



Ellen M. Leach
M E M O R I A L H O M E

A Luxurious & Affordable Independent Retirement Community

The Ellen M. Leach Memorial Home facility is located at 58 Colonial Circle in Brewer, Maine and consists of 84 one-bedroom and 6 two-bedroom apartments. The units are distributed on three floors, with two elevators located in the center of the building and one elevator in the Phase III wing. The facility has 63 low-income tax credit units as well as 27 market rate units. Rent includes all utilities (except phone and cable), a continental breakfast, full mid-day meal, and one-half hour of housekeeping services per week.

Each one-bedroom apartment is 625 square feet and includes a small kitchen, living room/dining room, bedroom, and bathroom with ample closet space. Each two-bedroom apartment is 825 square feet. Amenities include hair salon, arts and crafts center, exercise room, nurse’s office, library/lounge, small dining/conference room, large community room, game room, eleven (11) laundry rooms, year-round attached greenhouse. There are 38 carports available for those residents who own vehicles.

Eligibility for occupancy is determined by the following criteria:

- Applicants must be 62 years of age or older.
- Family size must meet standard size for one or two bedroom unit.
- *To qualify for low-income rent, applicants’ gross yearly income must fall below the pre-determined yearly income limit. Please see the 2021 Income Limits chart below.*
- Other eligibility criterion includes the ability of the resident to maintain personal independence with limited assistance, including physical and mental capacity to provide self-care. For additional cost, transportation and personal care services are available through community agencies. Health screening/monitoring and various activities are provided free of charge.

***Preference given to
CURRENT Brewer
Residents***

2021 INCOME LIMITS

CATEGORY	1 PERSON	2 PEOPLE
60% AMI	\$31,620	\$36,120

2021 LOW-INCOME RENT RATES

CATEGORY	1 BR	2 BR	Security Deposit = 1 month rent
60% AMI	\$846	\$1,015	

2020 MARKET RATE RENT

1 BR, 1 Person - \$2,332	1 BR, 2 People - \$2,737	Security Deposit - \$500
2 BR, 1 Person - \$2,797	2 BR, 2 People - \$3,197	

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 Brewer Housing Authority at 989-7890.



P.O. Box 359 • 58 Colonial Circle | Brewer, Maine 04412
Office: 207.989.8246 | Facsimile: 207.989.4614
www.leachmemorialhome.org



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: Ellen M. Leach Home
58 Colonial Circle
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

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

ELLEN M. LEACH MEMORIAL HOME 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 Two 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 _____		

INCOME INFORMATION Continued

- YES NO Regular Payments from a Veteran's benefit, pension or retirement \$ _____
 Source of Benefit _____
- 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: _____ | \$ _____ |

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 Mail completed updated application to:

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

