

Do you own any pets? Yes No

If yes, what type of pet? Cat / How many___? Dog / How many___? Bird / How many___?

Other _____ How many___?

INCOME INFORMATION: Provide income information for **all members** of the household. Household income includes all earned and unearned monies received including, but not limited to: employment wages, TANF, food stamps, child support, Social Security, SSI, pensions, unemployment benefits, worker's compensation, student financial aid, job training programs, etc...If you need more space please attach a separate sheet of paper.

Family Member Name	Source of Income Example: Social Security or Name of Employer	Mailing Address for Verification (if SS, SSI, TANF or food stamps, leave blank)	Income Amount (specify weekly or monthly)

Check here if you ran out of space and have attached a separate sheet of paper to provide further information

Has anyone in your household applied for any benefits or money which is in the process of being approved?

Yes No If yes, explain _____

ASSET INFORMATION: List the assets of **all household members**. Assets include, but are not limited to: checking and savings accounts, IRAs, Keoghs, trusts, pensions, stocks, bonds, certificates of deposit, life insurances, etc... If you need additional space please attach a separate sheet of paper.

Family Member	Name of Bank or Financial Institution	Type of Account	Account Number	Current Balance

Check here if you ran out of space and have attached a separate sheet of paper to provide further information

ASSET INFORMATION (continued):

Do you own a home or other real estate? Yes No If yes, what and where? _____

Have you owned or sold any assets over the last two years? Yes No If yes, what and where? _____

Landlord References for the last 3 Years:

Name: _____ Phone # _____ Address: _____

Name: _____ Phone # _____ Address: _____

Name: _____ Phone # _____ Address: _____

BRUNSWICK & TOPSHAM HOUSING AUTHORITY WAIT LIST INTEREST:

(these are market units, they are not subsidized)

Brunswick Properties:

- Mill Street: 1 Bedroom 2 Bedroom
- Dunning Street: 1 Bedroom 2 Bedroom
- Cushing Street: 2 Bedroom 3 Bedroom
- 34 Water Street: 1 Bedroom 2 Bedroom 3 Bedroom
- Swett Street: 1 Bedroom 3 Bedroom
- Spring Street: 1 Bedroom 2 Bedroom 3 Bedroom

Topsham Properties

- Green Street 2 Bedroom
- Main Street 1 Bedroom 3 Bedroom
- Pleasant Woods 2 Bedroom 3 Bedroom

Applicant Certification

I certify that the information given to Brunswick Housing Authority, regarding household composition, income, and net family assets is accurate and complete to the best of my knowledge and belief. I understand that false statements or information are punishable under Federal Law. I also understand that false statements or information are grounds for termination of housing assistance and termination of tenancy.

Head of Household Signature

Date

Signature of other adult

Date

Signature of other adult

Date

Notice to Applicants

**All changes to your application must be put in writing to our office.....
You must notify us of any change to your address. Failure to notify us of a move may result in your name being dropped from the waiting list.**

If you believe you have been discriminated against, you may call the fair housing and equal opportunity national toll-free hot line at (800) 424-8590.

Applications can be returned to:

Mail/Hand Deliver: Brunswick Housing Authority
12 Stone Street • PO Box A
Brunswick, ME 04011

e-mail: alicia@brunswickhousing.org

Fax: 207-729-2642

BRUNSWICK HOUSING AUTHORITY

12 Stone Street, PO Box A, Brunswick, ME 04011

Telephone (207)725-8711 / Fax (207) 729-2642

AUTHORIZATION TO RELEASE INFORMATION

Printed name(s): _____

Address: _____

Street

City/Town

State Zip Code

I / We authorize Brunswick Housing Authority to obtain information necessary to determine our eligibility for, or continued participation in, subsidized housing programs administered by the Housing Authority.

Such verifications may include any or all of the following:

Criminal history verification from federal, state and local law enforcement agencies

Consumer credit report

References from current and former landlords

Personal references

Verifications from current and former employers, Social Security

Administration, Internal Revenue Service, welfare and general assistance programs, financial institutions, child care providers, medical care providers, schools or colleges

Any other agency or source necessary to obtain information required to complete my application for assistance or determine continued occupancy

I / We understand that a photocopy of this release is as valid as the original. This authorization form will expire fifteen (15) months from the date of signature.

Head of Household Signature

Social Security Number

Date

All household members age 18 and over must sign:

Other Adult Signature

Social Security Number

Date

Other Adult Signature

Social Security Number

Date

Other Adult Signature

Social Security Number

Date

