

Date Received _____

Time Received _____

APPLICATION. FOR HOUSING

(Please print all information)

A. Applicant

Name(s) _____

Address: _____

Tel.# (home) _____ (work) _____

Current landlord: Name _____

Address _____

Telephone _____

How long have you lived at this address? _____ Current Rent \$ _____

Do you pay the utilities? _____ How much 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 (Head)	Date of Birth	Social Security Number
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Is there any member 18 or older that 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
 Accessible Unit Three Bedroom

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 for 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
_____	A. Social Security - Monthly Amount \$ _____ Social Security - Monthly Amount \$ _____
_____	B. Pension - Monthly Amount \$ _____ Pension - Monthly Amount \$ _____
_____	Source of Pension(s) _____
_____	C. Veterans Benefits - Monthly Amount \$ _____ Claim # _____

_____ D. SSI Benefits - Monthly Amount \$ _____
 _____ SSI Benefits - Monthly Amount \$ _____
 _____ E. Unemployment Comp - Monthly Amount \$ _____
 _____ Unemployment Comp - Monthly Amount \$ _____
 _____ F. TANF - Monthly Amount \$ _____
 _____ G. Wages/Salaries —GROSS-Monthly Amount \$ _____
 _____ Employer Name/Address _____

 _____ Position Held _____ How long employed? _____

 _____ Wages/Salaries —GROSS-Monthly Amount \$ _____
 _____ Employer Name/Address _____

 _____ Position Held _____ How long employed? _____
 _____ H.-Full time Student Income (Only if 18 yrs. or older)
 _____ Monthly Income \$ _____
 _____ I. Earned Income Tax Credit - Annual Amount \$ _____
 _____ J. Alimony — Monthly Amount \$ _____
 _____ K. Child Support— Monthly Amount \$ _____
 _____ L. Interest Income — Monthly Amount \$ _____
 _____ Interest Income — Monthly Amount \$ _____
 _____ (Include interest in IRAs accrued, but not taken — also on Savings Bonds)
 _____ M. Other Income - Monthly Amount \$ _____
 _____ 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

Checking Account(s)	# _____	Bank _____	Balance _____
Savings Account(s)	# _____	Bank _____	Balance _____
	# _____	Bank _____	Balance _____
Trust Account(s)	# _____	Bank _____	Balance _____
	# _____	Bank _____	Balance _____
Certificates	# _____	Bank _____	Balance _____
	# _____	Bank _____	Balance _____
Credit Union	# _____	Name _____	Balance _____
Savings Bond(s)	# _____	Maturity Date _____	Value _____
	# _____	Maturity Date _____	Value _____
Life Insurance Policy	# _____	Face Value _____	

Real Property: Do you own any property? Yes No
If yes, type of property _____
Location _____
Appraised Market Value \$ _____ Mortgage Amount \$ _____
Annual Ins. Premium \$ _____ Most Recent Tax Bill \$ _____

Have you sold/dispensed of any property in the last two years? Yes No
If yes, type of property _____
Market value when sold/dispensed \$ _____
Amount sold/dispensed for \$ _____
Date of transaction _____

Have you dispensed of any other assets in the last two years? (Example: Given away money to relatives, set up irrevocable trust accounts, etc.) Yes No
If yes, describe asset _____
Date of disposition _____
Amount dispensed \$ _____

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	_____
	_____	Age	_____
	_____	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 \$ _____

Indicate the name and age of individual for which you pay handicapped assistance expenses:

Name _____

List the name and address of the individual providing the handicapped assistance:

Name _____
Address _____

G. Medical Expenses

Medical Costs: 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? _____
If yes, indicate Medicare premiums:

Amount per month per household \$ _____

Medical Insurance Coverage - Name of Insurance Company and Address:

Monthly cost \$ _____

Are you receiving medical assistance through welfare? Yes No

Are you seeing a physician regularly? _____
If so, physician's name and address _____

Projected costs not covered by insurance nor reimbursed for the next 12 mos. \$ _____

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 of the expense, and the amount of the expenses.

Type _____	Frequency _____	Amount _____
Type _____	Frequency _____	Amount _____
Type _____	Frequency _____	Amount _____
Type _____	Frequency _____	Amount _____
Type _____	Frequency _____	Amount _____

H. Reference Information

Previous landlord: (list two)

1. Name _____
 Address _____
 Telephone _____

1. Name _____
 Address _____
 Telephone _____

Credit references (**list at least three**): (Name, address, phone # and account #)

1. _____
 2. _____
 3. _____
 4. _____
 5. _____

Personal references (**list at least three** other than relatives): Name, address, phone #

1. _____
 2. _____
 3. _____
 4. _____

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 owner/management regarding parking of vehicle(s).

Type of vehicle _____ Year/Make _____ Color _____
 License Plate # _____

Type of vehicle _____ Year/Make _____ Color _____
 License Plate # _____

Person to contact in case of Emergency:

Name _____ Phone _____

Address _____ Relationship _____

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. Me understand that eligibility for housing will be based on Rural Developments 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	_____ Date
_____ Co-applicant	_____ 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 the 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: _____ Hispanic or Latino _____ Not Hispanic or Latino
(National Origin)

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 _____ Management _____
(Initials) (Initials)

AUTHORIZATION

For release of information

CONSENT: I authorize and direct any Federal State, or local agency, Organization, business, or individual to release to Penobscot Nation Housing Authority 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 Statue
Medical or Child Care Allowances

Employment, income, and Assets
Credit and Criminal Activity

Residences and Rental 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 SE 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)
Courts and Post offices
Schools and Colleges
Law Enforcement Agencies
Support and Alimony Providers

Past and Present Employers
Welfare Agencies
State Unemployment Agencies
Social Security Administration
Medical and Child Care Providers
Dept. of Human Services

Veterans Administration
Retirement Systems
Banks and other Financial institutions
Credit providers and Credit Bureaus
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 Défense; Office of Personnel. Management; the U.S. Postal Service; the Social Security Agency; 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 affect for a year and one month from the date signed.

SIGNATURES

PRINTED/TYPED NAME

Head of Household: _____ Date: _____

Spouse: _____ Date: _____

Adult Member: _____ Date: _____

Adult Member: _____ Date: _____

Adult Member: _____ 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 US as to any matter within its jurisdiction
