, or email at [program.intake@usda.gov](mailto:program.intake@usda.gov).



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## CRIMINAL & SEX OFFENDER BACKGROUND INFORMATION

Federal law requires us to get drug and criminal background and sex offender registration information about all adult household members applying for federally assisted housing. LRG Realty Management will deny the application of any applicant who does not provide complete and accurate information on this form or has not consented to a background check as noted on the authorization form.

1. Any applicant listed currently subject to a lifetime registration requirement under any State sex offender registration program? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, to question 1, list the tenant(s) \_\_\_\_\_
2. Any applicant listed been convicted of any criminal behavior? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes to question # 2, please provide tenant, charge date, type of charge(s), resolution:

Tenant _____	Date _____	Charge _____
Tenant _____	Date _____	Charge _____
Tenant _____	Date _____	Charge _____
Tenant _____	Date _____	Charge _____

We understand the above information is required to determine our eligibility for residence. By signing below, we certify that the answers to the above questions are true and complete to the best of our knowledge.

**All members 18 years of age or older must sign below.**

### SIGNATURES:

_____ Applicant Signature	_____ Date	_____ Co-Applicant Signature	_____ Date
_____ Applicant Signature	_____ Date	_____ Co-Applicant Signature	_____ Date
_____ Applicant Signature	_____ Date	_____ Co-Applicant Signature	_____ Date
_____ Applicant Signature	_____ Date	_____ Co-Applicant Signature	_____ Date

**\*\*Please Note: Follow-up correspondence from our staff will be sent from one of our various site offices, not the Bangor headquarters. However, all applications must be mailed to and received by our Bangor headquarters initially.**



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## CERTIFICATION

I/We hereby certify that the housing that I/we will occupy will be my permanent and only residence and I/we will not maintain a separate subsidized rental unit in another location. I/we understand that my eligibility for housing will be based on income limits as determined by the Rural Development or HUD and the Tenant Selection Criteria. I/we further certify that all information on this application is true and complete to the best of my 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. This application does not obligate me/us in any manner. I/we understand that should LRG Realty Management offer me housing and I/we refuse, my/our name(s) will be placed on the bottom of the waiting list for an appropriately sized unit. Failure to accept housing a second time may result in being denied occupancy.

I/we understand that a Security Deposit will be required prior to my moving into an apartment. Security deposit amounts will vary depending on the property. I/we understand that I/we move into a property that allows a pet, we will be required to pay a pet deposit.

I/we understand that one pet is allowed with prior written permission from Management. Therefore, I/we will not keep any pets on the premises unless I/we receive prior written permission from Management and enter into a pet arrangement agreement to all that it contains. (Does not apply to households who require a service animal to achieve normal function.)

**All members 18 years of age or older must sign below.**

### SIGNATURES:

_____ Applicant Signature	_____ Print Applicant Date	_____ Date
_____ Co-Applicant Signature	_____ Print Co-Applicant Date	_____ Date
_____ Co-Applicant Signature	_____ Print Co-Applicant Date	_____ Date
_____ Co-Applicant Signature	_____ Print Co-Applicant Date	_____ Date



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## AUTHORIZATION

I/we do hereby authorize LRG Realty Management and its staff or authorized representatives to contact any agencies, offices, individuals, groups, or organizations to obtain and verify any information or materials pertaining to any type of income, asset, or medical expense (including office visits, prescription expense, prescription over-the-counter medicine, eye glasses, and dental expenses), childcare expenses or assistance, utility accounts, tuition and financial aid scholarships or grants for college which are deemed necessary to complete my/our application for housing in programs administered/managed by LRG Realty Management. This information may be exchanged by means of mail, email, or by facsimile. I/we further authorize LRG Realty Management to obtain my/our credit reports and to verify all information on this application including obtaining landlord references and professional references. I/we further authorize LRG Realty Management to use all sources of information received from all of the above listed as well as any information received from any sources during the application process in determining my/our eligibility for occupancy.

I/we further authorize LRG Realty Management and its staff or authorized representatives to contact all local and state police departments to inquire into a background check on me/us. I/we authorize law enforcement agencies to release criminal records and/or sex offender registration information to LRG Realty Management, and its staff or authorized representatives, or to an agency contracted by LRG Realty Management to conduct criminal background checks.

As part of making application with LRG Realty Management for properties managed by them, I/we hereby authorize LRG Realty Management to equally share and release all information obtained from the application process including, but not limited to, the above mentioned processes with any and all applicants listed on this application for housing. If I/we are making application to be added to an existing household already in residence, or requesting to be added to an existing application for housing, in any property managed by LRG Realty Management, I/we hereby authorize LRG Realty Management to equally share and release all information obtained from the application process including, but not limited to, the above mentioned processes with any and all applicants being processed for such housing or with a household already residing in housing managed by LRG Realty Management.

If I/we have applied for a Rural Development Property, I/we understand that Rural Development may use any social security numbers provided on this application to obtain wage reports from the Department of Labor at any time during the application process or during residency in any properties managed by LRG Realty Management. This information will be used to confirm any information I/we provide to LRG Realty Management and/or that is reported on the Tenant Certification form.

**All members 18 years of age or older must sign below.**

### SIGNATURES:

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Print Applicant Date

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Applicant Signature

\_\_\_\_\_  
Print Co-Applicant Date

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Applicant Signature

\_\_\_\_\_  
Print Co-Applicant Date

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Applicant Signature

\_\_\_\_\_  
Print Co-Applicant Date

\_\_\_\_\_  
Date



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## Property List

Town	Property Name	Type	Bedrooms	
Bridgton	Deerfield Village	Elderly	1, 2	K
Cherryfield	Narraguagus Estates	Elderly	1, 2	C
Columbia Falls	Pleasant View Manor	Elderly	1, 2	C
Farmington	Blueberry Hill Apartments	Family	1, 2	K
Guilford	Covered Bridge Apartments	Family	2	K
Harrington	Edgelawn Duplexes	Elderly	1	C
Jonesboro	Jonesboro Heights	Elderly	1, 2	C
Jonesport	Gaelic Square	Elderly	0, 1, 2	C
Kingfield	Kingfield Elderly Housing	Elderly	1, 2	K
Lincolnton	Lincolnton Village Apartments	Family	2, 3	K
Milbridge	Saybrook Apartments	Family	1, 2, 3	C
North Anson	Carrabec Park	Elderly	1, 2	K
Stratton	Cranberry Peak Apartments	Elderly	1, 2	K
Stratton	Lakeshore Apartments	Family	1, 2	K
Strong	Valley Brook Apartments	Elderly	1, 2	K
Waterford	Waterford Acres	Elderly	1, 2	K
Winter Harbor	Mill Stream Heights	Elderly	1, 2	C

**Elderly properties - 1 Pet per unit with size and breed restrictions**

**Family properties – No Pets allowed**



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## Rural Housing & Community Programs

### Things You Should Know About USDA Rural Rental Housing

Don't risk losing your chances for federally assisted housing by providing false, incomplete, or inaccurate information on your application or recertification

#### **Penalties for Committing Fraud**

You must provide information about your household status and income when you apply for assisted housing in apartments financed by the U.S. Department of Agriculture (USDA). USDA places a high priority on preventing fraud. If you deliberately omit information or give false information to the management company on your application or recertification forms, you may be:

- Evicted from your apartment;
- Required to repay all the extra rental assistance you received based on faulty information;
- Fined;
- Put in prison and/or barred from receiving future assistance.

Your State and local governments also may have laws that allow them to impose other penalties for fraud in addition to the ones listed here.

#### **How To Complete Your Application**

When you meet with the landlord to complete your application, you must provide information about:

- **All Household Income.** List all sources of money that you receive. If any other adults will be living with you in the apartment, you must also list all of their income. Sources of money include:
  - Wages, unemployment and disability compensation, welfare payments, alimony, Social Security benefits, pensions, etc.;
  - Any money you receive on behalf of your children, such as child support, children's Social Security, etc.;
  - Income from assets such as interest from a savings account, credit union, certificate of deposit, stock dividends, etc.;
  - Any income you expect to receive, such as a pay raise or bonus.
- **All Household Assets.** List all assets that you have. If any other adults will be living with you, you must also list all of their assets. Assets include:
  - Bank accounts, savings bonds, certificates of deposit, stocks, real estate, etc.;
  - Any business or asset you sold in the last 2 years for less than its full value, such as selling your home to your children.

- **All Household Members.** List the names of all the people, including adults and children, who will actually live with you in the apartment, whether or not they are related to you.

#### **Ask for Help if You Need It**

If you are having problems understanding any part of the application, let the landlord know and ask for help with any questions you may have. The landlord is trained to help you with the application process.

#### **Before You Sign the Application**

- Make sure that you read the entire application and understand everything it says;
- Check it carefully to ensure that all the questions have been answered completely and accurately;
- Don't sign it unless you are sure that there aren't any errors or missing information.

By signing the application and certification forms, you are stating that they are complete to the best of your knowledge and belief. Signing a form when you know it contains misinformation is considered fraud.

- The management company will verify your information. USDA may conduct computer matches with other Federal, State or private agencies to verify that the income you reported is correct;
- Ask for a copy of your signed application and keep a copy of it for your records.

#### **Tenant Recertification**

Residents in USDA-financed assisted housing must provide updated information to the management company at least once a year. Ask your landlord when you must recertify your income.

You must **immediately** report:

- Any changes in income of \$100 or more per month;
- Any changes in the number of household members.

For your annual recertification, you must report:

- All income changes, such as increases in pay or benefits, job change or job loss, loss of benefits, etc., for any adult household member;



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