

APPLICATION FOR SECTION 8 - PROJECT BASED – CHAMBERLAIN PLACE

Important Information

Please read the following carefully before completing the application form

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.

- The application must be completed in the handwriting. Incomplete applications will not be processed.
- Persons with disabilities or persons who are limited in their ability to read, write, speak or understand English can seek assistance with the completion of the form.
- Use the full legal name of each person listed on the application as it appears on their social security card.
- Please print all answers.
- Answer all questions on the application form. Do not leave any questions blank. If a question does not apply to you such as *“What is your telephone number”*, and you do not have a telephone, write *“none”*.
- All yes/no questions **must** be checked to indicate whether your response is a “yes” or “no”.
- 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.
- The legal head of household and spouse/cohead (if any) must sign and date the application form.
- Where indicated on this form, the questions apply to all members of the family listed on the application.
- The information that you provide on this application must be true and complete. It is a violation of federal and state criminal law to make false statements on an application for housing assistance. If you do not understand a question, please ask your housing representative.
- Be advised that the PHA will conduct criminal background checks and sex-offender registration checks on all adult household members, including live-in aides.

In order to qualify for Public Housing an applicant must:

- Be a family as defined in the Housing Agency’s Admission and Continued Occupancy Policy (ACOP). A copy of the ACOP is either posted or available at the housing agency office.
- Meet the HUD requirements on citizenship or immigration status
- Have an annual income at the time of admission that does not exceed the income limits established by HUD. These income limits are posted in the PHA’s office.

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- Provide documentation of Social Security numbers for all family members, age 6 and older, or certify that they do not have Social Security numbers.
- Pay any money owed to the PHA or any other housing authority
- Not be subject to lifetime sex offender registration requirements
- Sign authorization forms so that the PHA can verify the various 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 after the PHA conducts screening of prior rental history and financial responsibility.

Americans With Disabilities Act

We need your help to ensure all of our programs, services and activities are fully accessible to persons with disabilities. If you encounter any type of barrier that prevents you from receiving the full benefit of our programs, services, or activities, please let us know.

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PLEASE PRINT CLEARLY

Application completed by: _____

Relationship to applicant or Employer: _____

PART A: INFORMATION ABOUT MEMBERS OF THE HOUSEHOLD

List all **persons age 18 or older** (head/spouse/cohead regardless of age) 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	Relation to Head	US Citizen Y/N	Disabled? Y/N	Sex M/F	Date of Birth	Soc. Security # or Alien Registration #
1.	HEAD					
2.						
3.						
4.						
5.						

Answer the following questions about all members of the household:

- Has any adult who will live in the home previously lived in a State other than this State?.. Yes No
 If yes, which family member(s)? _____ State(s) lived? _____
 _____ State(s) lived? _____
- Does anyone who will be living in the home have a divorce decree or court order as the result of a divorce or legal separation? Yes No If yes, who? _____
 If applicable, please attach copy.
- Is there anyone not listed on the application who is temporarily absent from the home?
 Yes No If yes, who? _____
 Please explain: _____

- Has anyone who will be living in the home ever used another social security number other than the one listed on this application? Yes No If yes, who? _____
- Has anyone who will be living in the home ever used another name, other than the one they are using now?
 Yes No If yes, who? _____ Other name(s) used:

- Is there anyone who will be living in the home who is 18 or over and a full-time student?

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Yes No If yes, who? _____ Where? _____

Is anyone attending college? _____ If so, where? _____

9. Does anyone in your household require any type of accommodations to fully utilize our programs and services? Yes No If yes, who? _____

What do they require? _____

CONTACT INFORMATION: *List the names, addresses and telephone numbers of two relatives or friends who preferably live in the area and generally know how to contact you.*

1. **Contact Name** _____ Phone# _____
Address _____ City/State/Zip _____

2. **Contact Name** _____ Phone# _____
Address: _____ City/State/Zip _____

PART B: CRIMINAL BACKGROUND AND OTHER INFORMATION

These questions apply to you and all of the members of your household.

1. Has any household member ever been arrested for any crime? Yes No
If yes, how many times? _____ Please explain. (Include when arrested, where arrested and the reason for the arrest. Attach a separate sheet if needed) _____

2. Has any household member ever been convicted of any crime? Yes No
If yes, how many times? _____ What crime(s)? _____

3. Is any household member a subject to lifetime sex offender registration? Yes No.
If yes, who? _____ In what State(s)? _____

4. Is any household member currently using illegal drugs? Yes No If yes, who? _____

5. Has any household member ever been evicted from any type of housing? Yes No
If yes, explain when, where and for what reason. _____

6. Has any household member received rental assistance in public housing or Section 8? Yes No

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If yes, when? Year(s) _____ Housing Agency Name _____

Housing Agency Address _____

Location _____

Under what name? _____ Who was Head of Household? _____

PART C: INFORMATION ABOUT THE INCOME OF MEMBERS OF THE FAMILY.

(Income includes money or contributions from any and all sources paid to or on behalf of a family member.)

1. Did you or any family member file a federal income tax return for the past year? Yes No
If yes, who? _____
2. Do you or any member of the family receive any of the following or expect to receive any of the following during the next twelve (12) months?

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- Wages, salaries, tips, fees or commissions from an employer? (full or part time) Yes No
- Compensation for personal services? Yes No
- Income from the operation of a business or profession? Yes No
- Interest, dividends or other income from real or personal property? Yes No
- Payments from Social Security? Yes No
- Payments from annuities? Yes No
- Payments from insurance policies? Yes No
- Payments from retirement funds? Yes No
- Payments from pensions? Yes No
- Payments from disability benefits? Yes No
- Payments from death benefits? Yes No
- Lump sum payments for the delayed start of periodic payments? Yes No
- Unemployment compensation? Yes No
- Disability compensation? Yes No
- Worker's compensation? Yes No
- Severance pay? Yes No
- General assistance payments? Yes No
- TANF payments? Yes No
- Alimony payments? Yes No
- Veteran's Pay? Yes No
- Regular contributions or gifts from anyone? Yes No
- Money from self employment? Yes No
- Regular or special military pay? Yes No
- Regular contributions from anyone? Yes No
- Financial assistance to attend school Yes No
- Payments from DHS for foster care services or adoption subsidy Yes No
- Please list stipends received from any program (whether exempt or not) Please explain.
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3. List the sources and amounts of all income (money) expected for the coming 12 months for all family members from any and all sources.

Family Member Name	Income Source	Amount \$	Frequency – (Circle one)
			Week Month Year
			Week Month Year
			Week Month Year
			Week Month Year
			Week Month Year
			Week Month Year

PART D: INFORMATION ABOUT THE ASSETS OF ALL MEMBERS OF THE FAMILY

(An asset is something of value that can be converted to cash)

1. Do you or any family member own or have access to any of the following?

- Savings account? Yes No Checking account? Yes No
 Certificate of deposit? Yes No Money market account?..... Yes No

Family Member Name	Bank Name	Account Number	Balance

2. Do you or any family member own or have access to any of the following?

- Stocks? Yes No Bonds? Yes No
 Real property (land)? Yes No Trust funds ? Yes No
 Pensions? Yes No Individual retirement accounts? . Yes No

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Inheritances? Yes No Life insurance policies? Yes No

Any other type of capital investment? Yes No

Explain any "Yes" answers below.

Family Member Name	Type of Asset	Account Number	Value

PART E: INFORMATION ABOUT HOUSEHOLD EXPENSES

5. Indicate the dollar amount for your monthly living expenses as listed below:

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Item	Monthly Amount	Last Date Paid	Paid By Whom
Rent			
Electric			
Gas			
Water			
Telephone			
TV Cable			
Car payment(s)			
Car Insurance			
Gas for car			
Life Insurance			
Health Insurance			
Loan			
Rentals			
Furniture			
Food			
Credit Cards			
Cell Phone			

1. Do you pay a care attendant to provide care for a disabled family member so that an adult family member can work? (Could be the person with disabilities) Yes No If yes, complete the following:

Care Attendant			Weekly Amount
Name	Address	Phone Number	

2. Are you paying for any type of equipment for a disabled family member that enables an adult member to work? (Could be the person with disabilities). Yes No
 If yes, what is the anticipated monthly cost? \$ _____

Medical Expenses (These questions only apply if the head, spouse or cohead is 62 years or older or is disabled)
 Do you or any member of the family pay for any of the following items?

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- Medical insurance premiums? Yes..... No
 Long term care insurance? Yes..... No
 Out of pocket prescription expenses? Yes..... No
 Past due medical bills? Yes..... No
 Other anticipated medical expenses? Yes..... No

Please list the type and amount of the medical expenses for all family members that you anticipate paying over the next 12 months:

Family Member Name	Type of Expense	Monthly Amount

Certification of the Applicant

I hereby certify that all of the information I have provided on this application is true and complete. I understand that I must notify the housing authority of any changes to the household due to birth, adoption or court-awarded custody. I also understand that any person who attempts to obtain housing assistance or rent reduction by making false statements, by impersonation, by failure to disclose or intentionally concealing information, or any act of assistance to such attempt is a crime under Federal and State law.

I/We certify that the information* given to the Brewer Housing Authority on household composition, income, net family assets, and allowances and deductions is accurate and complete to the best of my/our knowledge and belief. I/we understand that Brewer Housing Authority and HUD have the right, under Federal Law, and will be doing computer data matching with Social Security/IRS, state wage agencies and current and former employers to verify that the information I/We have provided is accurate and complete. I/We understand that false statements or information are punishable under Federal law. I/We also understand that false statements or information are grounds for termination of housing assistance and termination of tenancy.

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 FIVE YEARS OR BOTH.

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Signature of Head of Household

Date

Signature of Spouse, Cohead or Other Adult Over Age 18

Date