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

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

Housing Application

Please print clearly

1. APPLICANT INFORMATION

Fill in your correct full name, address (including apartment number), city, state, zip code and telephone number.

Name | Telephone | E-mail

Current address

Mailing address (if different from current address)

Are you currently employed? ☐ Yes ☐ No

Current employer

Total household gross monthly income ($) | Source of income

2. HOUSEHOLD MEMBERS

List all members of your family who will be living with you and state their age, sex, race and ethnicity. **Include yourself.** If expecting, list child with estimated due date.

Name	Relation to Head	Date of Birth	Age	Disabled Y/N	Sex	Race (1-5)	Ethnicity (1-2)	Student Y/N	Social Security #
Head									

Is the head of household a member of the Penobscot Nation or a federally recognized Native American tribe or nation? ☐ Yes ☐ No

Penobscot census number | Name of tribe or nation

Race: 1. White 2. Black / African American 3. American Indian / Alaskan Native 4. Hawaiian / Pacific Islander 5. Asian
Ethnicity: 1. Hispanic 2. Non-Hispanic

3. BACKGROUND INFORMATION

Are you or have you ever been in subsidized housing? ☐ Yes ☐ No

If yes, where and when

Do you owe money to a Housing Authority? ☐ Yes ☐ No

If yes, where

Have you ever applied for housing with Penobscot Nation Housing Department in the past? ☐ Yes ☐ No

If yes, approximately when?

Former last name(s) or maiden name

CRIMINAL HISTORY: As part of our investigation of persons applying for subsidized housing, we are required to check with Law Enforcement Agencies on all family members and all children of family members, whether residing in the unit or elsewhere. Failure to provide information or providing false information is cause to deny your application for rental assistance. List any and all criminal convictions of any and all members of your household regardless of the date the incident occurred. Give date, charge, town, state, court and disposition.

Criminal convictions (date, charge, town, state, court, disposition)

List all other states in which any household member has resided

Are any members of the household subject to a registration requirement under any state sex offender registration program? ☐ Yes ☐ No

If yes, who and which state(s)

PROPERTIES AND BEDROOM SIZE

Penobscot Nation Housing Department uses this application for the following properties: (1) Single Family Homes – 3-4 bedroom units for families; (2) Sarah Springs – 1-2 bedroom units for adults 55 or older, disabled or handicapped; (3) Market Rent – Sarah Springs Duplex, 2 BR or 3 BR.

You MUST indicate the bedroom size(s) and property(s) for which you are applying:

☐ 1 BR – 2 BR @ Sarah Springs ☐ Market Rent 2 BR @ Sarah Springs Circle ☐ Market Rent 3 BR @ Sarah Springs Circle

☐ 3 BR – 4 BR Single Family Housing

Do you have any pets? ☐ Yes ☐ No

If yes, how many and what kind

Do you require a specific accommodation in order to fully utilize the program or services of the housing development? ☐ Yes ☐ No

If yes, please describe briefly

Do you require any specific design features, such as but not limited to wheelchair, visual or hearing accessibility needs or a single-floor apartment? ☐ Yes ☐ No

If yes, please describe briefly

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. Furnishing false or incomplete information can result in a fine of up to $10,000 or imprisonment for up to five years.*

4. AUTHORIZATION AND APPLICANT CERTIFICATION

Your signature below authorizes Penobscot Nation Housing Department to obtain: (1) a criminal history directly from any Law Enforcement Agency for all family members age 18 or older, and (2) a reference from your current and all prior landlords.

APPLICANT CERTIFICATION: The undersigned hereby represents that all of the above statements are true and complete and hereby authorizes Penobscot Nation Housing Department to obtain verifications directly from Law Enforcement Agencies and prior landlords. Failure to answer any of the above inquiries entitles Penobscot Nation Housing Department to reject this application. False information given above entitles Penobscot Nation Housing Department to (1) reject this application and/or (2) terminate the tenant's right to occupancy or the participant's right to rental assistance if the false information is discovered after occupancy or assistance begins.

Applicant signature

Date

Co-applicant / spouse signature

Date

Other adult applicant signature

Date

PREVIOUS ADDRESSES – ADULT MEMBER 1

One sheet must be completed for each adult member. Please list the places you have lived for the past seven years, the dates you lived there, whether you rented, owned or lived with relatives, and the landlord's name, complete mailing address, telephone number and fax number. Start with current address and landlord and work backward.

Previous Address	From (MM/YY)	To (MM/YY)	Rent / Own	Landlord Name, Mailing Address, Phone & Fax	Office Use Only

If more room is needed, please attach an additional sheet.

Signature

Date

Full name (please print)

Date of birth

Social Security #

Telephone #

PREVIOUS ADDRESSES – ADULT MEMBER 2

One sheet must be completed for each adult member. Please list the places you have lived for the past seven years, the dates you lived there, whether you rented, owned or lived with relatives, and the landlord's name, complete mailing address, telephone number and fax number. Start with current address and landlord and work backward.

Previous Address	From (MM/YY)	To (MM/YY)	Rent / Own	Landlord Name, Mailing Address, Phone & Fax	Office Use Only

If more room is needed, please attach an additional sheet.

Signature

Date

Full name (please print)

Date of birth

Social Security #

Telephone #