



Affordable Housing *Preliminary* Application

MANAGEMENT

Disabled applicants have the right to request reasonable accommodations. Please contact us with such requests.

Please list the properties and number of bedrooms you are applying for in order of preference:

Property Name	# Bedrooms	Property Name	# Bedrooms
1. _____	_____	3. _____	_____
2. _____	_____	4. _____	_____

Preferred move-in date: _____

How did you hear about us? _____

PREFERENCES: Some properties have waitlist preferences for persons who are disabled, homeless or displaced, in transitional housing, or on the waitlist for public housing or the section 8 waitlist. If you wish to be considered for any of these preferences, please check the applicable box(es) below. Note: By selecting a preference below, you may be required to submit specific documentation that supports your qualification for selected waitlist preference(s). Completing this section is optional.

- Disabled
- On public housing waitlist or Section 8 waitlist
- Displaced
- Homeless
- Transitional Housing

INSTRUCTIONS: Please answer all questions carefully and completely since this information will be used to determine your preliminary eligibility. If you need more space, please attach a separate piece of paper.

HOUSEHOLD INFORMATION: Complete the following information for each person in your household that is 18 years of age or older. Date of birth is being asked to determine eligibility to enter into a lease and conduct credit and background checks.

Last Name, First, Middle Initial	Social Security Number	Birth Date - If 18 or older

DC Management 2 LLC does not discriminate in the rental of housing, the provision of services, or in any other matter, based on race, color, age, religion, sex, ancestry, national origin, physical or mental disability, familial status, sexual orientation including gender identity, or status as a recipient of public assistance.

DC Management 2 LLC is an equal opportunity provider and employer.



OCCUPANCY STANDARDS: In order to ensure you are eligible for the apartment size you are applying for we need to assess your household's ability to meet occupancy standards set forth by HUD, Rural Development, municipal codes, etc.

Total number of people in household (including those listed above): _____

CONTACT INFORMATION: Please provide us with as much information as possible to ensure we can contact you.

Home Phone		Work Phone	
Cell Phone		Email Address	
Home Address			
Mailing Address			

HOUSING HISTORY - Past five (5) years. For additional addresses, please use a separate sheet of paper.

How long have you lived at your present address? _____

Do you rent or own? Rent ____ Own ____ Monthly payment _____

If renting, Landlord Name: _____ Phone Number _____

Landlord's address: _____

Previous address: _____

Dates lived at previous address: From _____ To _____

Do you rent or own? Rent ____ Own ____ Monthly payment _____

If renting, Landlord Name: _____ Phone Number _____

Landlord's address: _____

Have you ever been evicted, or have any eviction proceedings ever commenced against you? Yes ____ No ____

If yes, please explain: _____

Do you owe money to any housing agency or former landlord? Yes ____ No ____

If yes, please describe how much money is owed and to whom: _____

PROFESSIONAL REFERENCES – Provide 3 professional references. Note: Professional references may not be family.

	Professional Reference Name	Phone Number	Email Address
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

Are you an employee of or a relative of an employee of DC Management 2 LLC or affiliates? Yes ____ No ____

DC Management 2 LLC accepts rental assistance for all our non-subsidized apartments.

Do you now have, or expect to receive rental assistance such as Section 8, BRAP, RAC or any other Program?

Yes ____ No ____ If yes, when and the name of the agency: _____



Do you have any pets? Yes _____ No _____

If yes, please explain: _____

Please note: Assistance animals are not pets.

Some of the properties DC Management 2 LLC manages have wheelchair accessible units, and hearing and visual compliant units. Preference is given to applicants in need of the features of these units. Checking the box below is optional, only do so if you wish to be considered for this preference:

Has anyone in your household ever been convicted of a crime, including but not limited to felonies and illegal manufacturing or distribution of drugs? Yes _____ No _____

If yes, please explain: _____

Provide the date of the crime, city, state and county in which the crime occurred: _____

Provide your name at the time of the crime, maiden name, married name, any aliases: _____

Classification of crime: Felony _____ or Misdemeanor _____

Is any member of your household subject to the sex offender registration requirement in any state? Yes _____ No _____

INCOME: Please list ALL sources of income for each member of your family.

EMPLOYMENT INCOME: If no employment please indicate "none" in the box below.

Family member	Employer Name and Mailing Address	Gross Monthly Amount

OTHER INCOME: If no other income please indicate "none" in the box below.

Family member	Type of Income (Pensions, Social Security, Other) Name & Mailing Address	Gross Monthly Amount



ASSETS: Please list all checking/savings accounts and/or other bank accounts your family holds.

Family Member	Type of Account (checking, saving, CD, other)	Account #	Current Balance	Bank/Institution Name
			\$	
			\$	
			\$	

Does anyone in your household own any assets not already listed (such as Mutual Funds, Annuities, 401K, Trust Funds, or Other Investments)? Yes _____ No _____

If yes, please describe: _____ Value \$ _____

Does anyone in your household own real estate including the home you live in? Yes _____ No _____

If so, what is the location? _____

Market Value \$ _____ Is there a mortgage? Yes _____ No _____ Balance: \$ _____

Completing the following section is optional.

Race and Ethnic Data

The information regarding race, ethnicity, and sex designation solicited on this application is requested to assure the Federal Government, acting through HUD and Maine Housing, that federal laws prohibiting discrimination against tenant applicants on the basis of age, marital status, sexual orientation, race, color, national origin, religion, sex, familial status, age and disability are complied with. You are not required to provide this information but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However, if you choose not to furnish it, please initial below indicating I wish not to provide.

Family Member	Ethnicity: Hispanic or Latino <u>Yes or No</u>	Race: American Indian or Alaskan Native	Race: Asian	Race: Black or African American	Race: Native Hawaiian or Other Pacific Islander	Race: White	Sex: Male or Female or non-binary

I choose not to disclose, please initial _____

The Federal Government acting under the Housing and Economic Recovery Act collects the following data for statistical purposes. Answering these questions is optional.

Are you currently homeless? Yes _____ No _____ Marital Status (M, S, D, W): _____



Applicant Certifications

This application does not obligate me/us, the property owner or DC Management 2 LLC in any way. I understand that it's my responsibility to notify DC Management 2 LLC, in writing, of address changes. I understand that incomplete applications may not be processed, that completion of an application is not a guarantee of an apartment. I will provide all necessary information including source names, addresses, phone numbers, and account numbers where applicable and any other information required to expedite the application process. I understand that my occupancy is contingent upon meeting DC Management 2 LLC's tenant selection criteria and the housing program requirements. I certify that if I'm offered and accept an apartment it will be my primary residence and that I will not maintain a separate apartment in a different location.

Authorization of Release of Information: By signing below I/we hereby authorize DC Management 2 LLC to verify information relative to my/our application for housing, including but not limited to inquiries of my/our income, assets, student status, character and landlord references. Further I/we consent to allow DC Management LLC/DC Management 2 LLC to obtain a credit report, information from screening agencies, law enforcement agencies or courts about any criminal conviction data.

The undersigned hereby represents that all of the above statements are true and complete and hereby authorizes verification by DC Management 2 LLC. Failure to answer any of the above inquires entitles the landlord to reject this application. If you provide false information during the application process, DC Management 2 LLC is entitled to (1) reject this application and/or (2) terminate tenant's right of occupancy if the false information is discovered after the tenant takes occupancy.

All adult members (18 years of age or older) of the household must sign completed application for processing.

Signature _____ Date _____

Signature _____ Date _____

Signature _____ Date _____

