



Penobscot Indian Nation
Senior Housing Application
 Low-Income Housing Tax Credit Property

Please Print Clearly

This is an application for housing at:	Project:
	Address:
Please complete this application and return to:	Name:
	Address:

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

A. GENERAL INFORMATION

Applicant Name(s): _____

Address: _____

Street

City

State

Zip

Telephone: _____

No. of BR's in current unit _____ Do you own or rent? _____

Amount of current monthly rental 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) \$ _____

					Yes or No	
Tenant	Name	Relation to HOH	DOB	SS#	Student	Veteran
HOH						
Add. Tenant						
Add. Tenant						
Add. Tenant						
Add. Tenant						

Please note that "HOH" is Head of Household

Has anyone listed above ever used another last name other than what is indicated above? 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? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<i>If yes, explain:</i>	_____
Do you anticipate any changes in household in the next 12 months? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<i>If yes, explain:</i>	_____

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? <input type="checkbox"/> Yes <input type="checkbox"/> No

IF YES, ANSWER THE FOLLOWING QUESTIONS:

Are any full-time student(s) married and filing a joint tax return?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are any student(s) enrolled in a job-training program receiving assistance under the Job Training Partnership Act?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are any full-time student(s) a TANF or a title IV recipient?	<input type="checkbox"/> Yes	<input type="checkbox"/> 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?	<input type="checkbox"/> Yes	<input type="checkbox"/> 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)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Client Income

List ALL sources of income as requested below. If a section doesn't apply, cross out or write NA.

Household Member Name	Source of Income	Gross Monthly Amount
	Social Security	\$
	Social Security	\$
	Social Security	\$
	SSI Benefits	\$
	SSI Benefits	\$
	SSI Benefits	\$
	Pension (list source)	\$
	Pension (list source)	\$
	Veteran's Benefits (list claim #)	\$
	Veteran's Benefits (list claim #)	\$
	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)	\$
	Annuities (list sources)	\$
		\$
	Long Term Medical Care Insurance Payments in excess of \$180/day	\$
	Scheduled Payments from Investments	\$

Household Member Name	Source of Income	Monthly Amount
	Employment amount	\$
	Employer:	
	Position Held	
	How long employed:	
	Employment amount	\$
	Employer:	
	Position Held	
	How long employed:	
	Employment amount	\$
	Employer:	
	Position Held	
	How long employed:	
	Employment amount	\$
	Employer:	
	Position Held	
	How long employed:	
	Alimony	
	Are you legally entitled to receive alimony?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, list the amount you are entitled to receive.	\$
	Do you receive alimony?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes list amount you receive.	\$
	Child Support	
	Are you legally entitled to receive child support?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes list the amount you are entitled to receive.	\$
	Do you receive child support?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, list the amount you receive.	\$
	Other Income	\$
	Other Income	\$
	Other Income	\$
TOTAL GROSS ANNUAL INCOME (Based on the monthly amounts listed above x 12)		\$

TOTAL GROSS ANNUAL INCOME FROM PREVIOUS YEAR	\$	
Do you anticipate any changes in this income in the next 12 months?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is any member of the household legally entitled to receive income assistance?	<input type="checkbox"/> Yes	<input type="checkbox"/> 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 as listed on Page 2 etc)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes to any of the above, explain:		

D. ASSETS

If your assets are too numerous to list here, please request
an additional form.

If a section doesn't apply, cross out or write NA.

Checking Accounts	#	Bank	Balance\$	
	#	Bank	Balance\$	
	#	Bank	Balance\$	
Savings Accounts	#	Bank	Balance\$	
	#	Bank	Balance\$	
	#	Bank	Balance\$	
Trust Account	#	Bank	Balance\$	
Direct Deposit Cards For SS, SSI, SSP, TANF, Child Support, Work	#	Bank	Balance\$	
	#	Bank	Balance\$	
	#	Bank	Balance\$	
Certificates of Deposit	#	Bank	Balance\$	
	#	Bank	Balance\$	
	#	Bank	Balance\$	
	#	Bank	Balance\$	
Money Market Accounts	#	Bank	Balance\$	
	#	Bank	Balance\$	
Savings Bonds	#	Maturity Date	Value\$	
	#	Maturity Date	Value\$	
	#	Maturity Date	Value\$	
Life Ins. Policy	#		Cash Value\$	
Life Ins. Policy	#		Cash Value\$	
Mutual Funds	Name:	#Shares:	Interest or Dividend \$	Value\$
	Name:	#Shares:	Interest or Dividend \$	Value\$
Stocks	Name:	#Shares:	Dividend Paid \$	Value\$
	Name:	#Shares:	Dividend Paid \$	Value\$
Bonds	Name:	#Shares:	Interest/Dividend \$	Value\$
	Name:	#Shares:	Interest/Dividend \$	Value\$

Real Estate Property: <i>Do you own any property?</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If yes</i> , Type of property	
Location of property	
Appraised Market Value	\$
Mortgage or outstanding loans balance due	\$
Amount of annual insurance premium	\$
Amount of 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? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<i>If yes</i> , describe:	
Do they have access to the asset(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Have you sold/dispensed of any property in the last 2 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If yes</i> , Type of property:	
Market value when sold/dispensed	\$
Amount sold/dispensed for	\$
Date of transaction:	

Have you disposed of any other assets in the last 2 years (Example: Given to away money relatives, set up Irrevocable Trust Accounts)? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<i>If yes</i> , describe the asset:	
Date of disposition:	
Amount disposed	\$

Do you have any other assets not listed above (excluding personal property) <input type="checkbox"/> Yes <input type="checkbox"/> No	
<i>If yes</i> , please list: I	

E. 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:

F. REFERENCE INFORMATION

Current Landlord	Name:	
	Address:	
	Home Phone:	
	Bus. Phone:	
	How Long?	
Prior Landlord	Name:	
	Address:	
	Home Phone:	
	Bus. Phone:	
	How Long?	
Credit Reference #1:		
Address:		
Account#:		I Phone#:
Credit Reference #2:		
Address:		
Account#:		I Phone#:
Credit Reference #3:		
Address:		
Account#:		I Phone#:
Personal Reference #1:		
Address:		
Relationship:		I Phone#:

Personal Reference #2:	
Address:	
Relationship:	Phone#:
Personal Reference #3:	
Address:	
Relationship:	Phone#:

In case of emergency notify:	
Address:	
Relationship:	Phone#:

G. 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:	License Plate#:
Year/Make:	Color:
Type of Vehicle:	License Plate #:
Year/Make:	Color:
Do you own any pets?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If yes, describe:</i>	

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 by 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 application.

SIGNATURE (5):

(Signature of Tenant)

Date

(Signature of Co-Tenant)

Date

(Signature of Co-Tenant)

Date

**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	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 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)	Past and Present Employers Welfare Agencies	Veterans Administration Retirement Systems
Courts and Post offices Schools and Colleges	State Unemployment Agencies Social Security Administration	Banks and other Financial institutions Credit providers and Credit Bureaus
Law Enforcement Agencies Support and Alimony Providers	Medical and Child Care 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 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
