

*Ellen M. Leach Memorial Home
Brewer Housing Authority, Management Agent
P.O. Box 359, Brewer, ME 04412*

MARKET RATE APPLICATION FOR ADMISSION

Date of Application _____

Name _____

Phone Number _____

Street Address _____ City _____ State _____ Zip Code _____

Actual Residence _____

I. Family Composition:

FAMILY MEMBER	NAME	RELATION TO HEAD	DATE OF BIRTH	SEX	PLACE OF BIRTH	OCCUPATION
1		Head of Household				
2						

II. Legal Residency

A. Years in current residence _____

B. Addresses for the past 10 years _____

Which waiting list would you like to be added to (please circle one)? **1BR** **2BR** **Both**

I understand that this is not a contract and does not bind either party. The above information is full, true, and complete to the best of my knowledge. I have no objections to inquiries being made for the purpose of verifying the statements made herein.

Head of Household

Date

Spouse or Co-Head

Date

03/09/2023