Penobscot Nation Housing Department
12 Wabanaki Way | Indian Island, Maine 04468

Telephone 207-817-7370
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EQUAL HOUSING OPPORTUNITY

Application for Down Payment Assistance Program

Down Payment Assistance Program

APPLICANT INFORMATION

Applicant Name

Current Address

City, State and Zip Code

Home Phone Number

HOUSEHOLD COMPOSITION

List Head of Household and all other members who will be living in the unit. Give the relationship of each person to the head.

Full Name	Relationship to Head	Date of Birth	Age	Social Security #

PROJECT / LOAN INFORMATION

Project Location	Project Description

Amount of funds requested from the Housing Authority

Name of Bank or Lending Institution

Loan Amount

Type of Loan

Term of Loan

Have you been approved for the loan? ☐ Yes ☐ No

Do you or will you own and occupy the property as your primary residence for the next five years? ☐ Yes ☐ No

Do you have an accounts receivable or delinquent account with the Housing Authority or the Penobscot Tribe? ☐ Yes ☐ No

What is your affiliation to the Penobscot tribe?

INCOME INFORMATION

What is the total annual income of all household members? (Include wages, salaries, tips, other income such as alimony, child support, Social Security, TANF, GA, and/or educational benefits paid directly to you or other members of the household, or any other benefits.)

Total annual household income ($)

Member's Full Name	Source of Income	Annual Amount	Payment Basis

CERTIFICATION

All information provided is accurate and truthful.

Head of Household signature

Date

Spouse or Significant Other signature

Date

OFFICE USE ONLY

Date application received

Time received

Received by (Housing staff signature)