



## **\*Bread of Life 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.
- All clients must have full security deposit and full rent at time of lease up.
- All applicable supplemental documents.

### ☐ **Supplemental Documents Needed**

- 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.
- Original Birth Certificates, Social Security Cards, Photo ID, for All Members of the Household.

### ☐ **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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**159 Water Street, Augusta Maine 04330**

**207.626.3434**

Bread of Life feeds the hungry, shelters the homeless, and provides services that empower people to change their lives and take personal responsibility.

- 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 this document 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.**





### \*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>_____</p> <p>_____</p> <p>_____</p> <p><b>Rental Period:</b> From _____ to _____</p> <p><b>Monthly Rent:</b> \$ _____</p> <p><b>Landlord's Phone #:</b></p> <p><b>Reason for leaving:</b></p>	<p align="center"><b>Previous Landlord Information</b></p> <p><b>Name &amp; Address:</b></p> <p>_____</p> <p>_____</p> <p>_____</p> <p><b>Rental Period:</b> From _____ to _____</p> <p><b>Monthly Rent:</b> \$ _____</p> <p><b>Landlord's Phone #:</b></p> <p><b>Reason for leaving:</b></p>
<p align="center"><b>Current Employment</b></p> <p><b>Name &amp; Address of Employer:</b></p> <p>_____</p> <p>_____</p> <p>_____</p> <p><b>Length of Employment:</b></p> <p>From _____ to _____</p> <p><b>Gross Wages:</b> \$ _____ (bi-weekly/monthly)</p> <p><b>Employer's Phone #:</b></p> <p><b>Reason for leaving:</b></p>	<p align="center"><b>Other Income</b></p> <p><b>Source:</b> _____</p> <p><b>Amount:</b> _____</p> <p><b>Source:</b> _____</p> <p><b>Amount:</b> _____</p> <p><b>Source:</b> _____</p> <p><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></p> <p align="center">Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p><b>Have you rented from BOLM before?</b></p> <p align="center">Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p><b>If yes, where &amp; when?</b></p>	<p><b>Have you ever lived at the Lawrence House?</b></p> <p align="center">Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p><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></p> <p align="center">Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p><b>Have you ever been evicted?</b></p> <p align="center">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></p> <p align="center">Yes <input type="checkbox"/> No <input type="checkbox"/></p>





**\*Landlord Verification\***

<u><b>Part 1- Request</b></u>	
<b>Applicant Name:</b>	
<b>Name &amp; Address of Landlord:</b>	<b>Landlord Phone Number:</b>
<b>Print Name:</b>	
<b>Signature:</b>	<b>Date:</b>
<b>RELEASE:</b> 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.	

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

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).



**\*Request For Verification of Employment\***

<b><u>Part 1- Request</u></b>	
<b>To: (Name &amp; Address of Employer)</b>  <b>Phone Number:</b>	<b>From:</b> Bread of Life 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>
<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>	

<b><u>Part 2- OFFICE USE ONLY</u></b>	
<b>Applicant's Current Position:</b>	<b>Base Pay:</b> <div style="margin-top: 5px;"> <div style="border-bottom: 1px solid black; width: 50px; display: inline-block;"></div> hourly         </div> <div style="margin-top: 5px;"> <div style="border-bottom: 1px solid black; width: 50px; display: inline-block;"></div> weekly or bi-weekly         </div> <div style="margin-top: 5px;"> <div style="border-bottom: 1px solid black; width: 50px; display: inline-block;"></div> annual         </div>
<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>
<small>Federal Statutes provide severe civil and criminal penalties for any person who knowingly makes false or fraudulent statements of representations</small>	



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**\*Proof of Income\***

**Please provide all that apply:**

- ☐ 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 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.



