

APPLICATION
RURAL DEVELOPMENT 515 PROGRAM



(Office Use Only)

Indian Township Passamaquoddy Housing Authority Apartment Complex

Date/Time

PLEASE PRINT

This is an application for housing in the "Pines I & II Senior Apartments" located at Indian Township, U.S. Route 1. Please complete this application and return to Indian Township Passamaquoddy Housing Authority at the address listed at the bottom of this page.

Complete applications are placed in order of date and time received. An applicant may be interviewed only after the Housing Authority receives the complete tenant application.

A. GENERAL INFORMATION

Applicant Name(s) _____

Address: _____

Telephone # _____ Street _____ Apt. # _____ City/State _____ Zip _____
No. of Bedrooms in current unit _____
Do You Own _____ or Rent _____. If Rental, amount of current monthly rental payment \$ _____.

Check Utilities Paid by You:

Heat _____
Electricity _____
Gas _____
Other _____

Approximate Monthly Cost of Utilities Paid by you (excluding phone & cable tv) \$ _____

Bedroom Size Requested:

One Bedroom _____
Two Bedrooms _____
Handicap BR _____:
Wheelchair _____ Visual/Hearing _____

Indian Township Passamaquoddy Housing Authority is an Equal Housing Opportunity Company, with projects in compliance with 504 and Fair Housing Regulations. Indian Township Passamaquoddy Housing Authority accommodates any applicants who need assistance in filling out this application.

(8/05) Return to:

Indian Township Housing Authority
P.O. Box 99
Princeton, ME 04668



The Fair Housing Act prohibits discrimination in the sale, rental or financing of housing on the basis of race, color, religion, sex, disability, familial status, or national origin. Federal law also prohibits discrimination on the basis of age. Complaints of discrimination may be forwarded to the Administrator, USDA Rural Development, Washington, DC 20250.

List ALL persons who will live in the apartment. List Head of Household First:

NAME	RELATIONSHIP	BIRTHDATE	AGE	SOCIAL SECURITY #
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- | | | | | |
|----|------|--|--|--|
| 1. | HEAD | | | |
| 2. | | | | |
| 3. | | | | |
| 4. | | | | |

Is anyone in this household a full time student: Yes _____ No _____

Name(s) _____

B. INCOME : LIST ALL SOURCES OF INCOME AS REQUESTED BELOW

FAMILY MEMBER
NAME

SOURCE OF INCOME

_____	a. Social Security..Monthly Amount \$ _____
_____	Social Security..Monthly Amount \$ _____
_____	b. Pension.....Monthly Amount \$ _____
_____	Pension.....Monthly Amount \$ _____
	Source of Pension(s) _____
_____	c. Veterans Benefits
	Monthly Amount \$ _____ Claim # _____
_____	d. SSI Benefits.....Monthly Amount \$ _____
_____	SSI Benefits.....Monthly Amount \$ _____
_____	e. Unemployment Comp.Monthly Amount \$ _____
_____	Unemployment Comp.Monthly Amount \$ _____
_____	f. AFDC.....Monthly Amount \$ _____
_____	g. Wages.....Gross.....Monthly Amount \$ _____
_____	Employer _____
	Position held _____
	How long employed _____
	Wages.....Gross.....Monthly Amount \$ _____
	Employer _____
	Position held _____
	How long employed _____
_____	h. Full Time Student Income (Only Full Time Students 18 and Over) Monthly Amount \$ _____
_____	Full Time Student Income (Only Full Time Students 18 and Over) Monthly Amt \$ _____
_____	i. Alimony..... Monthly Amt \$ _____ Source _____
_____	j. Child Support... Monthly Amt \$ _____ Source _____

_____ k. Interest Income. Monthly Amt \$ _____ Source _____
 _____ Interest Income. Monthly Amt \$ _____ Source _____
 _____ l. Other Income... Monthly Amt \$ _____ Source _____
 _____ Other Income... Monthly Amt \$ _____ Source _____
 _____ m. Long Term Care Ins..Mon.Amt \$ _____ Source _____

TOTAL GROSS ANNUAL INCOME (Base this on the monthly amounts listed above and multiply x 12) \$ _____

Do you anticipate any changes in this income in the next 12 months? Yes _____ No _____

If Yes, please explain _____

C. ASSETS

(for checking, average 6 month daily balance)

Checking Account(s) #	Bank	Balance \$
#	Bank	Balance \$
#	Bank	Balance \$
Savings Account(s) #	Bank	Balance \$
#	Bank	Balance \$
Trust Accounts #	Bank	Balance \$
Certificates #	Bank	Balance \$
#	Bank	Balance \$
Credit Union #	Bank	Balance \$
#	Bank	Balance \$
Savings Bonds #	Maturity Date	Value \$
#	Maturity Date	Value \$
Whole Life Insurance Policy #	Face Value \$	

Cash Value of Life Insurance Policy \$ _____

Real Property: Do you own any property? Yes _____ No _____

If Yes, type of property _____

Location _____

Appraised Market Value \$ _____

Mortgage or Outstanding Loans Balance Due \$ _____

Amount of Annual Insurance Premium \$ _____

Amount of Most Recent Tax Bill \$ _____

Have you Sold/Disposed of Any Property in the Last 2 Years? Yes _____ No _____

If Yes, type of property _____

Market Value When Sold/Disposed of \$ _____

Amount Sold/Disposed of for \$ _____

Date of Transaction _____

1. Have you disposed of any other Assets in the last 2 years (example: Given away money to relatives, set up Irrevocable Trust Accounts)? Yes _____ No _____

If Yes, Describe Asset _____

Date of Disposition _____

Amount Disposed \$ _____

2. Do you have any other Assets not listed above (excluding personal property)?

Yes _____ No _____

If Yes, list _____

D. MEDICAL/CHILDCARE/DISABLED ASSISTANCE EXPENSES

Medical Costs: Complete this part ONLY if Head of Household or Spouse is 62 or Older, Disabled or Handicapped.

1. Medicare Premiums.....Monthly Amount \$ _____
Monthly Amount \$ _____
2. Medical Insurance Coverage-Name of Insurance Company _____
Address _____
Monthly Amount \$ _____
3. Anticipated Medical/Drug/Prescription/Non Prescription costs NOT covered by Insurance NOR reimbursed: Monthly Amount \$ _____
4. Medical bills our outstanding costs you are making Monthly Payments for :
Balance due \$ _____ Monthly Payments \$ _____
Payable to _____
5. Medical related travel costs \$ _____
Projected costs NOT covered by Insurance NOR reimbursed for the next 12 months \$ _____
6. Any other Medical expenses: List type and Amounts: _____ \$ _____
_____ \$ _____

Childcare Costs: Complete ONLY for children 12 and younger:

7. Name(s) of Children cared for _____ Age _____
_____ Age _____
_____ Age _____
_____ Age _____
8. Name & Address of person OR Agency caring for Children _____

9. Weekly cost for Childcare Due to Employment \$ _____
10. Weekly Cost for Childcare Due to Education \$ _____

Disabled Assistance Expenses: Attendant care and/or apparatus expense that enables Disabled applicants or others in the household to work. Complete ONLY if Disabled Expenses allow someone in the household to work.

11. List Type of Expenses, Weekly Amount, Paid to whom:

E. PROGRAM INFORMATION

Questions 1, 2 and 3 are optional

1. Are you displaced? Yes _____ No _____
If Yes, Displacement Agency _____
2. Is your current Unit Condemned/Substandard? Yes _____ No _____
If Yes, Describe _____
3. Are you paying more than 50% of your Gross Income for Rent and Utilities
Yes _____ No _____

4. Are you Applying for status as an "Elderly Household," where the tenant or co-tenant is 62 or older, handicapped or disabled as defined by Rural Development? Yes _____
 No _____
 If Yes, do you realize you will be eligible for a \$400 and Medical deduction?
 Please realize that your eligibility must be verified.
5. Would you or anyone in your household benefit from a wheelchair or other handicapped accessible unit: Yes _____ No _____
6. If so, would you like to request an adapted unit? Yes _____ No _____
7. Are you currently living in Subsidized Housing? Yes _____ No _____
8. Have you ever resided in a Project financed and/or Subsidized by the Government?
 Yes _____ No _____ If Yes, Name & Address _____
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9. Have you ever been evicted from Public Housing or any other Federal Housing Program? Yes _____ No _____
10. Have you ever been evicted from Other Housing? Yes _____ No _____
11. Have you ever been convicted of a felony? Yes _____ No _____
12. Are you currently using illegal drugs? Yes _____ No _____
13. Have you ever been convicted of sale, distribution, or possession of illegal drugs?
 Yes _____ No _____
14. Are you now or will you become a part time or full time student prior to move-in?
 Yes _____ No _____
15. How did you hear about this housing? _____
16. Will you take an Apartment when one is available? Yes _____ No _____
17. Briefly describe your reasons for applying _____
18. Are you a smoker? Yes _____ No _____

F. REFERENCE INFORMATION

Current Landlord: Name _____
 Address _____
 Home Phone _____ Business Phone _____

Previous Rental Information:

Prior Landlord _____
 Address _____
 Home Phone _____ Business Phone _____

Prior Landlord _____
 Address _____
 Home Phone _____ Business Phone _____

G. CREDIT REFERENCES

1. Name _____ 2. Name _____
 Address _____ Address _____
 City/State/Zip _____ City/State/Zip _____
 Phone _____ Phone _____

3. Name _____
 Address _____
 City/State/Zip _____

Phone _____

H. PERSONAL NON-RELATED REFERENCES

1. Name _____ Address _____
Phone _____

2. Name _____ Address _____
Phone _____

3. Name _____ Address _____
Phone _____

In Case of Emergency Notify _____
Address _____
Phone _____

I. OTHER REQUIRED INFORMATION

VEHICLES: 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 _____ Year/Make _____ Color _____
License Plate # _____ Driver's License # _____

Type of vehicle _____ Year/Make _____ Color _____
License Plate # _____ Driver's License # _____

PETS: Do you own any pets? Yes _____ No _____

If Yes, describe _____

J. CERTIFICATION/AUTHORIZATION

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 primary residence. I/We understand I/we must pay a security deposit for this apartment. I/We understand that my eligibility for housing will be based on Rural Development or Section 8 income limits and by Indian Township Housing Authority 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.

SIGNATURE:

TENANT

CO-TENANT

Dated _____

Dated _____

AUTHORIZATION

I/We do hereby authorize Indian Township Passamaquoddy Housing Authority and its staff or authorized representative to contact any agencies, local police departments, offices, groups or organizations to obtain and verify any information or materials which are deemed necessary to complete my/our application for housing in programs administrated/managed by the Indian Township Passamaquoddy Housing Authority. I/We further authorize Indian Township Passamaquoddy Housing Authority to verify all information listed on this application.

SIGNATURE:

TENANT

CO-TENANT

Dated _____

Dated _____

**FOR RURAL DEVELOPMENT 515 PROGRAM
APPLICANTS ONLY**

FAMILY HOUSEHOLD COMPOSITION

"The information solicited on this application is requested by the apartment owner in order to assure the Federal Government, acting through Rural Development, that Federal Laws prohibiting discrimination against tenant applicants on the basis of race, color, national origin, religion, sex, marital status, age, and handicap are complied with. You are not required to furnish this information, but are encouraged to do so. This information will not be used in any way. However, if you choose not to furnish it, the owner is required to note the race/national origin and sex of the individual applicants on the basis of visual observation or surname."

Race _____ Ethnic Group _____ Sex _____