

PENOBSCOT NATION HOUSING APPLICATION

I. HOUSEHOLD INFORMATION

1. NAME OF HEAD OF HOUSEHOLD APPLICANT:

- i. (Last) _____ (First) _____ (MI) _____
- ii. Date of Birth: ___/___/_____ S.S.No.: _____
- iii. Drivers Lic. No.: _____ Issuing State: _____
- iv. Marital Status: Single Married Widow(er) Separated Divorced

2. NAME OF CO-APPLICANT:

- i. (Last) _____ (First) _____ (MI) _____
- ii. Date of Birth: ___/___/_____ S.S.No.: _____
- iii. Drivers Lic. No.: _____ Issuing State: _____
- iv. Marital Status: Single Married Widow(er) Separated Divorced

3. Please list all other individuals who will be occupying the unit.

Name	S.S.No.	Date of Birth	Relationship

4. Do you anticipate changes in your family composition in the next year?

- i. Yes No
- ii. Please Explain: _____

5. Is the Head of Household a member of the Penobscot Nation or a federally recognized Native American Tribe or Nation?

- i. Penobscot, Census Number: _____
- ii. Name of Tribe or Nation: _____ Roll No.: _____

6. If the Head of Household applicant is NOT a member of a federally recognized Native American Tribe or Nation then:

- i. Describe previous attempts to meet the household's need for housing:

- ii. Describe how the household's presence in the community is essential to the wellbeing of other Indian Families:

7. Have you ever been a previous Penobscot Nation Housing Authority tenant?

- i. Yes No

PLEASE ANSWER ALL QUESTIONS: ONLY COMPLETED APPLICATIONS WILL BE ACCEPTED — ALL OTHERS WILL BE RETURNED.

PENOBSCOT NATION HOUSING APPLICATION (Contd.)

8. Did you leave voluntarily or were you evicted?

- i. Left voluntarily Evicted

9. Did you leave owing damages or arrearages?

- i. Yes No

10. Have you or any of the family members ever been convicted of a crime?

- i. Yes No
ii. If yes, name and address of Court: _____
iii. Explain Charges: _____

11. Are you seeking priority points?

- i. Yes No
ii. If yes, choose ONLY ONE from the below priorities:
1. Homeless, or living in substandard housing;
2. Paying more than 50 % of income in rent; or
3. Living in overcrowded conditions.

12. Are you requesting a \$400 disability/ handicapped adjustment to income?

- i. Yes No

13. Are you requesting a handicapped accessible unit?

- i. Yes No

14. Are you requesting an Elder/Disabled Unit?

- i. Yes No

15. Please disclose any personal, family, or business relationships with the Housing Authority decision makers (HA staff, HA Commissioners):

16. Personal statement of Applicant:

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PENOBSCOT NATION HOUSING APPLICATION (Contd.)

II. CURRENT HOUSING INFORMATION

1. HEAD OF HOUSEHOLD:

i. Current

- 1. Address: _____
- 2. Phone Number: _____
- 3. Current Rent Amount: \$ _____
- 4. Landlord's Name: _____
- 5. Address: _____
- 6. Ph. No.: _____
- 7. Reason for leaving current home: _____

ii. Other contact numbers by which you can be reached:

- 1. Name: _____ No.: _____
- 2. Name: _____ No.: _____
- 3. Name: _____ No.: _____

iii. Former Address: _____

- 1. Former Landlord's Name: _____
- 2. Address: _____

- 3. Ph. No.: _____
- 4. Dates Rented: From: _____ To: _____
- 5. Reason for Leaving: _____

iv. Former Address: _____

- 1. Former Landlord's Name: _____
- 2. Address: _____

- 3. Ph. No.: _____
- 4. Dates Rented: From: _____ To: _____
- 5. Reason for Leaving: _____

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PENOBSCOT NATION HOUSING APPLICATION (Contd.)

2. CO-APPLICANT:

i. Current

1. Address: _____
2. Phone Number: _____
3. Landlord's Name: _____
4. Address: _____
5. Ph. No.: _____
6. Reason for leaving current home: _____

ii. Former Address: _____

1. Former Landlord's Name: _____
2. Address: _____

3. Ph. No.: _____
4. Dates Rented: From: _____ To: _____
5. Reason for Leaving: _____

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PENOBSCOT NATION HOUSING APPLICATION (Contd.)

III. EMPLOYMENT INFORMATION

1. HEAD OF HOUSEHOLD APPLICANT:

- i. Present Employer: _____
 - 1. Address: _____

 - 2. Phone Number: _____
 - 3. Supervisor: _____
 - 4. Length of time at current job: From: _____ To: _____

- ii. Previous Employer: _____
 - 1. Address: _____

 - 2. Phone Number: _____
 - 3. Supervisor: _____
 - 4. Length of time at Previous job: From: _____ To: _____
 - 5. Reason for leaving: _____

2. CO-APPLICANT:

- i. Present Employer: _____
 - 1. Address: _____

 - 2. Phone Number: _____
 - 3. Supervisor: _____
 - 4. Length of time at current job: From: _____ To: _____

- ii. Previous Employer: _____
 - 1. Address: _____

 - 2. Phone Number: _____
 - 3. Supervisor: _____
 - 4. Length of time at Previous job: From: _____ To: _____
 - 5. Reason for leaving: _____

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PENOBSCOT NATION HOUSING APPLICATION (Contd.)

IV. ADULT FAMILY MEMBER INCOME.

1. HEAD OF HOUSEHOLD APPLICANT:

	Monthly	Yearly
i. Wages/Salaries:	\$ _____	\$ _____
ii. Social Security:	\$ _____	\$ _____
iii. Pensions:	\$ _____	\$ _____
1. Name: _____		
2. Address: _____		
3. Phone Number: _____		
iv. Public Assistance:	\$ _____	\$ _____
v. Child Support:	\$ _____	\$ _____
vi. Alimony:	\$ _____	\$ _____
vii. Unemployment:	\$ _____	\$ _____
viii. Self Employed	\$ _____	\$ _____
1. (must have a copy of last year's tax return)		
ix. Other: _____	\$ _____	\$ _____
_____	\$ _____	\$ _____

2. CO-APPLICANT:

	Monthly	Yearly
i. Wages/Salaries:	\$ _____	\$ _____
ii. Social Security:	\$ _____	\$ _____
iii. Pensions:	\$ _____	\$ _____
iv. Public Assistance:	\$ _____	\$ _____
v. Child Support:	\$ _____	\$ _____
vi. Alimony:	\$ _____	\$ _____
vii. Unemployment:	\$ _____	\$ _____
viii. Self Employed	\$ _____	\$ _____
1. (must have a copy of last year's tax return)		
ix. Other: _____	\$ _____	\$ _____
_____	\$ _____	\$ _____

3. CO-APPLICANT:

	Monthly	Yearly
i. Wages/Salaries:	\$ _____	\$ _____
ii. Social Security:	\$ _____	\$ _____
iii. Pensions:	\$ _____	\$ _____
iv. Public Assistance:	\$ _____	\$ _____
v. Child Support:	\$ _____	\$ _____
vi. Alimony:	\$ _____	\$ _____
vii. Unemployment:	\$ _____	\$ _____
viii. Self Employed	\$ _____	\$ _____
1. (must have a copy of last year's tax return)		
ix. Other: _____	\$ _____	\$ _____
_____	\$ _____	\$ _____

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4. ADJUSTMENTS TO INCOME:

Number of Household members who are either under 18 years of age; OR who are 18 years or older and a person with disabilities or a full-time student:

Monthly Medical and Attendant Expenses for Elder/Disabled families:

Monthly Child Care Expenses (To extent necessary to enable another family member to be employed or to further his/her education:

Earned Income of Minors:

Weekly excessive Travel Expenses (Not to exceed \$25.00 per week per family, for employment or education related travel:

V. CERTIFICATIONS:

I certify that all the above statements are true and complete and hereby authorize verifications of all information, references, and credit records.

I acknowledge that false information contained herein constitutes grounds for rejection of this application, termination of right to occupancy, and/or forfeiture of deposits and may constitute a criminal offense under the laws of this state.

I understand that the information given must be verified in order for the application to be processed.

I further certify that this housing shall be my permanent primary residence and that I do/will not maintain a separate residence in a different location.

HEAD OF HOUSEHOLD APPLICANT SIGNATURE

DATE

CO-APPLICANT SIGNATURE

DATE

OTHER ADULT FAMILY MEMBER SIGNATURE

DATE

PLEASE ANSWER ALL QUESTIONS: ONLY COMPLETED APPLICATIONS WILL BE ACCEPTED — ALL OTHERS WILL BE RETURNED.

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.

	<u>SIGNATURES</u>	<u>PRINTED/TYPED NAME</u>	
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
