



6/1/2011

C & C Realty Management, LLC
P O Box 2506
Augusta, ME 04338-2506
Telephone (207) 621-7700
Toll-free 1-866-621-7705

LIHTC/RLP APPLICATION FOR MULTI FAMILY HOUSING

Received Date _____ Time _____
(Above info Office Use)

Name: _____
Address: _____

Home Phone: _____
Work Phone: _____
Cell Phone: _____

Email: _____

Check the Property you are applying

Capitol Village-Augusta	___2 bed	___3 bed	Meadow View-Rockland	___2 bed	___3 bed
Pond Circle-Damariscotta	___2 bed	___3 bed	Marble Oaks-Waldoboro	___2 bed	___3 bed
Hillside Apts-Vinalhaven	___2 bed	___3 bed			

All apartments are designated smoke free. Please note that at some locations there may be smokes at the property that have been grandfathered.

How did you hear about the apartment? Please indicate which newspaper or name of person or agency that referred you to us: _____

You will be asked for personal character references and for information about your prior renting history, credit and whether you have any criminal or complaint history. **It is important that you answer all questions as completely and accurately as possible.** We reserve the right to deny any application that is incomplete, inaccurate or does not meet the criteria.

Nothing in our policies, nor the Fair Housing Act, provides that an apartment be made available to anyone whose tenancy would constitute a direct threat to the health or safety of other individuals or whose tenancy would result in substantial physical damage to the property of others or who is a current, illegal user of or addicted to a controlled substance. Please answer the following questions and provide details of any "Yes" response:

- Does anyone in the household post such a **direct threat**? [] Yes [] No
- Is anyone in the household a **current, illegal user of or addicted to a controlled substance**? [] Yes [] No
- Has anyone in the household **been convicted OR are there charges now pending for the illegal manufacture or distribution of a controlled substance**? [] Yes [] No
- Has anyone in the household **been convicted OR are there charges now pending of a felony OR any criminal offense OR convicted for any criminal offense at any time in the past**? [] Yes [] No
- Explain any "Yes" answer, attach additional sheets if necessary: _____

HOUSEHOLD COMPOSITON AND CHARACTERISTICS

List all members who will be living in the home and give the relationship of each member. If more room is needed to list additional members, attach another sheet.

Family member's full name	Relationship to applicant	Date of Birth	Social Security Number	US Citizen? Yes or No	Full-Time or Part-Time Student? Yes or No
	Head				

- How many people live in your home now? _____ Describe any pets: _____
- Do you expect any changes in your household? [] Yes [] No If yes, describe: _____
- What do you pay for rent or mortgage now? \$ _____ / per _____ (week, month)
- What utilities do you pay for now? _____ Monthly cost? _____



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5. Have you ever/are you now receiving rental assistance? [] Yes [] No If yes, describe: _____
6. Do you owe money to any housing agency or former landlord? [] Yes [] No
7. If yes, describe how much and to what agency or person _____
8. Have you or anyone else named on application been evicted or had eviction proceedings commenced against you from a rental unit of any type? [] Yes [] No If Yes, Explain _____
9. _____

Please list three personal character references. These should not include relatives or close friends. It is helpful to have the names of other people who know you and can recommend you for proposed tenancy.

Name	Address	Phone Number

RESIDENTIAL HISTORY: Please be sure to provide a **ten year history** with full name and phone number of prior landlord or manager and the address where you lived. Attach additional sheets if more space if needed.

Current address:			
Landlord Name & Phone #:		Date of move in:	
(circle which applies)	Own	Rent	Live with: _____

Prior Address:			
Landlord Name & Phone #:		lived there from:	to:
(circle which applies)	Own	Rent	Live with: _____

Prior Address:			
Landlord Name & Phone #:		lived there from:	to:
(circle which applies)	Own	Rent	Live with: _____

Prior Address:			
Landlord Name & Phone #:		lived there from:	to:
(circle which applies)	Own	Rent	Live with: _____

INCOME AND ASSET INFORMATION

List all money earned or received by everyone living in your household. This includes income from any source, such as wages, self-employment, child support, Social Security, disability payments, worker's compensation, retirement benefits, TANF, Veterans benefits, rental property income, stock dividends, income from bank account, alimony, unemployment, and all other sources. If more room is needed, attach an additional sheet.

Family member with income	Gross amount of money received	How often money is received week/month/year	Name of employer, agency, person, company, bank who pays this income	Type of income, such as wage, Soc Sec, SSI, VA, TANF, child support, etc

List all assets of all household members, including checking, savings accounts (including IRAs, Keogh accounts, certificates of deposit, stocks, bonds, mutual funds, etc.

Family Member Name	Bank or Company Name	Type of Account	Account Number	Balance



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1. Do you own real estate? Yes No Market Value: \$ _____
If yes, what? _____ City/State _____ Mortgage owed \$ _____
2. Have you disposed of any assets for less than fair market value within the past two years?
 Yes No If yes, describe: _____ \$ _____
3. If head or co-head is elderly, disabled or handicapped, please list amount and type of out of pocket medical or handicap assistance expenses: _____
4. Are you or any family member requesting an apartment with specific design features, such as one with features designed for person using wheelchairs? Yes No
5. Please list child care expenses to enable head or co-head to work or go to school: _____ per _____
6. Have you applied to any state or local housing authority or with an agency administering housing vouchers or subsidies such as BRAP? Yes No. If yes, which agency has your application?
_____ Do you currently have a housing voucher? Yes No

7. **Preferences**-Check those that apply. At time of pre-qualification, you will need to provide documentation to receive the preference. **NOTE:** These preferences do not apply to Hillside Apt.
 - ___ (CV) A wait list preference may be offered to persons applying who qualify with a mental health, developmental disability or special needs. Do you want to be considered for this preference and if yes, which household member(s) would qualify for this preference? _____
 - ___ (CV/MV) A wait list preference may be offered to persons applying who hold or have applied for a Housing Choice Voucher.
 - ___ (PC/MO) A wait list preference may be offered to persons applying who qualify as a victim or survivor of domestic violence.
 - ___ (CV/MV) A wait list preference may be offered to persons applying who are homeless. If yes, describe how you qualify for this reference? _____.

APPLICANT CERTIFICATIONS

This application does not obligate me/us or the property owner or C & C Realty Management in any way. I/we understand that any apartment offered must be my/our permanent, primary residence and I/we will not maintain a separate subsidized rental unit in a different location.

IMPORTANT INFORMATION ABOUT FRAUD OR MISREPRESENTATION: By signing below I/we confirm that I/we understand that false statements or information are punishable under any State or Federal law or housing program that may apply to this housing. I/we also understand that false statements or information are grounds for denial of my/our application, termination of housing assistance and/or termination of tenancy.

AUTHORIZATION FOR RELEASE OF INFORMATION: By signing below I/we hereby authorize C & C Realty Management, LLC, to obtain any information relative to my/our application for housing and proposed tenancy, including, but not limited to inquiries of my/our assets, income, character, prior renting history, obtain a credit report; obtain information from any court or law enforcement agency about any complaint or criminal or conviction data.

CERTIFICATION AS TO ACCURACY: By signing below I/we hereby certify that the above information is true, complete and accurate to the best of my/our knowledge and belief.

Signature(s) of Head of Household and all adult members of household

Signature of Head of Household _____ Date: _____
Other Adult(s) in
Household Signature(s) _____

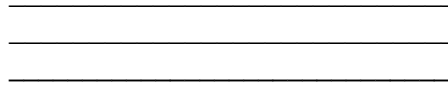
C & C Realty Management does business in accordance with the Federal Fair Housing Law. We do not discriminate against any person because of race, color, religion, sex, handicap, familial status, or national origin. We do not discriminate on the basis of handicap status in admission or access to, or treatment or employment in, federally assisted programs and activities. The responsible person designated to coordinate compliance with the nondiscrimination requirements is Catherine Whitney. Qualified individuals with handicaps may request reasonable accommodations to rules, policies, and procedures of dwelling units to assure equal opportunity to receive and enjoy the benefits of our housing programs. C & C Realty Management, LLC is an Equal Opportunity Provider. Complaints of discrimination should be directed to HUD (800) 669-9777(voice) or (800) 925-9275 (TTY).

Enclosed is the information you requested. If you have any questions, please feel free to contact our office at 621-7700, toll-free outside the Augusta area at 1-866-621-7705 or by e-mail at info@ccrealtymanagement.com

Office hours and locations are posted online at www.ccrealtymanagement.com



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