

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: Chamberlain Place
Address: 258 Chamberlain 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.

CHAMBERLAIN 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 Chamberlain 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

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
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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: _____ \$_____

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.?
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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

