



Meadow View Apartments

Hancock County Homes Foundation
25 Tweedie Lane~Ellsworth, Maine 04605
Phone: 207-667-2651 ~ Fax: 207-667-7468
TDD#: 1-800-457-1220

Email: ktuppermvapt@gmail.com

Housing for "62 Years of Age or Older, Handicapped/Disabled Regardless of Age"

TENANT SELECTION CRITERIA

The following summary will give you some information regarding housing at Meadow View Apartments

We are able to place on our waiting list all applicants:

- Who** are 62 years of age or older.
- Who** are disabled, and have the capacity to enter into a legal lease agreement.
- Whose** adjusted income does not exceed the income limits.
- Who** have sufficient income to maintain an apartment.

Potential tenants are selected from our waiting lists by date and time of application, and by the type of unit available.

Waiting lists are maintained for:

- Very Low Income Applicants**
- Low Income Applicants**
- Moderate Income Applicants**
- Disabled Applicants**

The very low adjusted income levels are set by Rural Development for Hancock County is as follows:

- One Person Household..... \$25,150**
- Two Person Household..... \$28,750**

The maximum adjusted incomes allowed to be eligible for housing are:

- One Person Household..... \$45,700**
- Two Person Household..... \$51,450**

Income levels are set by calculations, which include your actual income (Social Security, Pensions & Wages) and your income from assets (C.D.s, mortgages, money market, checking accounts, etc.), or imputed income of total assets (same as above, plus any real estate) whichever is greater. Deductions are made from this amount: \$400.00 per elderly household, \$480.00 for household member under 18 and a full time student, plus allowable medical expenses which exceed 3.0% of your gross income. The final figure from these calculations is your adjusted income, which is the one your eligibility level and rent is determined.

NOTE:

The Meadow View Complex is 100% Smoke Free. No smoking of any kind is allowed anywhere on Meadow View property either by tenants, staff or visitors to the complex.

NO EXCEPTIONS

RENTAL AMOUNTS

79 apartments at Meadow View have Rural Development Rental Assistance. For these apartments, should you qualify, your rent would be based on 30% of your adjusted monthly income. 7 of the apartments have NO Rental Assistance and require "Basic" monthly rents between \$500.00 and \$760.00.

UTILITIES

Our apartments have all electrical appliances and heat. You are responsible for your own electrical usage. However, each apartment is designated a "Utility Allowance" for the coming year and that allowance is deducted from your rental amount which you pay us.

Example:

\$250.00.....Gross Rental Amount
-84.00.....Utility Allowance
<hr/>
\$166.00.....Net Rent Payable

APPLICANT REFERENCE CHECKS

All applicants applying for residency at Meadow View Apartments will undergo Prior Landlord and Criminal Records checks.

REJECTION OF APPLICATIONS

Hancock County Homes Foundation (Meadow View Apartments) may reject an application under the following conditions:

- *Poor credit history of applicant
- *Poor prior landlord report
- *Past history of violence and harassment of neighbor(s)
- *Past history of disturbing quiet enjoyment of neighbor(s)
- *Past history of violations of previous rental agreements, such as destruction of unit or failure to maintain a unit in sanitary condition.

PETS

Meadow View Apartments allows apartment type pets (e.g., cats, small to medium size dogs, birds, fish, turtles and hamsters) and requires completion of a **Pet Policy Addendum** to the Lease, which outlines the tenant's responsibilities. A security deposit of \$150.00 is required on dogs and cats, not small caged animals. (Note: Only one cat or dog is allowed)

OTHER INFORMATION

If your name comes to the top of our waiting list and an apartment of the type you selected, at the income level you qualify for is offered, and you decline said apartment, your name will be placed at the **bottom** of our waiting list. If after being contacted two (2) times and refusing the apartment, your name will be **removed** from our waiting list until you desire to complete a new application. Some apartments have carpeting with the exception of the kitchen and bathroom, which have vinyl flooring. Some apartments have vinyl planking throughout the apartment. All apartments are unfurnished with the exception of the range and refrigerator. Laundry facilities are available onsite using laundry cards (coinless/cashless pre-loaded money cards).

If you require more detailed information, please do not hesitate to call or drop by our office. Our phone number is (207) 667-2651. (TDD# 1-800-472-1220) and our office hours are Monday through Friday, 8:00 to 4:00.

"In accordance with Federal Law and USDA Policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability (not all prohibited bases apply to all programs). To file a complaint of discrimination, write to: USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Avenue, SW, Washington, D.C., 20250-9410, or call 1-800-795-3272 (voice) or 202-720-6382 (TDD). USDA is an equal opportunity provider and employer."



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APPLICATION-Rural Development

Date Received: _____

Time Received: _____

(Leave Blank)

(Leave Blank)

This is an application for housing in Meadow View Apartments located in Ellsworth, Maine. Please complete this application and return it to the address listed at the end of this form. Applications are placed in order of the date and time they are received. An applicant may be interviewed only after Hancock County Homes Foundation receives the tenant application.

HCHF Staff Processing: _____

A. GENERAL INFORMATION

Applicant Name(s): _____

Address: _____
 (Street) (Apt.) (City) (State) (Zip)

Telephone: _____ Present Rent: _____

E-Mail Address: _____ @ _____

Bedroom Size requested:

Efficiency: _____ One Bedroom: _____ Two Bedroom: _____ Handicapped: _____

B. HOUSEHOLD COMPOSITION

Include all persons who will reside in the apartment. Please list the head of household first.

NAME

BIRTHDATE

**SOCIAL SECURITY #

NOTE: Copy of Social Security Card(s)
 must be included with application

#1: _____

#2: _____

#3: _____

NOTICE: As of January 1st, 2016 all of Meadow View Property is Smoke Free. No smoking is allowed by either tenants, their visitors, staff, or groups meeting here

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C. INCOME

SOURCE OF THE INCOME

Name: _____

- _____ a. Soc. Security Monthly Amount \$ _____
- _____ Soc. Security Monthly Amount \$ _____
- _____ Soc. Security Monthly Amount \$ _____
- _____ b. Pension Monthly Amount \$ _____
- _____ Pension Monthly Amount \$ _____

Source of Pensions: _____

- _____ c. Veterans Benefits Monthly Amt. \$ _____
- _____ Veterans Benefits Monthly Amt. \$ _____
- _____ d. SSI Benefits Monthly Amount \$ _____
- _____ SSI Benefits Monthly Amount \$ _____
- _____ e. Unemployment Monthly Comp \$ _____
- _____ Unemployment Monthly Comp \$ _____
- _____ f. AFDC Monthly Amount \$ _____
- _____ g. Wages Gross Monthly Amount \$ _____

Employer: _____

Position Held: _____

Time employed: _____

Wages Gross Monthly Amount \$ _____

Employer: _____

Position Held: _____

Time employed: _____

- _____ h. FT Student Monthly Income \$ _____
- _____ (Only full time students 18& over)
- _____ FT Student Monthly Income \$ _____
- _____ (Only full time students 18 & over)
- _____ i. ANNUAL Earned Income Tax Credit \$ _____
- _____ j. Alimony Monthly Amount \$ _____
- _____ k. Child Support Monthly Amount \$ _____
- _____ l. Interest Income Monthly Amount \$ _____
- _____ Interest Income Monthly Amount \$ _____
- _____ m. Other Income Monthly Amount \$ _____
- _____ Other Income Monthly Amount \$ _____

TOTAL GROSS ANNUAL INCOME (Base this on the monthly amounts listed above and multiply by 12).....\$ _____

Do you anticipate and changes in this income in the next 12 months? Yes ___ No ___

If Yes Explain:

D. ASSETS

Checking Accounts	# _____	Bank _____	Balance _____
	# _____	Bank _____	Balance _____
	# _____	Bank _____	Balance _____
Savings Accounts	# _____	Bank _____	Balance _____
	# _____	Bank _____	Balance _____
Certificate of Deposit	# _____	Bank _____	Balance _____
	# _____	Bank _____	Balance _____
Trust Accounts	# _____	Bank _____	Balance _____
	# _____	Bank _____	Balance _____
Credit Union	# _____	Bank _____	Balance _____
	# _____	Bank _____	Balance _____
Savings Bonds	# _____	Bank _____	Balance _____
	# _____	Bank _____	Balance _____
Life Insurance Policy	# _____		Face value _____

Real Estate Property: Do you own any property? Yes ___ No ___

If yes, type of property: _____

Location: _____

Appraised Market Value \$ _____

Mortgage or outstanding loans, balance due \$ _____

Amount of annual insurance premium \$ _____

Amount of recent tax bill \$ _____

Have you sold/disposed of any property in the past two years? Yes ___ No ___

If Yes, type of property: _____

Market value when sold/disposed of \$ _____

Amount sold/disposed of \$ _____

Date of transaction: _____

Have you disposed of any assets in the past two years (Example: given money away to relatives, set up irrevocable trust accounts)? Yes ___ No ___

If yes, describe assets: _____

Date of disposition: _____

Amount disposed: _____

E. MEDICAL/CHILDCARE/DISABILITY ASSISTANCE EXPENSES

Medical Costs: Complete this part only if head of household or spouse is 62 or older or disabled.

Medicare Premiums.....Monthly Amount \$ _____

Monthly Amount \$ _____

Medical Insurance coverage, name of insurance company: _____

Address: _____

Monthly Amount \$ _____

Anticipated medical/prescription/drug costs NOT covered by insurance or reimbursed, monthly amount:

\$ _____ (FOR OVER THE COUNTER DRUGS, RECEIPTS MUST BE RETAINED)

Medical continued on next page

Name of your pharmacy: _____
 Medical bills or outstanding costs you are making monthly payments to:
 Balance Due: \$ _____
 Monthly Payments: \$ _____
 Payable to: _____
 (Optional) Are you seeing a physician on a regular basis? Yes ___ No ___
 Projected costs not covered by insurance, nor reimbursed for in the next 12 months: \$ _____

Child care costs: (Complete ONLY for children 12 and under)

Name(s) of children cared for: _____

Name and address of agency or person caring for children:

Weekly cost for childcare due to employment: \$ _____
 Weekly cost of childcare due to education: \$ _____
 Disability assistance expenses: (Complete ONLY if disability expenses allow the disabled or other household member to WORK.) List type of expenses, weekly amount paid to whom:

F. PROGRAM INFORMATION

If you are not 62 years old, are you eligible for occupancy based on your status as an individual with disabilities? Yes ___ No ___ (If you checked YES, please provide proof of Social Security disability status)

Are you currently living in subsidized housing? Yes ___ No ___

Do you wish to have priority for an apartment with special design features for individuals with disabilities? Yes ___ No ___

Have you ever resided in a project financed and/or subsidized by the Government? Yes ___ No ___

If YES, give name and address: _____

Have you ever been evicted from public housing or any other Federal housing project? Yes ___ No ___

If YES, where? _____

Describe the circumstances: _____

Have you ever been evicted from other housing? Yes ___ No ___

If YES, where and why: _____

Have you ever been convicted of a FELONY crime? Yes ___ No ___

If YES, what was the charge(s): _____

How did you hear about this housing project: _____

Will you take an apartment when one becomes available? Yes ___ No ___

Briefly describe your reasons for applying: _____

G. REFERENCE INFORMATION

Current Landlord:

Name _____

Address _____

Home Phone Number: _____ Business Phone Number: _____

Previous Rental Information:

Prior Landlord Name: _____

Address: _____

Phone Number: _____

Prior Landlord Name: _____

Address: _____

Phone Number: _____

Credit References:

#1. Name: _____ Address: _____ Phone: _____

#2. Name: _____ Address: _____ Phone: _____

#3. Name: _____ Address: _____ Phone: _____

Personal References:

#1. Name: _____ Address: _____ Phone: _____

#2. Name: _____ Address: _____ Phone: _____

#3. Name: _____ Address: _____ Phone: _____

In case of emergency please contact: _____

Address: _____

Phone #: _____

OTHER REQUIRED INFORMATION

Vehicle(s): List any cars, trucks or other vehicles owned. (Parking will be provided for one vehicle.

Arrangements with management will be necessary for more than one vehicle.)

Type of vehicle: _____ Year/Make: _____

Color: _____ License #: _____

Type of vehicle: _____ Year/Make: _____

Color: _____ License #: _____

Do you own any pets? Yes ___ No ___

If yes, describe: _____

I. CERTIFICATION AUTHORIZATION

Certification

I/We hereby certify that I/We do not maintain a separate subsidized unit in another location. I/We further certify that this will be my/our permanent residence. I/We understand that I/We must pay a Security Deposit for this apartment prior to our occupancy. I/We understand that my/our eligibility for housing will be based on Rural Development guidelines selection criteria. I/We certify that all information in this application is true to the best of my/our knowledge and that I/We understand that false statements or information is punishable by law and will lead to cancellation of this application or termination of tenancy after occupancy.

SIGNATURE: _____
(Head of household) (Spouse/Other)

Date: _____ Date: _____

Authorization

I/We do hereby authorize Hancock County Homes Foundation and it's staff, or authorized representative, to contact agencies, offices, groups, or organizations to obtain and verify information or materials which are deemed necessary to complete my/our application for housing in programs administered by Hancock County Homes Foundation.

SIGNATURE: _____
(Head of Household) (Spouse/Other)

Date: _____ Date: _____

Disclosure Statement

"The information regarding race, national origin, and sex designation solicited on this application is requested in order to assure the Federal Government, acting through the Rural Development, Rural Housing Service that Federal Laws prohibiting discrimination against tenant applicants on the basis of race, color, national origin, religion, sex, familial status, age and handicap are complied with. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However, if you choose not to furnish it, the owner is required to note the race/national origin and sex of individual applicants on the basis of visual observation of surname."

Ethnicity: _____ Hispanic or Latino _____ Not Hispanic or Latino
(National Origin)

Race: _____ American Indian or _____ Asian _____ Black or _____ Native Hawaiian or _____ White
Alaskan Native African American Other Pacific Islander

Sex: _____ Male _____ Female

Information supplied by: Applicant: _____ Management: _____
Initials Initials

Please return this application to:
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Ellsworth, Maine 04605

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