GREATER BRUNSWICK HOUSING CORPORATION RENTAL APPLICATION

(Apartments managed by the Brunswick Housing Authority but are Not Subsidized)

Name (Head of Household)			•			Home Phone Number				
Mailing Ad	dress	·		•		He	ead Work Number			
City	State	Zip Cod	le			Spo	ouse Work Number			
E-mail Addı	ress		_		· · · · · · · · · · · · · · · · · · ·					
	-						ericans with Disabilities Act require a specific accommodation in order			
ully utilize	the programs	or services	administered b	y Brunswick	Housin	g Autl	hority? □Yes □No arification form.			
elationship	of each famil	y member t	o the head of I	nousehold.	f you n	eed m	bers who are living in the unit. Giv nore space please attach an additio bers age 5 and over.			
<u>-</u>	nber's Full Nar		Relationship to Head	Birth Date	Age	Sex	Social Security Number			
	* *		to fieua	Date						

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Check here	if vou ran out	of space an	d have attache	l ed a separate	sheet	of pap	l per to provide further information			
		·		·				.—		
	-		out of your ho	•			· · · · · · · · · · · · · · · · · · ·			

Do you own any pets?]Yes	□No				`,
If yes, what type of pet? ☐Other			Dog/I	How many? □Bi	rd / How n	nany?
includes all earned and ustamps, child support, Sofinancial aid, job training	unearno ocial Sec	ed monies received incourity, SSI, pensions, un	luding emplo	, but not limited to: e yment benefits, work	mploymer er's comp	nt wages, TANF, food ensation, student
Family Member Name	Exam	e of Income ole: Social Security or of Employer	SS, S	ing Address for Verific SI, TANF or food stam e blank)		Income Amount (specify weekly or monthly)
	,					-
					: `	
Check here if you ran ou	t of spa	ce and have attached a	separ	ate sheet of paper to	provide fu	rther information
Has anyone in your hous ☐Yes ☐No If yes, expla ASSET INFORMATION: L	ain			·		
and savings accounts, IR	As, Keo	ghs, trusts, pensions, st	tocks, İ	bonds, certificates of	deposit, lif	e insurances, etc If you
need additional space pl Family Member	ease at	Name of Bank or Final Institution		Type of Account	Account Number	
			-			
Check here if you ran ou ASSET INFORMATION (c	continu	ed):				urther information □
Have you owned or sold	any as	sets over the last two y	ears? I	□Yes □No If yes, wl	nat and wh	nere?

A

Name:		Phone #	Addres	s:	
Name:		Phone #	Addres	s:	
Name:		Phone #	Addres	s:	
				· · · · · · · · · · · · · · · · · · ·	
	CK & TOPSHAM HOUSI ese are market units, t	•			
Bru	nswick 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	
Тор	sham Properties		·	·	
	Green Street		□2 Bedroom		
	Main Street	□1 Bedroom		□3 Bedroom	
	Pleasant Woods		□2 Bedroom	□3 Bedroom	
		Applicar	nt Certification		
net family a statements	assets is accurate and c	n to Brunswick Housi omplete to the best nishable under Feder	ng Authority, regarding of my knowledge and al Law. I also understa	g household composition, belief. I understand that and that false statements y.	false.
Head of Ho	usehold Signature			Date	
Signature c	of other adult			Date	

Notice to Applicants

Date

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.

Signature of other adult

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

ss:						
Street	City	Town	5	State	Zip Cod	e
e authorize Brunswi ty for, or continue g Authority.	ck Housing Au d participatio	ithority to ob on in, subsidi	otain infor ized housi	mation ing pro	necessai grams ad	ry to deter dministered
erifications may inclu Criminal history ve Consumer credit r References from c	erification fro eport	m federal, st	ate and lo	cal law	enforcen	nent agencie
Personal reference		Timel landio	20			
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