

To be completed by Brewer Housing Authority:

Date Received: _____ Time Received: _____

APPLICATION FOR PUBLIC HOUSING



Brewer Housing Authority



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: Brewer Housing Authority
Address: 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.

1 Bedroom 2 Bedroom 3 Bedroom

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: _____

Email Address: _____

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

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

ADULT HOUSEHOLD COMPOSITION

List all persons age 18 or older 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	Relationship To Head	US Citizen Y/N	DOB	SS#	Disabled Y/N
	Head				

CHILDREN UNDER 17 AND YOUNGER

List all children who will be living in the home, oldest to youngest.

Name	Relationship To Head	US Citizen Y/N	DOB	SS#	Disabled Y/N
	Head				

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

If Yes, please explain: _____

FAMILY HISTORY

Have you or anyone named on this application been convicted of a felony? YES NO

Explain: _____

Have you or anyone named on this application been charged with Assault? YES NO

Explain: _____

Have you or anyone named on this application been convicted for dealing or Manufacturing illegal drugs? YES NO

Explain: _____

Have you or anyone named on this application been convicted of doing Damage to property of others? YES NO

Explain: _____

Have you or anyone named on this application been evicted from a rental unit Of any type including an apartment, home, mobile home or trailer? YES NO

Explain: _____

Do you or anyone named on this application hold a medical marijuana card? YES NO

Explain: _____

Are you or anyone on this application on the Registered Sex Offender List? YES NO

Explain: _____

Do you claim any of the following preferences?

Resident of Brewer, Eddington, Holden or Orrington?

Work in Brewer Age 62 or Older Disabled Full-time Student

Employed full-time (35 hours or more a week)

PERSONAL REFERENCE

List a person reference other than a relative

Name, Address and Phone #

Relationship

Years Known

--	--	--

--

--

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

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

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 _____
<input type="checkbox"/> YES	<input type="checkbox"/> NO	Regular Payments from a Severance Package? \$_____
		Source of Benefit _____
<input type="checkbox"/> YES	<input type="checkbox"/> 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 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:_____	
_____	\$_____

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 5 years or both.

No person shall, on the grounds of race, color, religion, sex, national or ethnic origin, age, familial status, or disability be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination un the Brewer Housing Authority's programs.

Please contact Brewer Housing Authority at 207-989-7890 if you need accommodations to access our programs.

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 permanent residence. I/We understand that management is relying on this information to determine my household's eligibility for Brewer Housing. 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 Brewer Housing Authority requirements.

ALL ADULT HOUSEHOLD MEMBERS MUST SIGN BELOW:

Signature of Head of Household

Date

Signature of Spouse, Co-Head or Other Adult

Date

Signature of Other Adult

Date



AUTHORIZATION FOR RELEASE OF INFORMATION

The undersigned hereby authorizes the Brewer Police Department or any other law enforcement agency so requested, to release to Brewer Housing Authority or its authorized agents any information that they have in their possession concerning the undersigned.

The undersigned hereby authorizes Brewer Housing Authority to pull my criminal background check, credit check and sex offender register. It is expressly understood that this authorization is a prerequisite to Brewer Housing Authority processing my application to become a tenant, in a project operated by Brewer Housing Authority.

Any police department or employee at Brewer Housing Authority that releases information pursuant to this authorization is hereby released from any and all liability, of whatever form or nature, which may result from the release of information to Brewer Housing Authority.

_____	_____
Signature	Print Full Name
_____	_____
Nicknames or other names which you are known	Date of Birth

FOR OFFICE USE ONLY:

Witness / Date

Mailing and resident addresses for the past five (5) years continue on reverse side if not enough space:

Actual Address:

Mailing Address:

