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

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

Application for Housing

Wenonas Place – please print all information

A. APPLICANT

Applicant name(s)

Address

Telephone (home)

Telephone (work)

Current landlord

Landlord name

Landlord telephone

Landlord address

How long have you lived at this address?

Current rent ($)

Do you pay the utilities?

Utilities cost per month ($)

For designated 'Elderly' housing: if you are less than 62 years old, are you eligible for occupancy based on your status as an individual with handicaps or disabilities? ☐ Yes ☐ No

Are you displaced? ☐ Yes ☐ No

If yes, displacement agency

Is your current unit condemned? ☐ Yes ☐ No

If yes, by whom?

Are you currently living in subsidized housing? ☐ Yes ☐ No

Have you ever resided in a project financed and/or subsidized by the Government? ☐ Yes ☐ No

If yes, name and address

Have you ever been evicted from any housing in which you resided? ☐ Yes ☐ No

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

Do you currently have a pet? ☐ Yes ☐ No

If yes, what type

B. HOUSEHOLD COMPOSITION

List ALL persons who will live in the apartment. List Head of Household first.

Name	Relationship	Date of Birth	Social Security Number

Is there any member 18 or older who is a full-time student? ☐ Yes ☐ No

If yes, who? School attending

Does anyone live with you now who is not listed above? ☐ Yes ☐ No

If yes, explain

Do you plan to have anyone living with you in the future who is not listed above? ☐ Yes ☐ No

If yes, explain

Do you or any household member require special housing needs? ☐ Yes ☐ No

If yes, explain

Does applicant require either a disability adjustment to income or an accessible unit or both? ☐ Yes ☐ No

If you meet the definition of a person with a disability as defined in Section 501(b) of the Housing Act of 1949, the Fair Housing Act, the Americans with Disabilities Act, or Section 504 of the Rehabilitation Act of 1973, you have the right to request a reasonable accommodation to provide you with equal opportunity to participate in and enjoy the benefits of Rural Development financed housing.

Bedroom size needed: ☐ One bedroom ☐ Two bedroom ☐ Three bedroom ☐ Accessible unit

C. HOUSEHOLD INCOME SOURCES

List all income sources for all household members who will occupy the apartment. This includes, but is not limited to, full- and part-time employment, all income from welfare agencies, Social Security, pension, SSI, disability, armed forces reserves, unemployment compensation, child care, alimony, child support, scholarships and grants, contract for deed, interest on assets, dividends, annuities, and regular contributions from people not residing with you.

Family Member Name	Source of Income	Details (source / claim # / employer)	Amount ($)
	A. Social Security		
	Social Security		
	B. Pension		
	Pension		
	C. Veterans benefits (claim #)		
	D. SSI benefits		

Family Member Name	Source of Income	Details (source / claim # / employer)	Amount ($)
	SSI benefits		
	E. Unemployment compensation		
	Unemployment compensation		
	F. TANF		
	G. Wages / salaries – gross (employer name/address, position, how long)		
	Wages / salaries – gross (employer name/address, position, how long)		
	H. Full-time student income (only if 18 or older)		
	I. Earned Income Tax Credit		
	J. Alimony		
	K. Child support		
	L. Interest income (incl. IRAs accrued, savings bonds)		
	Interest income		
	M. Other income (source)		

Total gross annual income (multiply all monthly amounts by 12) ($)

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

If yes, explain

D. NET FAMILY ASSETS

Asset Type	Account #	Bank / Name	Balance ($)
Checking account			
Checking account			
Savings account			
Savings account			
Trust account			
Trust account			
Certificate			
Certificate			
Credit union			

Asset Type	Policy / Bond #	Maturity Date / Face Value	Value ($)
Savings bond			
Savings bond			
Life insurance policy			

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

Type of property

Location

Appraised market value ($)

Mortgage amount ($)

Annual insurance premium ($)

Most recent tax bill ($)

Have you sold / disposed of any property in the last two 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 two years? (Example: given away money to relatives, set up irrevocable trust accounts, etc.) ☐ Yes ☐ No

Describe asset

Date of disposition

Amount disposed ($)

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

If yes, list type and value

E. CHILDCARE EXPENSES

Complete only for children age 12 and younger.

Name of children cared for	Age

Name and address of person or agency caring for children

Weekly cost for childcare due to employment ($)

Weekly cost for childcare due to education ($)

Is childcare cost covered by TANF or any other source? ☐ Yes ☐ No

If yes, explain

F. HANDICAP ASSISTANCE EXPENSES

Complete only if handicap expenses allow a household member to work.

Amount of weekly expense ($)

Name of individual for whom you pay handicap assistance expenses

Age

Name of individual providing the handicap assistance

Address of individual providing the handicap assistance

G. MEDICAL EXPENSES

Complete this part only if Tenant or Co-tenant is 62 or older, disabled or handicapped.

Do you have Medicare?

Do you have other medical insurance?

Medicare premiums – amount per month per household ($)

Medical insurance coverage – company name and address

Monthly cost ($)

Are you receiving medical assistance through welfare? ☐ Yes ☐ No

Are you seeing a physician regularly?

Physician's name and address

Projected costs not covered by insurance nor reimbursed for the next 12 months ($)

If your medical condition is permanent and you will routinely have medical expenses that are not covered by Medicare, Medicaid (MaineCare) or medical insurance, please indicate the type of medical expense, the frequency, and the amount.

Type	Frequency	Amount ($)

H. REFERENCE INFORMATION

Previous landlords (list two)

Previous landlord 1 – name

Telephone

Previous landlord 1 – address

Previous landlord 2 – name

Telephone

Previous landlord 2 – address

Credit references (list at least three)

Name, address, phone # and account #

Name	Address	Phone #	Account #

Personal references (list at least three other than relatives)

Name, address, phone #

Name	Address	Phone #

Have you ever been convicted for the illegal manufacture, distribution, or possession of a controlled substance? ☐ Yes ☐ No

I. OTHER INFORMATION

List any cars, trucks or other vehicles owned. You will need to make arrangements with the owner / management regarding parking of vehicle(s).

Type of Vehicle	Year / Make	Color	License Plate #

Person to contact in case of emergency

Name

Phone

Address

Relationship

CERTIFICATION

I/We authorize the management agent to investigate my/our credit and verify all information and references given. The information obtained will be used for management purposes only and will be held in confidence.

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 that eligibility for housing will be based on Rural Development's income limits and by the written selection criteria and occupancy limits of the housing owner. 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.

THIS APPLICATION IS SUBJECT TO APPROVAL AND DOES NOT CONSTITUTE AN AGREEMENT TO LEASE. ALL INFORMATION MUST BE VERIFIED BEFORE THIS APPLICATION CAN BE PROCESSED.

Applicant signature

Date

Co-applicant signature

Date

DISCLOSURE STATEMENT

The information regarding race, national origin, and sex designation solicited on this application is requested in order to assure the Federal Government, acting through Rural Development, Rural Housing Service, that Federal laws prohibiting discrimination against tenant applicants on the basis of race, color, national origin, religion, sex, familial status, age, and handicap are complied with. You are not required to furnish this information but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However, if you choose not to furnish it, the owner is required to note the race / national origin and sex of individual applicants on the basis of visual observation or surname.

Ethnicity (national origin): ☐ Hispanic or Latino ☐ Not Hispanic or Latino

Race: ☐ American Indian or Alaskan Native ☐ Asian ☐ Black or African American ☐ Native Hawaiian or Other Pacific Islander ☐ White

Sex: ☐ Male ☐ Female

Information supplied by: Applicant (initials)

Management (initials)

Date received

Time received

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.*