

**APPLICATION FOR HOME OWNERSHIP
BRUNSWICK HOUSING AUTHORITY
12 STONE ST
P O B O X A
BRUNSWICK, ME 04011
(207) 725-8711**

Applicant #1	Home Phone Number
Applicant #2	
Mailing Address	Applicant #1 Cell Number
Street Address Apt. No.	Applicant #2 Cell Number
City State Zip Code	E-mail

PLEASE ANSWER THE FOLLOWING:

	<u>Applicant #1</u>	<u>Applicant #2</u>
Current Employer:		
Employer Location/City/Town:		

Do you own Real Estate? No ___ Yes ___ If yes what/where? _____
Are you a first time homebuyer? No ___ Yes ___

Definition — A first-time homeowner: A family in which no member has had a present **homeownership** interest in a residence in the last three years. Exception: A single parent or displaced homemaker who, while married, owned a home with a spouse or resided in a home owned by the spouse.
A first time homebuyer may be someone who owns a mobile home which sits on a leased lot. One is considered a home owner if the mobile home and land on which it sits is owned by the same person.

Do you owe any housing authority or other government agencies money?
If Yes, Please Explain _____

Have you been convicted or engaged in felonious criminal activity for the past 5 years?
No ___ Yes ___

Homeownership Counseling
The applicant(s) ___ are willing ___ not willing to participate in pre and post- homeownership counseling.

INCOME AND ASSET INFORMATION

List all money earned or received by all members of your household. This includes wages, self-employment, child support, Social Security benefits, disability payments, TANF, veterans benefits, alimony, etc.

	Family Member	Gross Weekly/Monthly Amount	Name of Source
Wages		\$ /hour hours/week	
		\$ /hour hours/week	
TANF		\$ weekly/monthly	
		\$ weekly/monthly	
Child Support		\$ weekly/monthly	
		\$ weekly/monthly	
Social Security		\$ weekly/monthly	
		\$ weekly/monthly	
		\$ weekly/monthly	
Social Security Disability		\$ weekly/monthly	
		\$ weekly/monthly	
		\$ weekly/monthly	
Other Income		\$ weekly/monthly	
		\$ weekly/monthly	

Are you currently a Section 8 Housing Choice Voucher recipient from the Brunswick Housing Authority or any other agency? ___ Yes ___ No

List all checking and savings accounts of all household members.

Family Member	Bank Name	Type of Account	Account Number	\$ Balance

HOUSEHOLD COMPOSITION AND CHARACTERISTICS

List Applicant #1 and all other members who will be living in the house.

Family Members List Applicant #1 first	Relationship to Applicant #1	Date of Birth	Age

Homeownership Opportunities

Please check all that you are interested in and answer the following questions:

Hamilton Place (Harpwell)

Harpwell Resident? ___ No ___ Yes

Graduate of Mt. Ararat High School? ___ No ___ Yes
Date _____

Are you a child/parent of a Harpswell resident? ___ No ___ Yes

Are you employed by the Town of Harpswell? ___ No ___ Yes

Are you employed in Harpswell? ___ No ___ Yes

Clover Place (Brunswick)

46 Cumberland (Brunswick)

Brunswick Resident? ___ No ___ Yes

Graduate of Brunswick High School? ___ No ___ Yes
Date _____

Are you a child/parent of a Brunswick resident? ___ No ___ Yes

Are you employed by the Town of Brunswick? ___ No ___ Yes

Are you employed in Brunswick? ___ No ___ Yes

BRUNSWICK HOUSING AUTHORITY

Business Office

(207) 725-8711

(207) 729-2642 (fax)

12 Stone Street, PO Box A

Brunswick, ME 04011

SCREENING AUTHORIZATION APPLICATION

Name: _____

Last

First

Middle (please full middle name)

Date of Birth: _____

Social Security #: _____

Height: _____ Weight: _____ Hair Color: _____ Eye Color: _____

Please provide any prior names, maiden name or if you have ever changed your name:

List ALL household members who reside with you:

NAME	AGE	DATE OF BIRTH	SOCIAL SECURITY #
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Please provide address for the last (5) five years:

Authorization for Release of Information:

I, _____, hereby request and authorize the Brunswick Police Department and Brunswick Housing Authority, its employees, agents and representatives, to release to the Brunswick Housing Authority any and all documents and/or information within the control of the Brunswick Police Department and Brunswick Housing Authority relating specifically to me and any contact I may have had with any law enforcement agency, including, but not limited to, arrests records, criminal investigations, crime and casualty reports and criminal intelligence information. I hereby release the Brunswick Police Department and Brunswick Housing Authority from any right I may have to require that the Brunswick Police Department and Brunswick Housing Authority maintain the confidentiality of those records. I understand that this release is valid for one year from the date of signing.

Applicants Signature: _____ Date: _____

Witness Signature: _____ Date: _____

Screening Requested By: BRUNSWICK HOUSING AUTHORITY

CREDIT CHECK CONSENT

I, the undersigned consumer, direct **Brunswick Housing Authority** to obtain a copy of my credit report. This consent shall automatically expire thirty (30) days from the date of my signature below.

Printed name

Social Security Number

Signature/Date

Printed name

Social Security Number

Signature/Date

* The second signature line is only to be used when ordering a joint credit report for a married couple. If more than one individual credit report is being ordered, use a separate Credit Check Consent form for each customer.