

INITIAL APPLICATION FOR DIRIGO SCHOOL APARTMENTS

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.

Applicants seeking rental assistance at Dirigo School Apartments must meet the following factors:

- **Elderly Family or Disabled Family**
 - Elderly family means a family whose head or spouse or sole member is a person who is at least 62 years of age.
 - A disabled family means a family whose head or spouse, or sole member is a person with disabilities. It does not include a person whose disability is based solely on any drug or alcohol dependence.
 - Applicant households who do not meet the definition of an Elderly family will be asked to complete a Disability Verification Form which requires tenant signature for authorization of release of information as well as contact information for a medical professional who can confirm disability. This form must be returned to the Housing Authority who will submit to specified medical professional. *Please be advised: letters or benefit information associated with SSDI cannot be used to verify disability.*
- **Current Income Limits**
 - The household's Gross Annual Income must not exceed the income limits established by HUD.
 - Effective June 15th, 2023 – the Gross Annual Income limit is \$48,250 for one person and \$55,150 for two people. (These Income Limits are updated on an annual basis.)
- Meet the HUD requirements on citizenship or immigration status.
 - For more information, contact the Housing Authority to ask for a copy of the Tenant Selection Plan.
- 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

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- Qualify as a suitable renter after the PHA conducts screening of prior rental history and financial responsibility.
- The application must be completed in full. Incomplete applications will not be processed.
- 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.

If you have any questions, please contact Sheena Curry, Site Coordinator via the following methods: Email: scurry@brewerhousing.com or Direct Phone Line: 207-907-7058

You can also visit Brewer Housing Authority’s website: www.brewerhousing.com

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.



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

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OFFICE USE ONLY: Date Received _____ Time _____ Staff Initials _____

PLEASE PRINT CLEARLY

Application completed by: _____ Relationship to applicant: _____

Head of Household Street Address: _____

Head of Household Mailing Address (if different): _____

Head of Household Phone Number: _____ Alternate Phone: _____

Head of Household Email: _____ None

Contact Person (who we could contact if unable to reach you)

Name _____ Phone _____ Alternate Phone _____

Address _____

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 #
	HEAD					

CHILDREN 17 AND YOUNGER

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

NAME	Relation to Head	US Citizen Y/N	Disabled? Y/N	Sex M/F	Date of Birth	Soc. Security # or Alien Registration #	School Name

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.)

List the sources and amounts of all income (money) expected for the coming 12 months for all family members.

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

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INFORMATION ABOUT THE ASSETS OF ALL MEMBERS OF THE FAMILY

List all assets for all family members. (*An asset is something of value that can be converted to cash.*)

Family Member Name	Type of Asset	Account Number	Cash Value	Annual Interest or Dividends

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 convicted of any crime? Yes No
 Date(s) _____
 Please explain: _____

Attach a separate sheet if needed

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

3. Has any adult who will live in the household previously lived in a State other than this State? Yes No
 If yes, which family member(s)? _____ State(s) lived? _____
 _____ State(s) lived? _____

PREFERENCE(S)

Applicants meeting any preference(s) will be bumped to the top portion of the wait list which is still organized by chronological order.

1. Do you **currently** reside in Brewer, ME? Yes No

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.

 Signature of Head of Household Date

 Signature of Spouse, Co-Head or Other Adult Over Age 18 Date