



## Housing Application

Applicant Name: \_\_\_\_\_ Date: \_\_\_\_\_

### Fully Completed Housing Application

- BOLM Application should be completely filled out (No Blanks)
- Landlord Reference and or Explanation of Why No Landlord Reference
- Do you have an Outside Case Manager/Service Provider? (Need Name, Contact Number, Agency)
- Probation Officer (Name, Contact Number, Agency)
- Complete Background Check.
- Original Birth Certificates, Social Security Cards, Photo ID, for All Members of the Household.
- All clients must have full security deposit and full rent at time of lease up.

### Supplemental Documents Needed – *Please Provide WITH Application!*

- Official Income Document (SSI/ SSDI/ Child Support/ TANF/ Food stamps/ MaineCare/ Employment (Minimum of 3 Pay Stubs. Etc.)
- Official Statement or Payment History from CMP.
- Statement whether client owes money to another landlord or housing authority for rent or damages.
- Homelessness verification letter from Shelter Manager, Transitional Facility, Police, or Magistrate.
- Letter or Email stating if there are monies coming from sources other than the client. (What organization/ \$ Amount/ Contact Information/ Date Expected.)
- Provide official documentation from a housing authority verifying that client has a voucher and the stipulations of that voucher.

### Client History (if applicable, provide explanation)

- Does client have mobility limitations, medical concerns?
- Does client have cognitive limitations that would limit their ability to understand the lease agreement?
- Is there a history of substance abuse? If so, what steps have been taken by the client to address this issue?
  - This should be a hand-written letter from the client describing their path to recover and tools used to prevent relapse.

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- What are the elements that lead to the client's homelessness and how have they been addressed?
  - This should be a hand-written letter from the client describing the steps they have taken.
  - Are they fleeing domestic violence? (Steps/Plan in place/ Resources involved).
  - Is client safe from abuser? Explain:

### **Housing Rules Addendums**

**Please be aware that documents stating our policies below will need to be signed by the client at lease up. Specific Addendum Items will include the following.**

- **No Pets**
- **No Smoking**
- **No Use or Possession of Marijuana (regardless of a prescription or not)**
- **Tenancy is ONLY for those identified on the lease as household members.**
- **It is necessary to report all changes in Income (increases or decreases).**
- **If client has a voucher, stipulations of the voucher.**

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## Family Summary Sheet

Head of Household: \_\_\_\_\_ Date: \_\_\_\_\_

Present Address: \_\_\_\_\_

Phone number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Family Member #	Last Name	First Name	Relationship to Head of Household	Sex	Date of Birth
HEAD			SELF		
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					

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

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<p align="center"><b>Current Landlord Information</b></p> <p><b>Name &amp; Address:</b>          _____          _____          _____</p> <p><b>Rental Period:</b> From _____ to _____  <b>Monthly Rent:</b> \$ _____  <b>Landlord's Phone #:</b>  <b>Reason for leaving:</b></p>	<p align="center"><b>Previous Landlord Information</b></p> <p><b>Name &amp; Address:</b>          _____          _____          _____</p> <p><b>Rental Period:</b> From _____ to _____  <b>Monthly Rent:</b> \$ _____  <b>Landlord's Phone #:</b>  <b>Reason for leaving:</b></p>
<p align="center"><b>Current Employment</b></p> <p><b>Name &amp; Address of Employer:</b>          _____          _____          _____</p> <p><b>Length of Employment:</b>          From _____ to _____  <b>Gross Wages:</b> \$ _____ (bi-weekly/monthly)  <b>Employer's Phone #:</b>  <b>Reason for leaving:</b></p>	<p align="center"><b>Other Income</b></p> <p><b>Source:</b> _____  <b>Amount:</b> _____</p> <p><b>Source:</b> _____  <b>Amount:</b> _____</p> <p><b>Source:</b> _____  <b>Amount:</b> _____</p>
<p><b>Criminal History (dates &amp; offenses):</b></p> <p><b>Are you on probation?:</b> Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p><b>Are or have you been subject to registration under any state sex offender registration program?</b>          Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p><b>Have you rented from BOLM before?</b>          Yes <input type="checkbox"/> No <input type="checkbox"/>  <b>If yes, where &amp; when?</b> _____</p>	<p><b>Have you ever lived at the Lawrence House?</b>          Yes <input type="checkbox"/> No <input type="checkbox"/>  <b>If yes, when?</b></p>
<p><b>When are you financially ready to move?</b></p>	<p><b>Are you able to get CMP in your name?</b>          Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p><b>Have you ever been evicted?</b>          Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p><b>Has your subsidized housing or family assistance ever been terminated due to non-payment, fraud, or drug-related activity?</b>          Yes <input type="checkbox"/> No <input type="checkbox"/></p>

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## Landlord Verification

<u>Part 1- Request</u>	
<b>Applicant Name:</b>	
<b>Name &amp; Address of Landlord:</b>	<b>Landlord Phone Number:</b>
<b>Print Name:</b>	<b>Date:</b>
<b>Signature:</b>	
<small>RELEASE: By signing above, I hereby authorize the release, without liability, information regarding current and previous tenancy for purposes of verifying information provided as part of my apartment rental application. Information obtained under this consent is limited to information that is no older than 5 years old.</small>	

<u>Part 2- OFFICE USE ONLY</u>	
Address of Rental Property:	Amt. current/prev rent:
Does the tenant owe rent/subsidy repayment? If yes, Amount owed:	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is the rental current & receiving a subsidy through Public Housing/HUD Section 8?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Had/have you begun/ and/or completed eviction proceedings for non-payment?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Rental History for the past/prior years?	Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/>
Does the unit have bed bugs? If yes, what was the date of the last treatment?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are/were there damages beyond normal wear & tear?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Does/did the tenant permit persons other than those on the lease to live in the unit?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Type of tenant?	Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/>
Has/had the tenant &/or guests interfered with the rights/quiet enjoyment of other tenants?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Would you rent to the tenant again?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Signature of Housing Coordinator:	Date:

Penalties for misusing the consent: Title 18, Section 1001 of the US Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the US Government. HUD & any owner (or employee of HUD 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 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 & seek other relief, as may be appropriate, against the officer or employee of HUD 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). Violations of these provisions are cited as violations of 42 USC 408 (a) (6) (7) and (8).

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## Request For Verification of Employment

### Part 1- Request

<b>To: (Name &amp; Address of Employer)</b>  <b>Phone Number:</b>	<b>From:</b> Bread of Life Ministries 159 Water St. Augusta, ME 04330
<b>Name &amp; Address of Applicant:</b>	<b>Title of Position:</b>  <b>Date:</b>
<b>Signature of Applicant:</b>	<b>Social Security Number:</b>
<p><small>RELEASE: By signing above, I hereby authorize the release, without liability, information regarding current and previous employment for purposes of verifying information provided as part of my apartment rental application. Information obtained under this consent is limited to information that is no older than 5 years old.</small></p>	

### Part 2- OFFICE USE ONLY

<b>Applicant's Current Position:</b>	<b>Base Pay:</b> _____ hourly _____ weekly or bi-weekly _____ annual
<b>Date of Employment:</b>	<b>Avg. Number of Hours per week:</b>
<b>Employer Notes/Comments:</b>	<b>Anticipation of Change in Hours:</b>  <b>Probability of Continued Employment:</b>
<b>Signature of Housing Coordinator:</b>	<b>Date:</b>
<p><small>Federal Statutes provide severe civil and criminal penalties for any person who knowingly makes false or fraudulent statements of representations</small></p>	

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## Proof of Income

Please provide all that apply – *WITH Your Application:*

- Three (3) to six (6) consecutive weeks of your most recent paystubs
- TANF (Food Stamps / MaineCare) award letter from DHHS
- Unemployment benefit award letter
- Bank statement indicating direct deposits
- SSI or SSDI benefit award letter
- Proof of Voucher
- Retirement benefit award letter

\*\*\*\*Statements must be on sources' official letterhead, for example:

(1) Social Security benefits letter must be **ON** an award or benefit letter **FROM** the Social Security Administration

(2) TANF/Food Stamp benefits must be **ON** an award or benefit letter **FROM** the Department of Health and Human Services.

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### Citizenship Declaration Format

*INSTRUCTIONS: Complete this Declaration for each member of the household listed on the Family Summary Sheet*

LAST NAME \_\_\_\_\_

FIRST NAME \_\_\_\_\_

RELATIONSHIP TO HEAD OF HOUSEHOLD \_\_\_\_\_ SEX \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

SOCIAL SECURITY NO. \_\_\_\_\_ ALIEN REGISTRATION NO. \_\_\_\_\_

ADMISSION NUMBER \_\_\_\_\_ if applicable (this is an 11-digit number found on DHS Form I-94, *Departure Record*)

NATIONALITY \_\_\_\_\_ (Enter the foreign nation or country to which you owe legal allegiance. This is normally but not always the country of birth.)

SAVE VERIFICATION NO. \_\_\_\_\_  
(to be entered by owner if and when received)

*INSTRUCTIONS: Complete the Declaration below by printing or by typing the person's first name, middle initial, and last name in the space provided. Then review the blocks shown below and complete either block number 1, 2, or 3:*

#### DECLARATION

I, \_\_\_\_\_ hereby declare, under penalty of perjury, that I am \_\_\_\_\_  
(print or type first name, middle initial, last name):

\_\_\_\_\_ 1. A citizen or national of the United States.

Sign and date below and return to the name and address specified in the attached notification letter. If this block is checked on behalf of a child, the adult who will reside in the assisted unit and who is responsible for the child should sign and date below.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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Check here if adult signed for a child: \_\_\_\_\_

\_\_\_\_\_ 2. A noncitizen with eligible immigration status as evidenced by one of the documents listed below:

**NOTE:** If you checked this block and you are 62 years of age or older, you need only submit a proof of age document together with this format, and sign below:

If you checked this block and you are less than 62 years of age, you should submit the following documents:

a. Verification Consent Format (Exhibit 3-7).

AND

b. One of the following documents:

- (1) Form I-551, *Alien Registration Receipt Card* (for permanent resident aliens).
- (2) Form I-94, *Arrival-Departure Record*, with one of the following annotations:
  - (a) "Admitted as Refugee Pursuant to section 207";
  - (b) "Section 208" or "Asylum";
  - (c) "Section 243(h)" or "Deportation stayed by Attorney General"; or
  - (d) "Paroled Pursuant to Sec. 212(d)(5) of the INA."
- (3) If Form I-94, *Arrival-Departure Record*, is not annotated, it must be accompanied by one of the following documents:
  - (a) A final court decision granting asylum (but only if no appeal is taken);
  - (b) A letter from an DHS asylum officer granting asylum (if application was filed on or after October 1, 1990) or from an DHS district director granting asylum (if application was filed before October 1, 1990);
  - (c) A court decision granting withholding or deportation; or
  - (d) A letter from an DHS asylum officer granting withholding of deportation (if application was filed on or after October 1, 1990).
- (4) Form I-688, *Temporary Resident Card*, which must be annotated "Section 245A" or "Section 210."
- (5) Form I-688B, *Employment Authorization Card*, which must be annotated "Provision of Law 274a.12(11)" or "Provision of Law 274a.12."

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- (6) A receipt issued by the DHS indicating that an application for issuance of a replacement document in one of the above-listed categories has been made and that the applicant's entitlement to the document has been verified.
- (7) Form I-151 Alien Registration Receipt Card.

If this block is checked, sign and date below and submit the documentation required above with this declaration and a verification consent format to the name and address specified in the attached notification. If this block is checked on behalf of a child, the adult who will reside in the assisted unit and who is responsible for the child should sign and date below.

If for any reason, the documents shown in subparagraph 2.b. above are not currently available, complete the Request for Extension block below.

\_\_\_\_\_  
Signature Date  
Check here if adult signed for a child: \_\_\_\_\_

**REQUEST FOR EXTENSION**

I hereby certify that I am a noncitizen with eligible immigration status, as noted in block 2 above, but the evidence needed to support my claim is temporarily unavailable. Therefore, I am requesting additional time to obtain the necessary evidence. I further certify that diligent and prompt efforts will be undertaken to obtain this evidence.

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

Check if adult signed for a child: \_\_\_\_\_

\_\_\_\_\_ 3. I am not contending eligible immigration status and I understand that I am not eligible for financial assistance.

If you checked this block, no further information is required, and the person named above is not eligible for assistance. Sign and date below and forward this format to the name and address specified in the attached notification. If this block is checked on behalf of a child, the adult who is responsible for the child should sign and date below.

\_\_\_\_\_  
Signature Date  
Check here if adult signed for a child: \_\_\_\_\_

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**AUTHORIZATION TO RELEASE/RECEIVE INFORMATION**

I, \_\_\_\_\_, d/o/b: \_\_\_\_\_, hereby authorize Bread of Life Ministries (hereinafter "BOLM"), to release and also receive my personal information from the following agencies or persons required to ensure that federal programming regulations and my family obligations are adhered to as established by regulations published by the Department of Housing and Urban Development. I authorize:

- |  |   |
|--|---|
| <input type="checkbox"/> DHHS office(s) and/or TANF, MaineCare, etc.     | <input type="checkbox"/> Medicare / Medicaid office(s)      |
| <input type="checkbox"/> Social Security Administration                  | <input type="checkbox"/> Department of Labor                |
| <input type="checkbox"/> Present and/or Former Landlords                 | <input type="checkbox"/> Law Enforcement Agents/agencies    |
| <input type="checkbox"/> Mental Health Service Provider(s)               | <input type="checkbox"/> Public Housing Authorities         |
| <input type="checkbox"/> Gatekeepers at service agencies                 | <input type="checkbox"/> Schools/Employer                   |
| <input type="checkbox"/> Utility Companies (CMP, telephone, cable, etc.) | <input type="checkbox"/> Financial Institutions and lenders |

Other:

- 
- to give my health information to: Bread of Life Ministries, Inc., 157 Water Street, Augusta, ME 04330
- to receive information from Bread of Life Ministries, Inc., 157 Water Street, Augusta, ME 04330

Please specify applicable dates of service: \_\_\_\_\_ to \_\_\_\_\_

Please specify information to be released: \_\_\_\_\_

I release the above information for the purpose or purposes of:

- Other: reasonable accommodation request for service animal

I understand the following:

1. If I treatment or a referral for treatment from a health care practitioner or facility, information about the treatment I received may be disclosed pursuant to my authorization to disclose general health care information.
2. I can refuse to disclose some or all of the information in my treatment records, but if I do so, it could result in other adverse consequences.
3. I have a right to revoke all or part of this authorization, in writing, at any time, except to the extent that the information has been released in reliance upon this authorization.
4. The information released in response to this authorization may be re-disclosed to other parties and therefore no longer protected by privacy laws.
5. Upon request, I am entitled to a copy of this authorization.
6. I can cross out any provision on this form with which I disagree.

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State and Federal laws require your specific consent to disclose any of the following types of information (check the boxes next to the disclosures you wish this authorization to include):

- I authorize the disclosure of mental health facility information contained in my medical records. (Check this box if you wish this authorization to authorize the disclosure of mental health information maintained by a licensed mental health treatment facility, including a mental health unit of a hospital.)
I authorize the disclosure of substance abuse program information contained in my medical records. (Check this box if you wish this authorization to authorize the disclosure of information maintained by a substance abuse program, substance abuse medical practitioner, or substance abuse unit within a general medical facility from which you were received diagnosis, treatment or referral for alcohol or drug abuse. If you authorize the disclosure of substance abuse program information, such information may not be redisclosed by the recipient of the information unless you provide your written consent, or such re-disclosure is otherwise permitted by 42 CFR Part 2.)
I authorize the disclosure of HIV (Human Immunodeficiency Virus) Information contained in my medical records. (Check this box if you wish this authorization to include the disclosure of HIV test results and medical records containing information related to HIV infection status or AIDS (Acquired Immune Deficiency Syndrome). If you check this box, you should understand that persons who disclosed HIV information have encountered discrimination from others in the areas of employment, housing, education, life insurance, health insurance, and social and family relationships.)

Initial here if you wish to review your mental health information prior to its disclosure. \_\_\_\_\_

Any facsimile copy or photocopy of the authorization shall authorize you to release the records requested herein. This authorization shall be in force and effect for one (1) year from the date of execution at which time this authorization expires. Records created after this date requires a new authorization form to be completed.

Signature or Legally Authorized Representative Date Relationship

AND Required Witness Signature:

Witness Signature Date Printed Name:

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AUGUSTA POLICE DEPARTMENT  
 ROBERT C. GREGOIRE  
 Police Chief  
 33 Union Street  
 Augusta, Maine  
 04330



## HOUSING RECORDS CHECK WAIVER AND RELEASE FORM

To obtain your police history and record information, the **Augusta Police Department** must have correct and current documentation. The required documentation would include presentation, or a copy, of the applicant's current Driver's License; State I.D., or passport, or Military ID.

Applicant Name/ include Maiden and aliases (print): \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Male  Female

Type of Documentation used for verification:  Driver's License No. \_\_\_\_\_ Issued: \_\_\_\_\_  
 State ID  Passport  Military I.D.

\*\*\*\*\*

A housing application has been submitted to (name) \_\_\_\_\_. This housing authority is requesting that the above named person obtain from the Augusta Police Department a summary of his/her contact(s) with the Augusta Police Department.

I understand that the results of this records check will be made available to the housing entity captioned above, and will be used in reviewing my suitability as a tenant in their housing complex. I further consent to the release of my contact information. The listing of contacts shall not be considered official conviction data. Official conviction data may be obtained by contacting the State Bureau of Identification, Department of Public Safety, Maine State Police. [www.maine.gov/dps](http://www.maine.gov/dps)

Applicant Signature: \_\_\_\_\_ Dated: \_\_\_\_\_

\*\*\*\*\*

Does the individual identified above have contacts with the Augusta Police Department:

Yes  No

Summary : \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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

Signature \_\_\_\_\_ Title: \_\_\_\_\_