

INFORMATION SHEET FOR CHAMBERLAIN PLACE SENIOR HOUSING

Physical Address: 258 Chamberlain St., Brewer, ME

Chamberlain Place Senior Housing, a Low-Income Housing Tax Credit (LIHTC) property, managed by The Housing Authority of the City of Brewer (BHA), features 32 apartments for individuals who are **55 years of age and older**. There are 28 one-bedroom units and 4 two-bedroom units, with each having a utility closet with washer/dryer hook ups. This property includes a community room, coin-op laundry machines on each floor, and on-site reserved parking. Rents are restricted by income and include electric, heat, domestic hot water, sewer, water, and basic internet access. Chamberlain Place is a **smoke free property**.

There are two separate wait lists for Chamberlain Place. If you are interested in applying for a Tax Credit apartment, which offers restricted rent amounts (*not a portion of your income*) please contact BHA by calling 989-7890 to request an application or visit their website www.brewerhousing.com to apply online or download an application. If you are interested in applying for a Section 8 – Project Based voucher, please read the information below and complete the attached application.

Sixteen (16) of the units have a Section 8 Project Based Voucher (PBV) which is issued BHA. If approved for housing, rent will be 30% of the household's annual Adjusted Gross Income. *Applicants who accept these PBV units do so with the understanding the voucher cannot be transferred away from Chamberlain Place if they happen to move.*

Please read the following page for specific information as it relates to applying for
Section 8 – Project Based Voucher – Chamberlain Place



Updated 10/11/2023

2023 Gross Income Limits for Project Based Vouchers

1 person \$18,100 / 2 person \$20,700

Please read the following carefully before completing the application form.

- 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.
- Be advised that BHA will conduct criminal background checks and sex-offender registration checks on all adult household members, including live-in aides.

Eligibility requirements for Brewer Housing Authority include but are not limited to:

- Have a gross annual income at the time of admission that does not exceed the annual income limits established by MaineHousing.
- Provide documentation of Social Security numbers for all family members, or certify that they do not have Social Security numbers.
- Sign authorization forms to enable verification of 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 by passing screening of prior rental history and financial responsibility.

Please submit the completed application to:

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

If you have questions specific to Chamberlain Place property, please contact: Sheena Curry – Direct Line: 907-7058 or Email: scurry@brewerhousing.com

If you have questions specific to the Section 8 – Project Based Voucher program, please contact: Heidi Bradley – Direct Line: 907-7059 or Email: hbradley@brewerhousing.com

To be completed by Brewer Housing Authority:

Date Received: _____ Time Received: _____

PRE-APPLICATION - CHAMBERLAIN PLACE – PROJECT BASED VOUCHER 1 BR



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.



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

Application completed by: _____

Relationship to Applicant: _____

Head of Household Name: _____

Current Mailing Address: _____

Current Physical Address: _____
(if different from mailing)

Daytime Phone: _____ Evening Phone: _____

Accommodation(s) Requested: _____

Examples may include handicapped accessible unit, hearing impaired smoke detectors, live-in-aide, etc.

HOUSEHOLD COMPOSITION - List ALL Persons who will be living in the apartment:

Name	Relationship	Marital Status	Date of Birth	SSN
_____	<u>HEAD</u>	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

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

If Yes, please explain: _____

Does your household have or anticipate having any pets? YES NO

If Yes, is this animal a service animal? YES NO *Please Note – Pets are NOT allowed*

Are you or any other persons in the household a or have been a full time student during five calendar months of this year or plan to be in the next calendar year at an education institution with regular faculty and students? YES NO

INCOME INFORMATION Please list gross income amounts for each applicant -- before deductions or taxes. *If there is not enough space, please attach another sheet if needed.*

Types of income include but are not limited to the following: Employment, Self-employment, Military pay, Unemployment benefits, Public Assistance, TANF, Alimony, Social Security, SSI, SSDI, regular payments from severance package, Pension, Retirement, IRA, etc. List the source of income, gross amount, and frequency of payments – such as annually or monthly.

APPLICANT NAME & INCOME SOURCE	AMOUNT	FREQUENCY
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____

ASSET INFORMATION Please list the cash value and annual income for each applicant. *If there is not enough space, please attach another sheet if needed.*

Types of assets include but are not limited to the following: checking, savings, CD or Time Deposit, Money Market, Stocks, Bonds, Trust Fund, Pensions, IRA, Cash on Hand over \$500, Real Estate, Rental Property, Land, personal property held as an investment, Safe Deposit Box, Annuity, Capital Gains, Mutual Funds, Whole/Universal Life Insurance, etc.

APPLICANT NAME & ASSET SOURCE	CASH VALUE	ANNUAL INCOME
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____

MEDICAL EXPENSES These questions only apply if the head, spouse, or co-head is age 62+ or disabled. *If there is not enough space, please attach another sheet if needed.*

Types of medical expenses paid out-of-pocket include but are not limited to the following: Medical Insurance Premiums, Long Term Care Insurance, Prescription Expenses, Past Due Medical Bills, etc.

APPLICANT NAME & DESCRIPTION OF EXPENSE	AMOUNT (Monthly/Yearly)
_____	\$ _____
_____	\$ _____

WARNING 1 TITLE 8, 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 OR THE DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT.

I UNDERSTAND THAT THIS IS NOT A CONTRACT AND DOES NOT BIND EITHER PARTY. THE ABOVE INFORMATION IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I HAVE NO OBJECTIONS TO INQUIRIES MADE FOR THE PURPOSE OF VERIFYING THE STATEMENTS HEREIN.

Signature of Head of Household

Signature of Spouse, Cohead

Date