



To be completed by Brewer Housing Authority:

Date Received: \_\_\_\_\_ Time Received: \_\_\_\_\_

**PRE-APPLICATION – ELLEN M. LEACH MEMORIAL HOME 1 BR + 2 BR**

	<p><i>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.</i></p>	
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Applications are placed in order of date and time received. An applicant may be interviewed only after the receipt of this tenant pre-application.

Application completed by: \_\_\_\_\_

Relationship to Applicant: \_\_\_\_\_

Head of Household Name: \_\_\_\_\_

Current Mailing Address: \_\_\_\_\_

Current Physical Address: \_\_\_\_\_

(if different from mailing)

Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

Bedroom Type Requested: One Bedroom Two Bedroom (circle one or both)

Accommodation(s) Requested: \_\_\_\_\_

*Examples may include handicapped accessible unit, hearing impaired smoke detectors, live-in-aide, etc.*

If you have a housing voucher, please specify: \_\_\_\_\_

**HOUSEHOLD COMPOSITION** - List ALL Persons who will be living in the apartment:

Name	Relationship	Marital Status	Date of Birth	SSN
_____	<u>HEAD</u>	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

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

If Yes, please explain: \_\_\_\_\_

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

**INCOME INFORMATION** Please list gross income amounts for each applicant -- before deductions or taxes. *If there is not enough space, please attach another sheet if needed.*

Types of income include but are not limited to the following: Employment, Self-employment, Military pay, Unemployment benefits, Public Assistance, TANF, Alimony, Social Security, SSI, SSDI, regular payments from severance package, Pension, Retirement, IRA, etc. List the source of income, gross amount, and frequency of payments – such as annually or monthly.

APPLICANT NAME & INCOME SOURCE	AMOUNT	FREQUENCY
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____

**ASSET INFORMATION** Please list the cash value and annual income for each applicant. *If there is not enough space, please attach another sheet if needed.*

Types of assets include but are not limited to the following: checking, savings, CD or Time Deposit, Money Market, Stocks, Bonds, Trust Fund, Pensions, IRA, Cash on Hand over \$500, Real Estate, Rental Property, Land, personal property held as an investment, Safe Deposit Box, Annuity, Capital Gains, Mutual Funds, Whole/Universal Life Insurance, etc.

APPLICANT NAME & ASSET SOURCE	CASH VALUE	ANNUAL INCOME
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____

**WARNING 1 TITLE 8, 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 OR THE DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT.**

**I UNDERSTAND THAT THIS IS NOT A CONTRACT AND DOES NOT BIND EITHER PARTY. THE ABOVE INFORMATION IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I HAVE NO OBJECTIONS TO INQUIRIES MADE FOR THE PURPOSE OF VERIFYING THE STATEMENTS HEREIN.**

\_\_\_\_\_  
Signature of Head of Household

\_\_\_\_\_  
Signature of Spouse or Cohead

\_\_\_\_\_  
Date