

To be completed by Brewer Housing Authority:

Date Received: _____ Time Received: _____

APPLICATION FOR HOUSING



Low Income Housing Tax Credit Property



If you or anyone in your family is a person with disabilities, and you require a specific accommodation in order to fully utilize our programs and services, Please contact the housing authority.

PLEASE PRINT CLEARLY

This is an application for housing at:

Project: Chamberlain Place Senior Housing
Address: 258 Chamberlain Street
Brewer, ME 04412

Please complete this application and **return** to:

Name: Brewer Housing Authority
Address: 15 Colonial Circle; Suite 1
Brewer, ME 04412
Telephone: 207-989-7890

Application are placed in order of date and time received. An applicant may be interviewed only after the receipt of this tenant application.

CHAMBERLAIN PLACE IS A SMOKE FREE PROPERTY

PLEASE MAKE SURE ALL QUESTIONS ARE ANSWERED

Application completed by: _____

Relationship to Applicant: _____

Head of Household Name: _____

Current Mailing Address: _____

Current Physical Address: (if different from mailing)

Daytime Phone: _____ Evening Phone: _____

Number of Bedrooms in current housing: _____ Do you RENT OR OWN (Circle One)

Amount of current monthly rental or mortgage payment: \$ _____

Circle Utilities Paid by You: HEAT ELECTRICITY GAS OTHER: _____

Approximate monthly cost of utilities paid by you: (excluding phone and cable) \$ _____

Bedroom Type Requested: One Bedroom Handicap Bedroom (circle one)

HOUSEHOLD COMPOSITION

List ALL Persons who will be living in the apartment.

Name	Relationship To Head	Marital Status		DOB	SS#	Student Y/N
		S- Single	D-Divorced			
		O-Other				
	Self					

Do you anticipate any additions to the household in the next 12 months? YES NO

If Yes, please explain: _____

HOUSING REFERENCES

Provide landlord information for the past FIVE (5) years beginning with your current landlord. If NO LANDLORD(S) PLEASE LIST THE NAME, ADDRESS AND PHONE NUMBER(S) OF 3-5 PERSONAL NON-RELATED.

Landlord's Name, Address and Phone Number	Your Address	Own / Rent Include Monthly Amount	Dates From – To

PERSONAL REFERENCE

List a person reference other than a relative

Name, Address and Phone #	Relationship	Years Known

VEHICLE IDENTIFICATION

List vehicle information for all vehicles that are owned or operated by any household member

Color/Make/Model/Year	Tag/License Plate #	State Issued
Vehicle 1: _____	_____	_____
Vehicle 2: _____	_____	_____

EMERGENCY CONTACT

List someone in the area that is NOT on the application that we should contact in case of an emergency.

Name, Address and Phone #	Relationship	Years Known

INCOME INFORMATION

Income is counted for anyone 18 or older (unless legally emancipated). However, if the income is unearned income such as a grant or benefit, it is counted for all household members including minors.

PLEASE LIST GROSS INCOME AMOUNTS, BEFORE DEDUCTIONS OR TAXES.

Do You Receive OR Expect to Receive Income From:

		<u>Amount</u>
<input type="checkbox"/> YES	<input type="checkbox"/> NO	Employment wages or salaries? Including overtime, tips, Bonuses, commissions and payments received in cash. \$ _____
<input type="checkbox"/> YES	<input type="checkbox"/> NO	Self Employment? Including overtime, tips, Bonuses, Commissions and payments received in cash. \$ _____ Name of Business: _____
<input type="checkbox"/> YES	<input type="checkbox"/> NO	Regular Pay as a member of Armed Forces? \$ _____ Base Name and Branch: _____
<input type="checkbox"/> YES	<input type="checkbox"/> NO	Unemployment benefits or worker's compensation? \$ _____ Contact Person: _____
<input type="checkbox"/> YES	<input type="checkbox"/> NO	Public Assistance, TANF? \$ _____ Contact Person: _____
<input type="checkbox"/> YES	<input type="checkbox"/> NO	Child Support or Alimony? \$ _____ Payer: _____
<input type="checkbox"/> YES	<input type="checkbox"/> NO	Social Security, SSI, or any other payment from Social Security Administration? \$ _____ SSA Office _____
<input type="checkbox"/> YES	<input type="checkbox"/> NO	Regular Payments from a Veteran's benefit, pension or retirement \$ _____ Source of Benefit _____

INCOME INFORMATION Continued

- YES NO Regular Payments from a Severance Package? \$_____
- Source of Benefit _____
- YES NO Any other source of income NOT listed above? \$_____
- Source of Benefit _____
-

ASSET INFORMATION

Include ALL assets held and the income derived from the asset for ALL Members on the Application.

- | | <u>Amount</u> |
|--|----------------------|
| <input type="checkbox"/> YES <input type="checkbox"/> NO Checking Account - Bank Name _____ | \$ _____ |
| <input type="checkbox"/> YES <input type="checkbox"/> NO Savings Account - Bank Name _____ | \$ _____ |
| <input type="checkbox"/> YES <input type="checkbox"/> NO CD's, Money Market, Treasury | |
| Source: _____ | \$ _____ |
| Source: _____ | \$ _____ |
| Source: _____ | \$ _____ |
| <input type="checkbox"/> YES <input type="checkbox"/> NO Stocks or Bonds | |
| Source: _____ | \$ _____ |
| Source: _____ | \$ _____ |
| Source: _____ | \$ _____ |
| <input type="checkbox"/> YES <input type="checkbox"/> NO Trust Fund | |
| Source: _____ | \$ _____ |
| Source: _____ | \$ _____ |
| Source: _____ | \$ _____ |
| <input type="checkbox"/> YES <input type="checkbox"/> NO Pensions, IRA, Or other Retirement Account | |
| Source: _____ | \$ _____ |
| Source: _____ | \$ _____ |
| Source: _____ | \$ _____ |
| <input type="checkbox"/> YES <input type="checkbox"/> NO Cash on Hand
Over \$500 | \$ _____ |
| <input type="checkbox"/> YES <input type="checkbox"/> NO Real Estate, Rental
Property, Land | |
| Address: _____ | |
| _____ | \$ _____ |
| <input type="checkbox"/> YES <input type="checkbox"/> NO Personal Property Held as an Investment?
(Paintings, coin or stamp collections, artwork, show cars and antiques) | |
| Source: _____ | \$ _____ |
| Source: _____ | \$ _____ |
| Source: _____ | \$ _____ |

ASSET INFORMATION Continued

- YES NO A safe deposit box? Source: _____ \$ _____
- YES NO Annuities? Source: _____ \$ _____
- YES NO Capital Gains? Source: _____ \$ _____
- YES NO Mutual Funds? Source: _____ \$ _____
- YES NO Life Insurance Source: _____ \$ _____
- Source: _____ \$ _____
- Source: _____ \$ _____

(Whole and Universal – List cash surrender value and Dividends)

- YES NO Have you or any household member disposed of or given away any asset(s) less than fair market value within the past 2 year?
- Source: _____ \$ _____
- Source: _____ \$ _____

I/We hereby certify that I/WE Do/Will not maintain a separate subsidized rental unit in another location. I/We further certify that this will be my/our permeant residence. I/We understand that management is relying on this information to determine my household’s eligibility for the Housing Credits Program. I/We certify that all information and answers to the above questions are true and complete to the best of my/our knowledge. I/We consent to release the necessary information to prove my/our eligibility including but not limited to income, assets, criminal background and sex offender check. I/We understand that providing false information, failing to disclose material information, or making false statements may be grounds for denial of my/our application or termination of tenancy after occupancy. I/We also understand that such action may result in criminal penalties.

I authorize my consent to have management verify the information contained in this application for purposes of proving my eligibility for occupancy. I/We will provide all necessary information including source names, addresses, phone numbers, and account numbers where applicable and any other information required for expediting this process. I/We understand that my/our occupancy is contingent on meeting management’s resident selection criteria and the Housing Credit Program requirements.

ALL ADULT HOUSEHOLD MEMBERS MUST SIGN BELOW:

Signature

Date

Signature

Date

Signature

Date

Please return completed application to:

Brewer Housing Authority
15 Colonial Circle; Suite 1
Brewer, ME 04412

(Fax) 207-989-7554

