

Indian Township Passamaquoddy Reservation

Housing Authority

P.O. Box 99 • Princeton, ME 04668 • (207) 796-8004 • Fax: (207) 796-8019

APPLICATION FOR HOUSING

PERSONAL DATA

Name of Applicant: _____ D.O.B _____

Address: _____ S.S# _____

Phone# _____ Number in Family: _____

APPLICATION TYPE: New Application Transfer Update

TRIBAL MEMBER: (check all that apply)

On Reservation Off Reservation Over 62 Disabled

HOUSEHOLD/FAMILY INFORMATION:

<u>NAME</u>	<u>RELATIONSHIP TO APPLICANT</u>	<u>SS#</u>	<u>D.O.B</u>	<u>TRIBE</u>
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1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

GENERAL INFORMATION

Have you previously applied for housing? _____

Have you ever been evicted from housing? _____

If yes, why? _____

Desired location of new home:

Strip Peter Dana Point Other: _____

Income Information

Must be complete with all sources of income and attached documentation verifying income or a copy of most recent Federal Income Tax Return

	Income	Source
HEAD OF HOUSEHOLD:	\$ _____	_____
SPOUSE/CO HEAD:	\$ _____	_____
OTHER HOUSEHOLD MEMBERS:	\$ _____	_____
TOTAL GROSS INCOME:	\$ _____	

Asset Information

Do you own a home or real estate? _____ Approximate Value:\$ _____

Do you own a motor vehicle? _____ Year/Make/Model: _____

The Indian Township Passamaquoddy Housing Authority reserves the right to request additional information to determine or verify eligibility. If the applicant is unsatisfied with the decision of the Housing Authority, the applicant may request a hearing within 30 days following receipt of notice of eligibility.

APPLICATIONS MUST BE UPDATED YEARLY OR THE APPLICANT WILL BE REMOVED FROM THE WAITING LIST

AUTHORIZATION FOR RELEASE OF INFORMATION

_____ Signature of Applicant	_____ S.S#
_____ Signature of Spouse/Co-Head	_____ S.S#
_____ Signature of Other adult household Member	_____ S.S#

I AUTHORIZE THE INDIAN TOWNSHIP PASSAMAQUODDY RESERVATION HOUSING AUTHORITY TO OBTAIN INFORMATION FROM CURRENT AND PREVIOUS EMPLOYERS.

CONDITIONS:

I agree that photocopies of this authorization may be used for the purpose stated above. If, I or any adult member of the family fails to sign this authorization, or termination of assistance or tenancy, or both.

STATE WAGE AGENCIES:

I authorize the Indian Township Passamaquoddy Reservation Housing authority to obtain information on wages or unemployment compensation form State agencies with the state unemployment law.

_____ Signature of Head of Household	_____ Date
_____ Signature of Spouse/Co-Head	_____ Date
_____ Signature of Other adult household Member	_____ Date

*******FOR OFFICE US ONLY*******

Date Received: _____

Received by: _____

Complete Application

Incomplete Application