

RENTAL APPLICATION – THE LOFTS & GRIFFIN SQUARE

PLEASE PRINT CLEARLY

1. Properties. Please choose all properties for which you would like to apply.

The Lofts (Downtown Bangor): Studio 1 bedroom 2 bedrooms
 Apartments at The Lofts are on the second or third floor of building and accessible via elevator

Griffin Square: 3 bedrooms (1/2-bath on first floor; 1 bath, 3 bedrooms upstairs)
 4 bedrooms (1 bath and 1 bedroom on first floor; 1 bath, 3 bedrooms upstairs)

2. Applicant.

Last Name:	First Name:	Middle Name:	
Street Address:	City	State	Zip
Phone:	Email Address:		

3. Household. Please list all persons who will reside in the unit, including yourself.

NAME (INCLUDE ALL PREVIOUS NAMES)	SOCIAL SECURITY NUMBER	DATE OF BIRTH	GROSS MONTHLY INCOME	CURRENT EMPLOYER NAME & TELEPHONE NUMBER

4. Background Information.

Have you **ever applied** for housing with Bangor Housing in the past?
 YES NO If yes, approximately when? _____

Do you or does any member of your household have a pet? Please note that service or assistance animals are not pets.
 YES NO If yes, how many and what type? _____

Have you or any member of your household ever been convicted of a crime?
 YES NO If yes, who, where & when _____

Are you or any member of your household subject to a registration requirement under any state sex offender registration program? Yes No. If yes, who and which state(s): _____

Have you or any member of your household ever been convicted of methamphetamine production?
 Yes No. If yes, who and which state(s): _____

Have you or any household member ever been evicted or had eviction proceedings brought?
 Yes No. If yes, who, when, and why: _____

5. Reasonable Accommodation.

If you or anyone in your family is a person with a disability, and you require a specific accommodation in order to fully utilize our programs and services, please complete a **Reasonable Accommodation Request Form**.

6. Applicant Certification.

By signing below, I hereby certify the information I have provided in this Application is true and accurate and I understand and acknowledge that:

- Providing false information will result in cancellation or denial of my application and/or termination of my tenancy or housing assistance.
- I may be contacted to verify the information contained in this Application and may need to provide further information or documentation.
- Failure to provide information may result in delays in the processing of my Application.
- Changes occurring after submission of this Application may affect my qualification for housing.

Further, by signing below, I hereby authorize Bangor Housing to:

- Perform a criminal background check for all household members who may have an adult criminal adjudication age.
- Obtain references from current and/or prior landlords.
- Obtain a copy of my consumer credit report for the purpose of verifying information in this Application or any other information provided by me to Bangor Housing.

Applicant Signature _____ **Date** _____

Co-Applicant Signature _____ **Date** _____

Other Adult Applicant Signature _____ **Date** _____

POLICE DEPARTMENT USE ONLY

NOTHING ON RECORD

SEE ATTACHED

COMMENTS: _____

SIGN/DATE: _____

**ONE SHEET MUST BE COMPLETED FOR EACH ADULT MEMBER
PLEASE LIST THE PLACES YOU HAVE LIVED FOR THE PAST SEVEN YEARS**

CURRENT ADDRESS

STREET ADDRESS		CITY	STATE	ZIP
FROM MM/YR	TO MM/YR	RENT <input type="checkbox"/>	OWN <input type="checkbox"/>	RELATIVE <input type="checkbox"/>
IF RENTING- LANDLORD NAME		LANDLORD MAILING ADDRESS		LANDLORD PHONE NUMBER & FAX NUMBER

PREVIOUS ADDRESSES

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IF MORE ROOM IS NEEDED, PLEASE WRITE ON THE BACK OF THIS FORM

Signature _____
Please Print Full Name _____
Date of Birth _____ SS # _____ Telephone # _____

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