

# Penobscot Nation Housing Authority

## Application for Down Payment Assistance Program

Applicant Name : \_\_\_\_\_  
 Current Address : \_\_\_\_\_  
 City, State and Zip Code : \_\_\_\_\_  
 Home Phone Number : \_\_\_\_\_

### **Household Composition**

(List Head of Household and all other members who will be living in the unit. Give the relationship of each person to the head.)

	<u>Full Name</u>	<u>Relationship</u>	<u>DOB</u>	<u>Age</u>	<u>SS#</u>
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					

### **Project/Loan Information**

Project Location	Project Description

Amount of funds requested from the Housing Authority: \_\_\_\_\_

Name of Bank or Lending Institution: \_\_\_\_\_

Loan Amount: \_\_\_\_\_ Type of Loan: \_\_\_\_\_

Term of Loan: \_\_\_\_\_ Have you been approved for the loan? \_\_\_\_\_

Do you or will you own and occupy the property as your primary residence for the next five years? \_\_\_\_\_

Do you have an accounts receivable or delinquent account with the Housing Authority or the Penobscot Tribe? \_\_\_\_\_

What is your affiliation to the Penobscot tribe? \_\_\_\_\_

### Income Information

What is the total annual income of all household members? (Include wages, salaries, tips, other income such as alimony child support, Social Security TANF, GA, and /or educational benefits paid directly to you or other members of the household or any other benefits)

\$ \_\_\_\_\_

Members Full Name	Source of Income	Annual Amount	Payment Basis

All information provided is accurate and truthful.

Head of Household Signature/Date

Spouse Signature or Significant Other/Date

\_\_\_\_\_

\_\_\_\_\_

XX

OFFICE USE ONLY

Date \_\_\_\_\_ Time \_\_\_\_\_ the Complete Application was received.

Signature HA Employee