

To be completed by Brewer Housing Authority:

Date Received: _____ Time Received: _____

PRE-APPLICATION – ELLEN M. LEACH MEMORIAL HOME – Tax Credit 1 BR



If you or anyone in your family is a person with disabilities, and you require a specific accommodation in order to fully utilize our programs and services, please contact the housing authority.



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

Application completed by: _____

Relationship to Applicant: _____

Head of Household Name: _____

Current Mailing Address: _____

Current Physical Address: _____
(if different from mailing)

Daytime Phone: _____ Evening Phone: _____

Accommodation(s) Requested: _____

Examples may include handicapped accessible unit, hearing impaired smoke detectors, live-in-aide, etc.

Are you currently homeless? ☐ YES ☐ NO Comments: _____

Do you have a housing voucher? If so, please specify: _____

HOUSEHOLD COMPOSITION - List ALL Persons who will be living in the apartment:

Name	Relationship	Marital Status	Date of Birth	SSN
_____	<u>HEAD</u>	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Do you anticipate any additions to the household in the next 12 months? ☐ YES ☐ NO

If Yes, please explain: _____

Does your household have or anticipate having any pets? ☐ YES ☐ NO

If Yes, is this animal a service animal? ☐ YES ☐ NO ***Please Note – Pets are NOT allowed***

Are you or any other persons in the household a or have been a full time student during five calendar months of this year or plan to be in the next calendar year at an education institution with regular faculty and students? ☐ YES ☐ NO

INCOME INFORMATION Please list gross income amounts for each applicant -- before deductions or taxes. *If there is not enough space, please attach another sheet if needed.*

Types of income include but are not limited to the following: Employment, Self-employment, Military pay, Unemployment benefits, Public Assistance, TANF, Alimony, Social Security, SSI, SSDI, regular payments from severance package, Pension, Retirement, IRA, etc. List the source of income, gross amount, and frequency of payments – such as annually or monthly.

APPLICANT NAME & INCOME SOURCE	AMOUNT	FREQUENCY
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____

ASSET INFORMATION Please list the cash value and annual income for each applicant. *If there is not enough space, please attach another sheet if needed.*

Types of assets include but are not limited to the following: checking, savings, CD or Time Deposit, Money Market, Stocks, Bonds, Trust Fund, Pensions, IRA, Cash on Hand over \$500, Real Estate, Rental Property, Land, personal property held as an investment, Safe Deposit Box, Annuity, Capital Gains, Mutual Funds, Whole/Universal Life Insurance, etc.

APPLICANT NAME & ASSET SOURCE	CASH VALUE	ANNUAL INCOME
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____

WARNING 1 TITLE 8, SECTION 1001 OF THE UNITED STATES CODE, STATES THAT A PERSON IS GUILTY OF A FELONY FOR KNOWINGLY AND WILLINGLY MAKING FALSE OR FRAUDULENT STATEMENTS TO ANY DEPARTMENT OR AGENCY OF THE UNITED STATES OR THE DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT.

I UNDERSTAND THAT THIS IS NOT A CONTRACT AND DOES NOT BIND EITHER PARTY. THE ABOVE INFORMATION IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I HAVE NO OBJECTIONS TO INQUIRIES MADE FOR THE PURPOSE OF VERIFYING THE STATEMENTS HEREIN.

Signature of Head of Household

Signature of Spouse, Cohead or
other adult age 18 or older

Date