



HOUSING APPLICATION

PLEASE PRINT CLEARLY

1. Fill in your correct full name, address, (including apt number), city, state, zip code & telephone number.

NAME: _____ TELEPHONE: _____ E-MAIL _____

CURRENT ADDRESS: _____

MAILING ADDRESS IF DIFFERENT FROM CURRENT ADDRESS: _____

ARE YOU CURRENTLY EMPLOYED _____ YES NO _____

IF EMPLOYED PLEASE LIST CURRENT EMPLOYER _____

TOTAL HOUSEHOLD GROSS MONTHLY INCOME _____ SOURCE: _____

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

NAME	RELATIONSHIP TO HEAD	DATE OF BIRTH	AGE	DISABLED Y OR N	SEX	RACE/ ETHNICITY	STUDENT Y OR N	SOCIAL SECURITY #
	HEAD			Y N		/	Y N	
				Y N		/	Y N	
				Y N		/	Y N	
				Y N		/	Y N	
				Y N		/	Y N	

IS THE HEAD OF HOUSEHOLD A MEMBER OF THE PENOBSCOT NATION OR 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 & 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 the 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:

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 or states: _____

Penobscot Nation Housing Department Housing utilizes 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 3BR**

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

☐ 1 BR-2 BR @ Sarah Springs

Market Rent 2BR or 3BR Sarah Springs Circle size you are applying for

☐ 3 BR- 4BR 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 Misrepresentation 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.

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

4. Your signature below authorizes Penobscot Nation Housing Department to obtain the following

- (1) A criminal history directly from any Law Enforcement Agency for all family members age 18 or older.
- (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 Dept. to obtain verifications directly from Law Enforcement agencies and prior landlords. **Failure to answer any of the above inquiries entitles Penobscot Nation Housing Dept. to reject this application.** False information given above entitles Penobscot Nation Housing Dept. to (1) reject this application and/or (2) terminate tenants right to occupancy or 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

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 LANDLORDS 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 OR OWN	LANDLORD NAME, & COMPLETE MAILING ADDRESS, &TELEPHONE #, & FAX #	OFFICE USE ONLY

IF MORE ROOM IS NEEDED, PLEASE WRITE ON THE BACK OF THIS FORM

Signature _____
Please Print Full Name _____
Date of Birth _____ SS # _____ Telephone # _____

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Signature _____		
Please Print Full Name _____		
Date of Birth _____	SS # _____	Telephone # _____