



## Occupied Properties

62 West Kingfield Road - Kingfield Maine 04947

207-265-4006 - Fax 207-265-5087 - email: occupiedproperties@maine.rr.com

**Office Hours Monday – Friday 9:00am – 4:00pm**



### APPLICATION FOR RURAL HOUSING SERVICE 515 PROGRAM

Occupied Properties is an Equal Housing Opportunity Company, with projects in compliance with Fair Housing Regulations.

504 and

### ALL APARTMENTS AND FACILITIES ARE SMOKE FREE!

***\*\* There is a fee to process each applicant that is due when we are working to determine eligibility for a vacant unit.***

### PLEASE PRINT CLEARLY

This is an application for housing at (check all properties that apply & indicate bedroom size requested)

#### ***ELDERLY HOUSING (PETS ALLOWED)***

- |   |                                 |                                 |
|---|---------------------------------|---------------------------------|
| <input type="checkbox"/> Carrabec Park - No. Anson, Maine             | <input type="radio"/> 1 bedroom | <input type="radio"/> 2 bedroom |
| <input type="checkbox"/> Cranberry Peak Apts. - Stratton, ME          | <input type="radio"/> 1 bedroom | <input type="radio"/> 2 bedroom |
| <input type="checkbox"/> Deerfield Village - Bridgton, Maine          | <input type="radio"/> 1 bedroom | <input type="radio"/> 2 bedroom |
| <input type="checkbox"/> Kingfield Elderly Housing - Kingfield, Maine | <input type="radio"/> 1 bedroom | <input type="radio"/> 2 bedroom |
| <input type="checkbox"/> Valley Brook Apts. - Strong, Maine           | <input type="radio"/> 1 bedroom | <input type="radio"/> 2 bedroom |
| <input type="checkbox"/> Waterford Acres - Waterford, Maine           | <input type="radio"/> 1 bedroom | <input type="radio"/> 2 bedroom |

#### ***FAMILY HOUSING (NO PETS ALLOWED)***

- |   |                                 |                                 |
|---|---------------------------------|---------------------------------|
| <input type="checkbox"/> Lakeshore Apts. - Stratton, Maine                | <input type="radio"/> 1 bedroom | <input type="radio"/> 2 bedroom |
| <input type="checkbox"/> Lincolnville Village Apts. - Lincolnville, Maine | <input type="radio"/> 2 bedroom | <input type="radio"/> 3 bedroom |
| <input type="checkbox"/> Covered Bridge Apts. - Guilford, Maine           | <input type="radio"/> 2 bedroom |                                 |

### **General Information**

Applicant Full Name:				
First	Middle	Last	Maiden Name	
Current mailing address:				
Street	City	State	Zip code	
Current physical address (if different than mailing address):				
Home telephone #:		Work or alternate #:		
Drivers License # and State Issued:			Expiration Date:	

Co-Applicant Full Name:				
First	Middle	Last	Maiden Name	
Current mailing address:				
Street	City	State	Zip code	
Current physical address (if different than mailing address):				
Home telephone #:		Work or alternate #:		
Drivers License # and State Issued:			Expiration Date:	

Would you like to be contacted by email: If so, please provide email address:

\_\_\_\_\_

Household Composition

List ALL persons who will live in the apartment in which you are applying. List head of household first.

	Applicant Name	Relationship	Date of Birth	Birth State	Social Security #
1		Head of Household			
2					
3					
4					
5					

For each household member answer the following with yes or no. Proof of status will be required when determining eligibility.

	US Citizen	US non-citizen National	Qualified Alien
	answer "yes" or "no"	answer "yes" or "no"	answer "yes" or "no"
1			
2			
3			
4			
5			

Current Household Information

Current Landlord name: \_\_\_\_\_ Landlord telephone #: \_\_\_\_\_

Landlord mailing address: \_\_\_\_\_

How long at current address: \_\_\_\_\_ Current rental payment: \_\_\_\_\_

Are you currently living in subsidized housing? ☐ yes ☐ No

Is your current unit condemned/substandard? ☐ yes ☐ No

If yes, describe: \_\_\_\_\_

Are you paying more than 50% of your gross income for rent and utilities? ☐ yes ☐ No

Former address: \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

Landlord Name & telephone #: \_\_\_\_\_

Landlord mailing address: \_\_\_\_\_

How long at this address: \_\_\_\_\_

From (month and year) \_\_\_\_\_ To (month and year) \_\_\_\_\_

Former address: \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

Landlord Name & telephone #: \_\_\_\_\_

Landlord mailing address: \_\_\_\_\_

How long at this address: \_\_\_\_\_

From (month and year) \_\_\_\_\_ To (month and year) \_\_\_\_\_

Is anyone in the household a full-time student? ☐ yes ☐ No

Name(s): \_\_\_\_\_

School Name/Address: \_\_\_\_\_

Does anyone live with you now who is not listed above?	<input type="checkbox"/>	yes	<input type="checkbox"/>	No
If yes, explain: _____				
Do you plan to have anyone living with you in the future who is not listed above?	<input type="checkbox"/>	yes	<input type="checkbox"/>	No
If yes, explain: _____				
Are you displaced?	<input type="checkbox"/>	yes	<input type="checkbox"/>	No
If yes, displacement agency name & telephone number: _____				
Have you ever resided in a project financed and/or subsidized by a government agency?	<input type="checkbox"/>	yes	<input type="checkbox"/>	No
Are you applying for status as an "Elderly Household" where the tenant or co-tenant is 62 years of age or older, physically challenged or disable as defined by USDA-Rural Development? <b>(see the property listing on page 1 for Elderly properties)</b>				
Would you accept an upstairs/2nd floor unit?	<input type="checkbox"/>	yes	<input type="checkbox"/>	No
Would you or anyone in your household benefit from a wheelchair accessible unit?	<input type="checkbox"/>	yes	<input type="checkbox"/>	No
If so, would you like to request an adapted unit?	<input type="checkbox"/>	yes	<input type="checkbox"/>	No
Have you or anyone in your household ever been evicted from any Public Housing or Federal Housing Program?	<input type="checkbox"/>	yes	<input type="checkbox"/>	No
If yes, name and address of housing project: _____				
Have you ever been evicted from other housing?	<input type="checkbox"/>	yes	<input type="checkbox"/>	No
If yes, name and address of landlord: _____				
Has anyone in the household had assistance terminated for fraud or non-payment of rent?	<input type="checkbox"/>	yes	<input type="checkbox"/>	No
If yes, explain: _____				
Have you ever resided in a property that was treated for bedbugs and/or cockroaches?	<input type="checkbox"/>	yes	<input type="checkbox"/>	No
If yes, location & dates of treatment: _____				
_____				
Was the treatment(s) within the last 12 (twelve) months?	<input type="checkbox"/>	yes	<input type="checkbox"/>	No
Has anyone in the household ever been convicted of a crime?	<input type="checkbox"/>	yes	<input type="checkbox"/>	No
Who? _____	Why? _____			
Was it a felony?	<input type="checkbox"/>	yes	<input type="checkbox"/>	No
Is anyone in the household currently using illegal drugs?	<input type="checkbox"/>	yes	<input type="checkbox"/>	No
Who? _____	Why? _____			
Does anyone in the household use Medical Marijuana? <b>Please note all apartments and facilities listed on this application are smoke free!</b>				
	<input type="checkbox"/>	yes	<input type="checkbox"/>	No

Has anyone in the household been investigated, charged, arrested, and/or convicted for the use, attempted use or possession, manufacture, sale or distribution of an illegal controlled substance? ☐ yes ☐ No

If yes, explain: \_\_\_\_\_

Has anyone in the household been investigated, charged, arrested, and/or convicted of assault, battery or domestic violence charges? ☐ yes ☐ No

If yes, explain: \_\_\_\_\_

Has anyone in the household been investigated, charged, arrested, and/or convicted of a felony or sex related crimes/offenses? ☐ yes ☐ No

If yes, explain: \_\_\_\_\_

Is anyone in the household required to register under any sex offender registration program? ☐ yes ☐ No

If yes, who/why? \_\_\_\_\_

If not living in this household, is the father/mother of your child/children involved with you or anyone in your household? ☐ yes ☐ No

If yes, provide the name & address: \_\_\_\_\_

Does this person have a criminal history of any kind? ☐ yes ☐ No

If yes, explain: \_\_\_\_\_

**REFERENCES** (personal, but not related to you; we must be able to contact during business hours)

Name: _____	Name: _____
Full address: _____	Full address: _____
Telephone #: _____	Telephone #: _____

**CREDIT REFERENCES** (include credit cards, bank account, finance companies, electric companies, cable companies, heating companies, telephone companies, etc.)

Name: _____	Name: _____
Full address: _____	Full address: _____
Telephone #: _____	Telephone #: _____
Account #: _____	Account #: _____
Name: _____	Name: _____
Full address: _____	Full address: _____
Telephone #: _____	Telephone #: _____
Account #: _____	Account #: _____

**INCOME:** Answer each of the following questions. For each YES answer, provide accurate information in the chart provided after the questions.

1	Does any member of your family work for someone who pays them in cash?	<input type="checkbox"/>	yes	<input type="checkbox"/>	No
2	Is any member of the household on a leave of absence from work due to lay-off, medical, maternity or military leave?	<input type="checkbox"/>	yes	<input type="checkbox"/>	No
3	Is any member of your family residing or not residing in your household, receiving military pay and/or allowances?	<input type="checkbox"/>	yes	<input type="checkbox"/>	No
4	Does any member of your household receive or expect to receive, child support?	<input type="checkbox"/>	yes	<input type="checkbox"/>	No

## Income continued

5	Is any member of your household entitled to child support that he/she is not receiving?	<input type="checkbox"/>	yes	<input type="checkbox"/>	No
6	Does any member of your household receive or expect to receive income from a pension or annuity?	<input type="checkbox"/>	yes	<input type="checkbox"/>	No
7	Is any member of your household entitled to alimony payments that he/she is not receiving?	<input type="checkbox"/>	yes	<input type="checkbox"/>	No
8	Does any member of your family/household receive or expect to receive income from an pension or annuity?	<input type="checkbox"/>	yes	<input type="checkbox"/>	No
9	Does any member of your family/household receive regular cash contributions from individuals not living in the unit or from agencies?	<input type="checkbox"/>	yes	<input type="checkbox"/>	No

## SOURCES OF INCOME

Family Member	Source of Income	Monthly Amount
	a. Social Security Benefits	
	Social Security Benefits	
	b. Pension	
	Source of Pension	
	Pension	
	Source of Pension	
	c. Veterans Benefits	
	claim #: _____	
	d. SSI Benefits	
	SSI Benefits	
	e. SSDI Benefits	
	SSDI Benefits	
	f. Maine State Supplement	
	Maine State Supplement	
	g. Unemployment	
	Unemployment	
	h. AFDC/TANF	
	i. Wages: Hourly wage: _____	
	Hours per week: _____	
	#overtime hours per week: _____	
	Gross Monthly wages: _____	
	Name & Address of employer: _____	
	How long employed: _____	
	Wages: Hourly wage: _____	
	Hours per week: _____	
	#overtime hours per week: _____	
	Gross Monthly wages: _____	
	Name & Address of employer: _____	
	j. Full time student monthly income	
	(only if 18 years or older)	
	Earned Income Tax Credit	
	k. Alimony	
	l. Child Support	
	m. Interest Income	
	n. Other income	
	Source: _____	
<b>Total Gross Annual Income (base this on the monthly amounts listed above and multiply by 12)</b>		<b>\$ _____</b>

Do you anticipate any changes in your income over the next 12 months?

☐

yes

☐

No

If yes, explain:

### ASSETS

Checking Account(s)	Bank Name	_____	Account #	_____
	Address	_____	Account #	_____
	Telephone #	_____		
Savings Account(s)	Bank Name	_____	Account #	_____
	Address	_____	Account #	_____
	Telephone #	_____		
Trust Account(s)	Bank Name	_____	Account #	_____
	Address	_____	Account #	_____
	Telephone #	_____		
Certificate(s) of Deposit	Bank Name	_____	Account #	_____
	Address	_____	Account #	_____
	Telephone #	_____		
Savings Bonds	Bank Name	_____	Account #	_____
	Address	_____	Account #	_____
	Telephone #	_____		
Life Insurance Policy	Company Name	_____	Account #	_____
	Address	_____	Account #	_____
	Telephone #	_____		
Real Estate Property	Do you own any property?	<input type="checkbox"/> yes <input type="checkbox"/> No		
	If yes, type of property:	_____		
	Address:	_____		
	Appraised Market Value:	_____	Mortgage or loan balance:	_____
	Amount of annual insurance premium:	_____		
Have you sold or disposed of any real estate property in the last two (2) years?				
If yes, type of property: _____ <input type="checkbox"/> yes <input type="checkbox"/> No				
Market value when sold/disposed of _____				
Date of transaction _____				
Have you sold or disposed of any property in the last two (2) years? (given money to relatives, set up irrevocable trust accounts, etc.)				
If yes, describe asset: _____ <input type="checkbox"/> yes <input type="checkbox"/> No				
Date of disposition: _____				
Date of transaction: _____				

MEDICAL/CHILD CARE/PHYSICALLY CHALLENGED ASSISTANCE EXPENSES

Medical costs: complete this part only if Head or co-head is 62 or older, disabled or physically challenged.

<u>Family Member</u>	<u>Source of expenses</u>	<u>Monthly Amount</u>
	a. Medicare Premiums	
	Medicare Premiums	
	b. Medical Insurance Coverage	
	Name & Address of Insurance Company	
	Medical Insurance Coverage	
	Name & Address of ins. Company	
	c. Anticipated medical/drug/prescription/non-prescription costs <b>NOT</b> covered by insurance	
	Anticipated medical/drug/prescription/non-prescription costs <b>NOT</b> covered by insurance	
	d. Medical bills or outstanding costs you are making monthly payments for	
	Balance due: \$ _____	
	Payable to: _____	
	Medical bills or outstanding costs you are making monthly payments for	
	Balance due: \$ _____	
	Payable to: _____	
	e. Medical related travel costs:	
	Medical related travel costs:	
	f. Are you seeing a physician regularly:	
	Name: _____	
	Address: _____	
	Projected physician costs <b>NOT</b> covered by insurance NOR reimbursement for the next 12 months.	
	Are you seeing a physician regularly:	
	Name: _____	
	Address: _____	
	Projected physician costs <b>NOT</b> covered by insurance NOR reimbursement for the next 12 months.	
	g. Any other medical expenses:	
	list type _____	
	list type _____	
	Any other medical expenses:	
	list type _____	
	list type _____	

**Medical/child care/physically challenged assistance expenses continued**

Physically challenged expenses: Attendant care and/or apparatus expense that enables physically challenged applicants or other in the household to work. Complete ONLY if physically challenged expenses allow someone in the household to work.

List type of expenses, weekly amount, paid to whom: \_\_\_\_\_

Monthly amount \$ \_\_\_\_\_

Child costs: **Complete ONLY for children 12 or younger**

Name(s) of children cared for: \_\_\_\_\_ Age: \_\_\_\_\_

\_\_\_\_\_ Age: \_\_\_\_\_

\_\_\_\_\_ Age: \_\_\_\_\_

Name & address of agency or person caring for children:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Weekly cost of childcare due to employment \$ \_\_\_\_\_

Weekly cost of childcare due to education \$ \_\_\_\_\_

Monthly amount \$ \_\_\_\_\_

Do you own vehicle(s)? ☐ yes ☐ No

Make \_\_\_\_\_ Model \_\_\_\_\_ Year \_\_\_\_\_

License Plate #: \_\_\_\_\_

Make \_\_\_\_\_ Model \_\_\_\_\_ Year \_\_\_\_\_

License Plate #: \_\_\_\_\_

**PET INFORMATION**

\* Only one pet is permitted per unit with a pet deposit of \$300.

\* No rodents, reptiles or spiders are allowed

\* Pets cannot be more than 25 pounds at full growth

\* Pets are **NOT** allowed in the Family housing projects as noted on page 1

Do you currently have a pet? ☐ yes ☐ No

If yes, list type of pet and it's name:

\_\_\_\_\_

Briefly describe your reasons for applying:

Do you understand that all income, assets and expenses must be verified? ☐ yes ☐ No

Do you understand that you are responsible to report all income of the household? ☐ yes ☐ No

Do you understand that you are to report any changes in income or expenses to the management office as soon as they occur? ☐ yes ☐ No

Did someone assist you in completing this form? ☐ yes ☐ No

Printed Name: \_\_\_\_\_

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

Relationship & telephone number \_\_\_\_\_



**EMERGENCY CONTACT** - By listing an emergency contact below and by signing this page, I authorize Occupied Properties to contact this person if they are unable to reach me regarding application, emergency issues, lease violations and for any reason with regard to housing at any property managed by Occupied Properties.

Name: \_\_\_\_\_ Telephone #: \_\_\_\_\_

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

Name: \_\_\_\_\_ Telephone #: \_\_\_\_\_

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

**To Whom It May Concern:**

I/we authorize the Management Agent to investigate my/our credit and verify all information and references given. The information obtained will be used for Management purposes only and will be held in confidence. I/we certify that all application information is true and complete to the best of my/our knowledge. I/We also certify that the housing I/we will occupy will be my/our permanent residence. I/we further certify that I/we will not maintain a separate subsidized rental unit in a different location.

**Penalties for submitting false information:**

If the applicant tenant/resident deliberately submits false information regarding income, family composition or other data on which the resident's eligibility or is determined, Management may, with HUD/USDA-RD approval, require Resident to pay the higher, HUD/USDA-RD approved market rent for as long as the resident remains on the property. In addition, Resident could become subject to penalties available under Federal Law. Those penalties include fines up to \$10,000 and imprisonment for up to five years.

**Penalties for misusing this consent:**

Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United State Government, HUD, Rural Development (RD), and any owner (or employee of HUD, RD, 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 information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willfully request, obtains or discloses any information under false pretenses concerning an application 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, and seek other relief as may be appropriate against the officer or employee of HUD, RD or the owner responsible for the unauthorized discloser or improper use.

**This application is subject to approval and does not constitute an agreement to lease. All information must be verified before this application can be processed.**

\_\_\_\_\_  
**HEAD OF HOUSEHOLD SIGNATURE**

\_\_\_\_\_  
**DATE**

\_\_\_\_\_  
**CO-HEAD OF HOUSEHOLD SIGNATURE**

\_\_\_\_\_  
**DATE**

**RACE/NATIONAL ORIGIN/ETHNICITY OF APPLICANT/CO-APPLICANT**

Applicant (#1 as listed on page 1)		Applicant (#2 as listed on page 1)	
Ethnicity	<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	Ethnicity	<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino
Race	<input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> White	Race	<input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African <input type="checkbox"/> White
Sex	<input type="checkbox"/> Female <input type="checkbox"/> Male	Sex	<input type="checkbox"/> Female <input type="checkbox"/> Male

**RACE/NATIONAL ORIGIN/ETHNICITY OF DEPENDANTS OR OTHER HOUSEHOLD MEMBERS**

Applicant (#3 as listed on page 1)		Applicant (#4 as listed on page 1)	
Ethnicity	<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	Ethnicity	<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino
Race	<input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> White	Race	<input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> White
Sex	<input type="checkbox"/> Female <input type="checkbox"/> Male	Sex	<input type="checkbox"/> Female <input type="checkbox"/> Male

Applicant (#5 as listed on page 1)	
Ethnicity	<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino
Race	<input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> White
Sex	<input type="checkbox"/> Female <input type="checkbox"/> Male

**ALL AREAS AND EVERY QUESTION MUST HAVE AN ANSWER. IF A QUESTION DOES NOT APPLY, PLEASE**

**\* STATE "NOT APPLICABLE OR N/A". IF ANY QUESTION IS INCOMPLETE OR BLANK, THE APPLICATION WILL BE REJECTED AND RETURNED TO APPLICANT.**

**DISCLOSER STATEMENT** - The information regarding race, national origin, and sex designation solicited on the this application is requested in order to assure Federal Government, action through USDA – Rural Development, that Federal laws prohibiting Discrimination against tenant applicants on the basis or race, color, national origin, religion, sex, familial status, age, and physically challenged 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 or surname.



## Occupied Properties

62 West Kingfield Road - Kingfield Maine 04947

207-265-4006 - Fax 207-265-5087 - email: occupiedproperties@maine.rr.com



### **AUTHORIZATION FOR RELEASE OF INFORMATION**

**TERMS AND CONDITIONS:** I/WE DO HEREBY AUTHROIZE OCCUPIED PROPERTIES, ITS STAFF OR AUTHORIZED REPRESENTATIVE OF THE ABOVE NAMED ORGANIZATION, ITS SUBSIDIARIES OR MANAGEMENTING AGGENTS to obtain information regarding my income, assets, expenses, and household status for purposes of determining my eligibility for participation in the following affordable housing program: Low Income Housing Program. The information obtained will only be used for determining eligibility in said programs and will be kept confidential and not released outside of this scope. This authorization shall continue from the date of signature and until such time that Occupied Properties is notified in writing that the authorization is canceled or when the below named individual ceases tenancy or application with any project managed by Occupied Properties.

### **INFORMATION COVERED**

I understand that, depending on program policies and requirements, previous or current information regarding me or my household may be needed. Verifications and inquiries that may be requested included, but are not limited to: Identity or Marital Status; Medical or Child Care Allowances; Employment, income and assets; Credit, Residences and Rental Activity.

### **GROUPS OR INDIVIDUALS THAT MAY BE ASKED**

The groups or individuals that may be asked to release the above information (depending on program requirements) include, but are not limited to: Previous landlords (including public housing agencies), State Unemployment Agencies; Past and present employers, Social Security Administration; Courts and Post Offices; Support and Alimony providers; Schools and Colleges; Veterans Administration; Law Enforcement Agencies; Banks and other financial institutions; Medical & Child care providers; Credit providers and Credit Bureaus; Retirement Systems; Welfare Agencies; Utility Companies

I agree that a photocopy of this authorization may be used for the purpose stated above. The original of this authorization is on file in the Office of Occupied Properties - 62 West Kingfield Road, Kingfield, ME 04947 (Telephone 207-265-4006). I understand I have a right to review my file and correct any information that I can prove is incorrect

_____ Head of Household Name	_____ Date of Birth	_____ Social Security #	_____ Signature
_____ Co-Head of Household Name	_____ Date of Birth	_____ Social Security #	_____ Signature

**NOTE:** This general consent may not be used to request a copy of a tax return. If a copy of a tax return is needed, IRS Form 4506, "Request for a Copy of Tax Form" must be prepared and signed separately.

"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, writ to: USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Avenue, SW, Washington, DC 20250-9410 or call 1-800-795-3272 (voice) or 202-720-6382 (TDD) USDA is an equal opportunity provided and employer."