The Park Danforth
THE RIGHT PLACE. THE RIGHT CHOICE.
207.797.7710 · www.parkdanforth.com

OFFICE USE ONLY
Date/Time Received: _____
Initials: _____

APPLICATION FOR FEDERALLY ASSISTED HOUSING AT THE PARK DANFORTH

COMPLETE ALL INFORMATION

Accommodations Desired (circle one): 0BR/Efficiency 1BR Either

You must be 62 years of age or older to become a resident of The Park Danforth. If you are under the age of 62 and physically challenged, please call us for more information.

Head of Household

Last Name First Name Middle Initial		Date of Birth	Gender
Street Address City □ please check box if mailing address different than physical address*		State	Zip
Social Security Number	Previous/Maiden Name	Marital status: □ Widowed □ Married □ Single □ Divorced □ Separated	
Home Phone:	Cell Phone:	Email Address (optional):	

Spouse/Co-Head of Household (if applicable)

Last Name First Name Middle Initial		Date of Birth	Gender
Street	City	State	Zip
Social Security Number	Previous/Maiden Name	Marital status: □ Widowed □ Married □ Single □ Divorced □ Separated	
Home Phone:	Cell Phone:	Email Address (optional):	

Household and Background Information – Current Housing

Current Residence: □ House □ Apartment □ Other_____		
Do you currently receive subsidized housing?		□ Yes □ No
Do you currently have a voucher?	Agency:	□ Yes □ No
Do you have any pets other than a service animal: Type: ***per The Park Danforth pet policy only one(1) animal per resident***		□ Yes □ No
Are you a veteran?		□ Yes □ No
How did you hear about The Park Danforth?	Source:	
*If mailing address different than physical address, please provide here:	_____ Street Address City/Town State Zip	

Criminal History

Are you or any members of your household subject to a State lifetime sex offender registrations in any state?	□ Yes □ No
Have you or any member of your household been convicted of any crimes? If yes, please explain:	□ Yes □ No

Have you or any member of your household lived in any other state? Please list state(s):	☐ Yes ☐ No

Household Income

Over the next 12 months, do you or does anyone in your household expect to receive income from (check all that apply):

☐ Social Security (SS/SSI/SSDI etc.)	☐ State Supplemental Income	☐ Veteran's Benefits
☐ Pension/Annuities	☐ Regular payments from Settlement	☐ Income from Trust
☐ Other Retirement accounts	☐ Student Financial Aid	☐ Contribution from anyone outside of the household
☐ Income from lottery winnings or inheritance	☐ Income from rental property or real estate	☐ Any other income not listed

For all income sources selected above, please indicate the amount received and the frequency of payment in the table below.

Household Member Name	Source	Annual/Monthly/Weekly

Asset Information for all household members (check all that apply):

☐ Cash	☐ Checking	☐ Savings
☐ Certificate of Deposit	☐ Money Market	☐ IRA
☐ 401k	☐ Mutual Funds	☐ Stocks
☐ Bonds	☐ Life Insurance	☐ Real Estate
☐ Trusts	☐ Any other Assets	

For all asset sources selected above, please indicate the current balance in each account in the table below.

Household Member Name	Name of Bank	Type of Account	Current Balance

Application Affidavit

To the best of my knowledge, all information on this application is complete and accurate. I understand that this information will be kept confidential and will be used only for the purpose of determining eligibility for residence, suitability of unit assignment and to aid The Park Danforth in assisting me in financial planning.

All Household members must sign & <u>date</u>

_____

Head of Household Signature & Date

_____

Spouse or Co-head Signature & Date

Race and Ethnic Data Reporting Form

U.S. Department of Housing and Urban Development
Office of Housing

OMB Approval No. 2502-0204
(Exp. 06/30/2017)

The Park Danforth ME36T811017 777 Stevens Ave., Portland, ME 04103

Name of Property **Project No.** **Address of Property**

Home for the Aged dba The Park Danforth Section 202/8

Name of Owner/Managing Agent **Type of Assistance or Program Title:**

Name of Head of Household **Name of Household Member**

Date (mm/dd/yyyy)**:** _____

Ethnic Categories*	**Select One**
Hispanic or Latino	
Not-Hispanic or Latino	
Racial Categories*	**Select All that Apply**
American Indian or Alaska Native	
Asian	
Black or African American	
Native Hawaiian or Other Pacific Islander	
White	
Other	

***Definitions of these categories may be found on the reverse side.**

There is no penalty for persons who do not complete the form.

_____ _____

Signature **Date**

Public reporting burden for this collection is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This information is required to obtain benefits and voluntary. HUD may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number.

This information is authorized by the U.S. Housing Act of 1937 as amended, the Housing and Urban Rural Recovery Act of 1983 and Housing and Community Development Technical Amendments of 1984. This information is needed to be incompliance with OMB-mandated changes to Ethnicity and Race categories for recording the 50059 Data Requirements to HUD. Owners/agents must offer the opportunity to the head and co-head of each household to "self certify' during the application interview or lease signing. In-place tenants must complete the format as part of their next interim or annual re-certification. This process will allow the owner/agent to collect the needed information on all members of the household. Completed documents should be stapled together for each household and placed in the household's file. Parents or guardians are to complete the self-certification for children under the age of 18. Once system development funds are provide and the appropriate system upgrades have been implemented, owners/agents will be required to report the race and ethnicity data electronically to the TRACS (Tenant Rental Assistance Certification System). This information is considered non-sensitive and does no require any special protection.

Instructions for the Race and Ethnic Data Reporting (Form HUD-27061-H)

A. General Instructions:

This form is to be completed by individuals wishing to be served (applicants) and those that are currently served (tenants) in housing assisted by the Department of Housing and Urban Development.

Owner and agents are required to offer the applicant/tenant the option to complete the form. The form is to be completed at initial application or at lease signing. In-place tenants must also be offered the opportunity to complete the form as part of the next interim or annual recertification. Once the form is completed it need not be completed again unless the head of household or household composition changes. There is no penalty for persons who do not complete the form. However, the owner or agent may place a note in the tenant file stating the applicant/tenant refused to complete the form. **Parents or guardians are to complete the form for children under the age of 18.**

The Office of Housing has been given permission to use this form for gathering race and ethnic data in assisted housing programs. Completed documents for the entire household should be stapled together and placed in the household's file.

1. The two ethnic categories you should choose from are defined below. You should check one of the two categories.

1. **Hispanic or Latino.** A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. The term "Spanish origin" can be used in addition to "Hispanic" or "Latino."
2. **Not Hispanic or Latino.** A person not of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

2. The five racial categories to choose from are defined below: You should check as many as apply to you.

1. **American Indian or Alaska Native.** A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
2. **Asian.** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam
3. **Black or African American.** A person having origins in any of the black racial groups of Africa. Terms such as "Haitian" or "Negro" can be used in addition to "Black" or "African American."
4. **Native Hawaiian or Other Pacific Islander.** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
5. **White.** A person having origins in any of the original peoples of Europe, the Middle East or North Africa.

CITIZENSHIP / ELIGIBLE IMMIGRATION STATUS DECLARATION

Applicant Name: _____ Date of Birth: _____

HUD regulations require all applicants for federally assisted housing to declare their citizenship or eligible immigration status. Please check one (1) box below.

I certify, under penalty of perjury, that I am:

☐ A citizen or national of the United States.

☐ A non-citizen with eligible immigration status and will provide documentation required by HUD to verify my status.

☐ A non-citizen who does not claim eligible immigration status.

I understand that this declaration is made in connection with my application for federally assisted housing and that knowingly providing false information may result in denial or termination of housing assistance.

Applicant Signature: _____ Date: _____

Check here if adult signed for a child: _____

PENALTIES FOR MISUSING THIS FORM

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 willfully 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 208 (a) (6), (7) and (8). Violation of these provisions are cited as violations of 42 U.S.C. 408 (a) (6), (7) and (8).

HUD provides a Sample Citizenship Declaration, in HUD Handbook 4350.3, Exhibit 3-5. This form was created using the sample as a model. This form was updated to comply with new requirements introduced with the release of HUD Handbook 4350.3 Revision 1, Change 4.

EQUAL HOUSING OPPORTUNITY

OMB Control # 2502-0581
Exp. (02/28/2019)

Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING

This form is to be provided to each applicant for federally assisted housing

Instructions: Optional Contact Person or Organization: You have the right by law to include as part of your application for housing, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. **You may update, remove, or change the information you provide on this form at any time.** You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form.

Applicant Name:	
Mailing Address:	
Telephone No:	**Cell Phone No:**
Name of Additional Contact Person or Organization:	
Address:	
Telephone No:	**Cell Phone No:**
E-Mail Address (if applicable):	
Relationship to Applicant:	

Reason for Contact: (Check all that apply)

- ☐ Emergency
- ☐ Unable to contact you
- ☐ Termination of rental assistance
- ☐ Eviction from unit
- ☐ Late payment of rent
- ☐ Assist with Recertification Process
- ☐ Change in lease terms
- ☐ Change in house rules
- ☐ Other: _____

Commitment of Housing Authority or Owner: If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.

Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.

Legal Notification: Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.

☐ Check this box if you choose not to provide the contact information.

Signature of Applicant **Date**