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

Telephone 207-817-7370
lisa.pardilla@penobscotnation.org
EQUAL HOUSING OPPORTUNITY

Senior Housing Application

Low-Income Housing Tax Credit Property – Penobscot Elder Building

Please print clearly. Applications are placed in order of date and time received. An applicant may be interviewed only after the receipt of this tenant application.

This is an application for housing at

Project

Address

Please complete this application and return to

Name

Address

A. GENERAL INFORMATION

Applicant name(s)

Street address | City | State | Zip

Telephone | No. of bedrooms in current unit | Do you own or rent? | Current monthly rent or mortgage payment ($)

Do you receive monthly rental income from properties? ☐ Yes ☐ No

Approx. monthly cost of utilities paid by you, excluding phone and cable TV ($)

Household members (HOH = Head of Household)

Tenant	Name	Relation to HOH	DOB	SS#	Student (Y/N)	Veteran (Y/N)
HOH		—				
Add. tenant						
Add. tenant						
Add. tenant						
Add. tenant						
Add. tenant						

Has anyone listed above ever used another last name? If yes, please list

Will all listed minors be living in the unit at least 50% of the time? ☐ Yes ☐ No

Have there been any changes in household composition in the last 12 months? ☐ Yes ☐ No

If yes, explain

Do you anticipate any changes in household in the next 12 months? ☐ Yes ☐ No

If yes, explain

Will all of the persons in the household be or have been full-time students during five calendar months of this year or plan to be in the next calendar year at an educational institution (other than a correspondence school) with regular faculty and students? ☐ Yes ☐ No

If yes, answer the following questions:

- Are any full-time student(s) married and filing a joint tax return? ☐ Yes ☐ No
- Are any student(s) enrolled in a job-training program receiving assistance under the Job Training Partnership Act? ☐ Yes ☐ No
- Are any full-time student(s) a TANF or a Title IV recipient? ☐ Yes ☐ No
- Are any full-time student(s) a single parent living with his/her child(ren) who is not a dependent on another's tax return and whose children are not dependents of anyone other than a parent? ☐ Yes ☐ No
- Is any student a person who was previously under the care and placement of a foster care program (under Part B or E of Title IV of the Social Security Act)? ☐ Yes ☐ No

B. CLIENT INCOME

List ALL sources of income as requested below. If a section does not apply, write N/A.

Household Member Name	Source of Income	Details (source / claim #)	Gross Monthly Amount ($)
	Social Security	—	
	Social Security	—	
	Social Security	—	
	SSI Benefits	—	
	SSI Benefits	—	
	SSI Benefits	—	
	Pension		
	Pension		
	Veteran's Benefits		
	Veteran's Benefits		
	Unemployment Compensation	—	
	Unemployment Compensation	—	
	Public Assistance (Title IV/TANF etc.)	—	
	Public Assistance (Title IV/TANF etc.)	—	
	Contributions to the Household (monetary or not)	—	
	Full-Time Student Income (18 & over only)	—	
	Financial Aid (excluding loans)	—	

Household Member Name	Source of Income	Details (source / claim #)	Gross Monthly Amount ($)
	Annuities		
	Long-Term Medical Care Insurance Payments in excess of $180/day	—	
	Scheduled Payments from Investments	—	

Employment income

Employment 1: household member name

Monthly amount ($)

Employer

Position held

How long employed

Employment 2: household member name

Monthly amount ($)

Employer

Position held

How long employed

Employment 3: household member name

Monthly amount ($)

Employer

Position held

How long employed

Employment 4: household member name

Monthly amount ($)

Employer

Position held

How long employed

Alimony and child support

Household member name

Are you legally entitled to receive alimony? ☐ Yes ☐ No

If yes, amount entitled to receive ($)

Do you receive alimony? ☐ Yes ☐ No

If yes, amount you receive ($)

Are you legally entitled to receive child support? ☐ Yes ☐ No

If yes, amount entitled to receive ($)

Do you receive child support? ☐ Yes ☐ No

If yes, amount you receive ($)

Household Member Name	Other Income – Source	Monthly Amount ($)

Household Member Name	Other Income – Source	Monthly Amount ($)

Total gross annual income (monthly amounts above x 12) ($)

Total gross annual income from previous year ($)

Do you anticipate any changes in this income in the next 12 months? ☐ Yes ☐ No

Is any member of the household legally entitled to receive income assistance? ☐ Yes ☐ No

Is any member of the household likely to receive income or assistance (monetary or not) from someone who is not a member of the household listed above? ☐ Yes ☐ No

If yes to any of the above, explain

C. ASSETS

If your assets are too numerous to list here, please request an additional form. If a section does not apply, write N/A.

Asset Type	Account #	Bank	Balance ($)
Checking account			
Checking account			
Checking account			
Savings account			
Savings account			
Savings account			
Trust account			
Direct deposit card (SS, SSI, SSP, TANF, child support, work)			
Direct deposit card (SS, SSI, SSP, TANF, child support, work)			
Direct deposit card (SS, SSI, SSP, TANF, child support, work)			
Certificate of deposit			
Certificate of deposit			
Certificate of deposit			
Money market account			
Money market account			

Asset Type	Number	Maturity Date	Value / Cash Value ($)
Savings bond			
Savings bond			
Savings bond			
Life insurance policy		—	
Life insurance policy		—	

Asset Type	Name / Number	# Shares	Interest / Dividend ($)	Value ($)
Mutual funds				
Mutual funds				

Asset Type	Name / Number	# Shares	Interest / Dividend ($)	Value ($)
Stocks				
Stocks				
Bonds				
Bonds				

Real estate property: do you own any property? ☐ Yes ☐ No

Type of property

Location of property

Appraised market value ($)

Mortgage / loan balance due ($)

Annual insurance premium ($)

Most recent tax bill ($)

Does any member of the household have an asset(s) owned jointly with a person who is NOT a member of the household? ☐ Yes ☐ No

If yes, describe

Do they have access to the asset(s)? ☐ Yes ☐ No

Have you sold / disposed of any property in the last 2 years? ☐ Yes ☐ No

Type of property

Market value when sold ($)

Amount sold for ($)

Date of transaction

Have you disposed of any other assets in the last 2 years? (Example: given away money to relatives, set up irrevocable trust accounts) ☐ Yes ☐ No

Describe the asset

Date of disposition

Amount disposed ($)

Do you have any other assets not listed above (excluding personal property)? ☐ Yes ☐ No

If yes, please list

D. ADDITIONAL INFORMATION

Are you or any member of your family currently using an illegal substance? ☐ Yes ☐ No

Have you or any member of your family ever been convicted of a felony? ☐ Yes ☐ No

If yes, describe

Have you or any member of your family ever been evicted from any housing? ☐ Yes ☐ No

If yes, describe

Have you ever filed for bankruptcy? ☐ Yes ☐ No

If yes, describe

Will you take an apartment when one is available? ☐ Yes ☐ No

Briefly describe your reasons for applying

E. REFERENCE INFORMATION

Current landlord

Name | How long?

Address | Home phone | Business phone

Prior landlord

Name | How long?

Address | Home phone | Business phone

Credit reference #1

Name | Phone #

Address | Account #

Credit reference #2

Name | Phone #

Address | Account #

Credit reference #3

Name | Phone #

Address | Account #

Personal reference #1

Name | Phone #

Address | Relationship

Personal reference #2

Name | Phone #

Address

Relationship

Personal reference #3

Name

Phone #

Address

Relationship

In case of emergency notify

Name

Phone #

Address

Relationship

F. VEHICLE AND PET INFORMATION (IF APPLICABLE)

List any cars, trucks, or other vehicles owned. Parking will be provided for one vehicle. Arrangements with Management will be necessary for more than one vehicle.

Type of Vehicle	Year / Make	Color	License Plate #

Do you own any pets? ☐ Yes ☐ No

If yes, describe

CERTIFICATION

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 permanent residence. I/We understand I/We must pay a security deposit for this apartment prior to occupancy. I/We understand that my eligibility for housing will be based on applicable income limits and on management's selection criteria. I/We certify that all information in this application is true to the best of my/our knowledge, and I/We understand that false statements or information are punishable by law and will lead to cancellation of this application or termination of tenancy after occupancy. **All adult applicants, 18 or older, must sign this application.**

Signature of tenant

Date

Signature of co-tenant

Date

Signature of co-tenant (2)

Date

AUTHORIZATION FOR RELEASE OF INFORMATION

CONSENT: I authorize and direct any Federal, State, or local agency, organization, business, or individual to release to the Penobscot Nation Housing Department any information or materials needed to complete and verify my application for participation, and/or to maintain my continued assistance under the Section 8, Rental Rehabilitation, Low-Income Public and Indian Housing, and/or other housing assistance programs. I understand and agree that this authorization or the information obtained with its use may be given to and used by the Department of Housing and Urban Development (HUD) in administering and enforcing program rules and policies.

INFORMATION COVERED: I understand that, depending on program policies and requirements, previous or current information regarding me or my household may be needed. Verifications and inquiries that may be requested include, but are not limited to:

- Identity and Marital Status
- Employment, Income, and Assets
- Residences and Rental Activity
- Medical or Child Care Allowances
- Credit and Criminal Activity

I understand that this authorization cannot be used to obtain any information about me that is not pertinent to my eligibility for and continued participation in a housing assistance program.

GROUPS OR INDIVIDUALS THAT MAY BE ASKED: The groups or individuals that may be asked to release the above information (depending on program requirements) include, but are not limited to:

- Previous Landlords (including Public Housing Agencies)
- Past and Present Employers
- Veterans Administration
- Courts and Post Offices
- State Unemployment Agencies
- Retirement Systems
- Schools and Colleges
- Social Security Administration
- Banks and other Financial Institutions
- Law Enforcement Agencies
- Medical and Child Care Providers
- Credit Providers and Credit Bureaus
- Support and Alimony Providers
- Dept. of Human Services
- Utility Companies

COMPUTER MATCHING NOTICE AND CONSENT: I understand and agree that HUD or the Public Housing Authority may conduct computer matching programs to verify the information supplied for my application or recertification. If a computer match is done, I understand that I have a right to notification of any adverse information found and a chance to disprove that information. HUD may, in the course of its duties, exchange such automated information with other Federal, State, or local agencies, including, but not limited to: State Employment Security Agencies; Department of Defense; Office of Personnel Management; the U.S. Postal Service; the Social Security Administration; and State welfare and food stamp agencies.

CONDITIONS: I agree that a photocopy of this authorization may be used for the purposes stated above. This authorization will stay in effect for one year and one month from the date signed.

Signatures

Head of Household – signature	Printed / typed name	Date

Spouse – signature	Printed / typed name	Date

Adult Member – signature	Printed / typed name	Date

Adult Member – signature	Printed / typed name	Date

Adult Member – signature	Printed / typed name	Date

WARNING: *Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any department or agency of the U.S. as to any matter within its jurisdiction.*