

**APPLICATION FOR SECTION 8 - PROJECT BASED – CHAMBERLAIN PLACE**

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**Important Information**

**2020 Income Limits for Project Base**

**1 person \$15,300 / 2 person \$17,500**

If you meet the income limits for Project Base, rent will be 30% of your income

**Please read the following carefully before completing the application form**

**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.**

- All applicants must meet the age requirement 55 years of age.
- The application must be completed in handwriting. Incomplete applications will not be processed.
- Persons with disabilities or persons who are limited in their ability to read, write, speak or understand English can seek assistance with the completion of the form.
- Use the full legal name of each person listed on the application as it appears on their social security card.
- Please print all answers.
- Answer all questions on the application form. Do not leave any questions blank. If a question does not apply to you such as “*What is your telephone number*”, and you do not have a telephone, write “none”.
- All yes/no questions *must* be checked to indicate whether your response is a “yes” or “no”.
- If there is not enough space to answer a particular question or to provide any additional explanation that you want to make, please feel free to attach one or more pages to the application.
- The legal head of household and spouse/cohead (if any) must sign and date the application form.
- Where indicated on this form, the questions apply to all members of the family listed on the application.
- The information that you provide on this application must be true and complete. It is a violation of federal and state criminal law to make false statements on an application for housing assistance. If you do not understand a question, please ask your housing representative.
- Be advised that the PHA will conduct criminal background checks and sex-offender registration checks on all adult household members, including live-in aides.
- \* In order to qualify for Public Housing an applicant must:
  - Be a family as defined in the Housing Agency’s Admission and Continued Occupancy Policy (ACOP). A copy of the ACOP is either posted or available at the housing agency office.

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- Meet the HUD requirements on citizenship or immigration status
- Have an annual income at the time of admission that does not exceed the income limits established by HUD. These income limits are posted in the PHA's office.
- Provide documentation of Social Security numbers for all family members, age 6 and older, or certify that they do not have Social Security numbers.
- Pay any money owed to the PHA or any other housing authority
- Not be subject to lifetime sex offender registration requirements
- Sign authorization forms so that the PHA can verify the various eligibility requirements
- Not have any household members who are engaged in any criminal activity that threatens the life, health, safety, or right to peaceful enjoyment of the premises by other residents, and not have any household members who are engaged in any drug-related or violent criminal activity
- Qualify as a suitable renter after the PHA conducts screening of prior rental history and financial responsibility.

**Americans With Disabilities Act**

**We need your help to ensure all of our programs, services and activities are fully accessible to persons with disabilities. If you encounter any type of barrier that prevents you from receiving the full benefit of our programs, services, or activities, please let us know.**

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**PLEASE PRINT CLEARLY**

Application completed by: \_\_\_\_\_

Relationship to applicant or Employer: \_\_\_\_\_

Head of Household Name \_\_\_\_\_

Head of Household Address: \_\_\_\_\_

Head of Household City/State/Zip \_\_\_\_\_

Head of Household Phone Number \_\_\_\_\_

**PART A: INFORMATION ABOUT MEMBERS OF THE HOUSEHOLD**

List all **persons age 18 or older** (head/spouse/cohead regardless of age) who will be living in the home, beginning with the head of household. Each box must be completed for each member. No one except those listed on this form may live in the unit.

NAME	Relation to Head	US Citizen Y/N	Disabled? Y/N	Sex M/F	Date of Birth	Soc. Security # or Alien Registration #
1.	<b>HEAD</b>					
2.						
3.						
4.						
5.						

**Answer the following questions about all members of the household:**

1. Has any adult who will live in the home previously lived in a State other than this State?..  Yes  No  
 If yes, which family member(s)? \_\_\_\_\_ State(s) lived? \_\_\_\_\_  
 \_\_\_\_\_ State(s) lived? \_\_\_\_\_

3. Does anyone who will be living in the home have a divorce decree or court order as the result of a divorce or legal separation?  Yes  No If yes, who? \_\_\_\_\_  
 If applicable, please attach copy.

5. Is there anyone not listed on the application who is temporarily absent from the home?  
 Yes  No If yes, who? \_\_\_\_\_

Please explain: \_\_\_\_\_  
 \_\_\_\_\_

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6. Has anyone who will be living in the home ever used another social security number other than the one listed on this application?  Yes  No If yes, who? \_\_\_\_\_
7. Has anyone who will be living in the home ever used another name, other than the one they are using now?  Yes  No If yes, who? \_\_\_\_\_ Other name(s) used: \_\_\_\_\_
8. Is there anyone who will be living in the home who is 18 or over and a full-time student?  Yes  No If yes, who? \_\_\_\_\_ Where? \_\_\_\_\_  
Is anyone attending college? \_\_\_\_\_ If so, where? \_\_\_\_\_
9. Does anyone in your household require any type of accommodations to fully utilize our programs and services?  Yes  No If yes, who? \_\_\_\_\_  
What do they require? \_\_\_\_\_

**CONTACT INFORMATION:** *List the names, addresses and telephone numbers of two relatives or friends who preferably live in the area and generally know how to contact you.*

1. **Contact Name** \_\_\_\_\_ Phone# \_\_\_\_\_  
Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_
2. **Contact Name** \_\_\_\_\_ Phone# \_\_\_\_\_  
Address: \_\_\_\_\_ City/State/Zip \_\_\_\_\_

**PART B: CRIMINAL BACKGROUND AND OTHER INFORMATION**

*These questions apply to you and all of the members of your household.*

1. Has any household member ever been arrested for any crime? .....  Yes  No  
If yes, how many times? \_\_\_\_\_ Please explain. (Include when arrested, where arrested and the reason for the arrest. Attach a separate sheet if needed) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
2. Has any household member ever been convicted of any crime? .....  Yes  No  
If yes, how many times? \_\_\_\_\_ What crime(s)? \_\_\_\_\_
3. Is any household member a subject to lifetime sex offender registration?.....  Yes  No.  
If yes, who? \_\_\_\_\_ In what State(s)? \_\_\_\_\_
4. Is any household member currently using illegal drugs?  Yes  No If yes, who? \_\_\_\_\_

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5. Has any household member ever been evicted from any type of housing? .....  Yes  No  
If yes, explain when, where and for what reason. \_\_\_\_\_  
\_\_\_\_\_

6. Has any household member received rental assistance in public housing or Section 8? .....  Yes  No  
If yes, when? Year(s) \_\_\_\_\_ Housing Agency Name \_\_\_\_\_  
Housing Agency Address \_\_\_\_\_  
Location \_\_\_\_\_  
Under what name? \_\_\_\_\_ Who was Head of Household? \_\_\_\_\_

**PART C: INFORMATION ABOUT THE INCOME OF MEMBERS OF THE FAMILY.**

*(Income includes money or contributions from any and all sources paid to or on behalf of a family member.)*

1. Did you or any family member file a federal income tax return for the past year? .....  Yes  No  
If yes, who? \_\_\_\_\_

2. Do you or any member of the family receive any of the following or expect to receive any of the following during the next twelve (12) months?

- Wages, salaries, tips, fees or commissions from an employer? (full or part time) .....  Yes  No
- Compensation for personal services? .....  Yes  No
- Income from the operation of a business or profession? .....  Yes  No
- Interest, dividends or other income from real or personal property? .....  Yes  No
- Payments from Social Security? .....  Yes  No
- Payments from annuities? .....  Yes  No
- Payments from insurance policies? .....  Yes  No
- Payments from retirement funds? .....  Yes  No
- Payments from pensions? .....  Yes  No
- Payments from disability benefits? .....  Yes  No
- Payments from death benefits? .....  Yes  No
- Lump sum payments for the delayed start of periodic payments? .....  Yes  No
- Unemployment compensation? .....  Yes  No
- Disability compensation? .....  Yes  No

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Worker’s compensation? .....  Yes  No

Severance pay? .....  Yes  No

General assistance payments? .....  Yes  No

TANF payments? .....  Yes  No

Alimony payments? .....  Yes  No

Veteran’s Pay? .....  Yes  No

Regular contributions or gifts from anyone? .....  Yes  No

Money from self employment? .....  Yes  No

Regular or special military pay? .....  Yes  No

Regular contributions from anyone? .....  Yes  No

Financial assistance to attend school .....  Yes  No

Payments from DHS for foster care services or adoption subsidy .....  Yes  No

Please list stipends received from any program (whether exempt or not) Please explain.

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3. List the sources and amounts of all income (money) expected for the coming 12 months for all family members from any and all sources.

Family Member Name	Income Source	Amount \$	Frequency – (Circle one)
			Week Month Year
			Week Month Year
			Week Month Year
			Week Month Year
			Week Month Year
			Week Month Year

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**PART D: INFORMATION ABOUT THE ASSETS OF ALL MEMBERS OF THE FAMILY**

*(An asset is something of value that can be converted to cash)*

1. Do you or any family member own or have access to any of the following?

Savings account? .....  Yes  No                      Checking account? .....  Yes  No

Certificate of deposit? .....  Yes  No                      Money market account?.....  Yes  No

Family Member Name	Bank Name	Account Number	Balance

2. Do you or any family member own or have access to any of the following?

Stocks? .....  Yes  No                      Bonds? .....  Yes  No

Real property (land)? .....  Yes  No                      Trust funds ? .....  Yes  No

Pensions? .....  Yes  No                      Individual retirement accounts? .  Yes  No

Inheritances? .....  Yes  No                      Life insurance policies? .....  Yes  No

Any other type of capital investment? .....  Yes  No

Explain any "Yes" answers below.

Family Member Name	Type of Asset	Account Number	Value

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**PART E: INFORMATION ABOUT HOUSEHOLD EXPENSES**

1. Do you pay a care attendant to provide care for a disabled family member so that an adult family member can work? (Could be the person with disabilities)  Yes  No If yes, complete the following:

Care Attendant			Weekly Amount
Name	Address	Phone Number	

2. Are you paying for any type of equipment for a disabled family member that enables an adult member to work? (Could be the person with disabilities). .....  Yes  No  
 If yes, what is the anticipated monthly cost? \$ \_\_\_\_\_

**5. Indicate the dollar amount for your monthly living expenses as listed below:**

Item	Monthly Amount	Last Date Paid	Paid By Whom
Rent			
Electric			
Gas			
Water			
Telephone			
TV Cable			
Car payment(s)			
Car Insurance			
Gas for car			
Life Insurance			
Health Insurance			
Loan			
Rentals			
Furniture			
Food			
Credit Cards			
Cell Phone			



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**Medical Expenses** (These questions only apply if the head, spouse or cohead is 62 years or older or is disabled)  
Do you or any member of the family pay for any of the following items?

Medical insurance premiums? .....  Yes.....  No

Long term care insurance? .....  Yes.....  No

Out of pocket prescription expenses? .....  Yes.....  No

Past due medical bills? .....  Yes.....  No

Other anticipated medical expenses? .....  Yes.....  No

Please list the type and amount of the medical expenses for all family members that you anticipate paying over the next 12 months:

Family Member Name	Type of Expense	Monthly Amount

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**Certification of the Applicant**

I hereby certify that all of the information I have provided on this application is true and complete. I understand that I must notify the housing authority of any changes to the household due to birth, adoption or court-awarded custody. I also understand that any person who attempts to obtain housing assistance or rent reduction by making false statements, by impersonation, by failure to disclose or intentionally concealing information, or any act of assistance to such attempt is a crime under Federal and State law.

**I/We certify that the information\* given to the Brewer Housing Authority on household composition, income, net family assets, and allowances and deductions is accurate and complete to the best of my/our knowledge and belief. I/we understand that Brewer Housing Authority and HUD have the right, under Federal Law, and will be doing computer data matching with Social Security/IRS, state wage agencies and current and former employers to verify that the information I/We have provided is accurate and complete. I/We understand that false statements or information are punishable under Federal law. I/We also understand that false statements or information are grounds for termination of housing assistance and termination of tenancy.**

**WARNING: TITLE 18, SECTION 1001 OF THE UNITED STATES CODE STATES THAT A PERSON IS GUILTY OF A FELONY FOR KNOWINGLY AND WILLINGLY MAKING FALSE OR FRAUDULENT STATEMENTS TO ANY DEPARTMENT OR AGENCY OF THE UNITED STATES AND SHALL BE FINED NOT MORE THAN \$10,000 OR IMPRISONED FOR NOT MORE THAN FIVE YEARS OR BOTH.**

\_\_\_\_\_  
Signature of Head of Household

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Spouse, Co-head or Other Adult Over Age 18

\_\_\_\_\_  
Date