

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: Somerset Place  
Address: 5 Somerset 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.

**SOMERSET 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: \_\_\_\_\_

\_\_\_\_\_

Is there anyone living with you now who won't be living with you at Somerset Place?

YES  NO

If YES Name and Relationship: \_\_\_\_\_

Explain why not: \_\_\_\_\_

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

If YES, Answer the following questions: (If No, skip to next question)

-Are any full-time students married and filing a joint tax return?  YES  NO

-Are any students enrolled in a job-training program receiving Assistance under the Job Training Partnership act?  YES  NO

-Are any Full-time students a TANF or a Title IV recipient?  YES  NO

-Are any Full-Time students a single parent living with his/her Minor child who is not a dependent on another's tax return?  YES  NO

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### **FAMILY HISTORY**

Have you or anyone named on this application filed for Bankruptcy?  YES  NO

Explain: \_\_\_\_\_

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

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: \_\_\_\_\_

**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
<div style="border: 1px solid black; height: 100px;"></div>	<div style="border: 1px solid black; height: 100px;"></div>	<div style="border: 1px solid black; height: 100px;"></div>

**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: _____	\$ _____

**INCOME INFORMATION Con't**

- YES  NO Unemployment benefits or worker's compensation? \$ \_\_\_\_\_  
 Contact Person: \_\_\_\_\_
- YES  NO Public Assistance, TANF? \$ \_\_\_\_\_  
 Contact Person: \_\_\_\_\_
- YES  NO Child Support or Alimony? \$ \_\_\_\_\_  
 Payer: \_\_\_\_\_
- YES  NO Social Security, SSI, or any other payment from Social Security Administration? \$ \_\_\_\_\_  
 SSA Office \_\_\_\_\_
- 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: _____   | \$ _____      |

**ASSET INFORMATION Con't**

- YES  NO Cash on Hand  
Over \$500 \$\_\_\_\_\_
- YES  NO Real Estate, Rental  
Property, Land Address: \_\_\_\_\_  
\_\_\_\_\_ \$\_\_\_\_\_
- YES  NO Personal Property Held as an Investment?  
(Paintings, coin or stamp collections, artwork, show cars and antiques)  
Source: \_\_\_\_\_ \$\_\_\_\_\_  
Source: \_\_\_\_\_ \$\_\_\_\_\_  
Source: \_\_\_\_\_ \$\_\_\_\_\_
- YES  NO A safe deposit box? Source: \_\_\_\_\_ \$\_\_\_\_\_
- YES  NO Annuities? Source: \_\_\_\_\_ \$\_\_\_\_\_
- YES  NO Capital Gains? Source: \_\_\_\_\_ \$\_\_\_\_\_

**ASSET INFORMATION Continued**

- 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: \_\_\_\_\_ \$\_\_\_\_\_

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**EXPENSES**

- YES  NO Does applicant require a handicap/disability adjustment to income?
- YES  NO Does applicant pay for handicap assistance expenses so that a household  
member can work?
- YES  NO If applicant or co-applicant is 62 or older, disabled or handicapped, are you  
paying for out-of-pocket medical expenses such as medical insurance,  
physician visits, prescriptions or etc.?
-

**APPLICANT STATUS**

**The following questions pertain to specific eligibility requirements.**

- YES  NO Are you or any other ADULT household member claiming ZERO income?  
Please Explain? \_\_\_\_\_
- YES  NO Will you or any ADULT household member require a live-in care attendant to live independently?  
Name of Attendant: \_\_\_\_\_  
Relationship (if any): \_\_\_\_\_
- YES  NO Will your household be receiving Section 8 rental assistance at time of move-in?  
Name of Agency: \_\_\_\_\_  
Contact Person: \_\_\_\_\_
- YES  NO Are you or any member of your household currently on an active Public Housing or Section 8 Waiting List?  
Name of Agency: \_\_\_\_\_  
Contact Person: \_\_\_\_\_
- YES  NO Will your household be eligible or are you applying to receive Section 8 rental assistance in the next 12 months?  
Expected Date: \_\_\_\_\_  
Name of Agency: \_\_\_\_\_  
Contact Person: \_\_\_\_\_



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

