# CHAMBERLAIN PLACE SENIOR HOUSING 258 Chamberlain Street Brewer, ME 04412

Chamberlain Place Senior Housing, a Low-Income Housing Tax Credit (LIHTC) property, is accepting applications. The property features affordable one and two bedroom apartments for those **individuals who are 55 years of age and older**. The property includes a community room, coin-op laundry machines on each floor, large individual storage units, and on-site reserved parking.

### CHAMERLAIN PLACE SENIOR HOUSING IS A SMOKE FREE PROPERTY

Rents are restricted by income and include electric, heat, domestic hot water, sewer, water, and internet access. All units have washer/dryer hook-ups.

To qualify, applicants' yearly income must fall below the pre-determined yearly income limit. Please see the chart below to see how this applies to your household. *Note that tenant-based vouchers will be accepted.* 

# **INCOME LIMITS 2021**

CATEGORY	1 PERSON	2 PEOPLE
50% AMI	\$25,450	\$29,100
60% AMI	\$30,540	\$34,920

# **CURRENT RENT RATES**

CATEGORY	1 BR	2 BR
50% AMI	\$585	
60% AMI	\$705	\$815

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 Brewer Housing Authority at 989-7890.

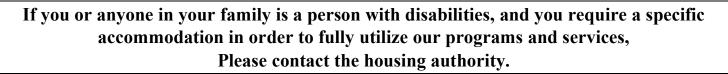


To be completed by Brewer Housing Authority: Date Received:

Time Received:

### **APPLICATION FOR HOUSING**





### PLEASE PRINT CLEARLY

This is an application for housing at:	Address: 2	hamberlain Place Senior Housing 58 Chamberlain Street Brewer, ME 04412
Please complete this application and <b>return</b> to:	Name: Address: Telephone:	Brewer Housing Authority 15 Colonial Circle; Suite 1 Brewer, ME 04412 207-989-7890

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

#### CHAMBERLAIN PLACE IS A SMOKE FREE PROPERTY

#### PLEASE MAKE SURE ALL QUESTIONS ARE ANSWERED

Application completed by: \_\_\_\_\_

Relationship to Applicant:

Head of Household Name:

Current Mailing Address:

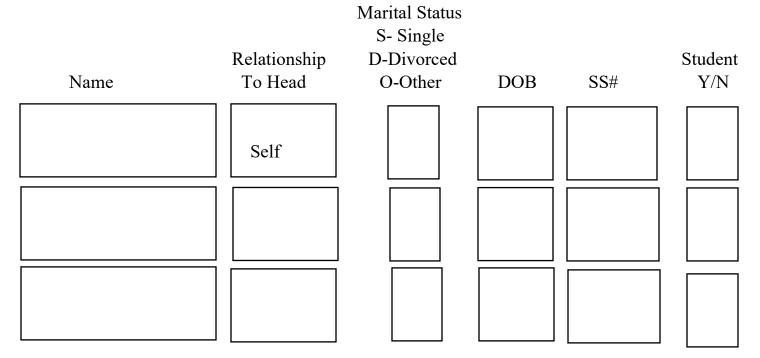
Current Physical Address: (if different from mailing)

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Daytime Phone:	Evening Phone:
Number of Bedrooms in current housing:	Do you RENT OR OWN (Circle One)
Amount of current monthly rental or mortgage pa	ayment: \$
Circle Utilities Paid by You: HEAT ELECTR	ICITY GAS OTHER:
Approximate monthly cost of utilities paid by yo	u: (excluding phone and cable) \$
Bedroom Type Requested: One Bedroom Ha	andicap Bedroom (circle one)

# **HOUSEHOLD COMPOSITION**

List ALL Persons who will be living in the apartment.



Do you anticipate any additions to the household in the next 12 months?  $\Box$  YES  $\Box$  NO If Yes, please explain:

# **HOUSING REFERENCES**

Provide landlord information for the past FIVE (5) years beginning with your current landlord. If NO LANDLORD(s) PLEASE LIST THE NAME, ADDRESS AND PHONE NUMBER(s) OF 3-5 PERSONAL NON-RELATED.

Landlord's Name, Address and Phone Number	Your Address	Own / Rent Include Monthly Amount	Dates From – To

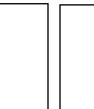
### PERSONAL REFERENCE

#### List a person reference other than a relative

Name, Address and Phone #

Relationship

Years Known





#### **VEHICLE IDENTIFICATION**

List vehicle information for all vehicles that are owned or operated by any household member

	Color/Make/Model/Year	Tag/License Plate #	State Issued
Vehicle 1:			
Vehicle 2:			

#### **EMERGENCY CONTACT**

List someone in the area that is NOT on the application that we should contact in case of an emergency.

Name, Address and Phone #	Relationship	Years Known

### **INCOME INFORMATION**

Income is counted for anyone 18 or older (unless legally emancipated). However, if the income is unearned income such as a grant or benefit, it is counted for all household members including minors.

#### PLEASE LIST GROSS INCOME AMOUNTS, BEFORE DEDUCTIONS OR TAXES.

#### Do You Receive OR Expect to Receive Income From:

		Amount
$\Box$ YES $\Box$ NO	Employment wages or salaries? Including overtime, tips,	
	Bonuses, commissions and payments received in cash.	\$
$\Box$ YES $\Box$ NO	Self Employment? Including overtime, tips, Bonuses,	
	Commissions and payments received in cash.	\$
	Name of Business:	
$\Box$ YES $\Box$ NO	Regular Pay as a member of Armed Forces?	\$
	Base Name and Branch:	
$\Box$ YES $\Box$ NO	Unemployment benefits or worker's compensation?	\$
	Contact Person:	_
$\Box$ YES $\Box$ NO	Public Assistance, TANF?	\$
	Contact Person:	
$\Box$ YES $\Box$ NO	Child Support or Alimony?	\$
	Payer:	
$\Box$ YES $\Box$ NO	Social Security, SSI, or any other payment from Social Security	
	Administration?	\$
	SSA Office	
$\Box$ YES $\Box$ NO	Regular Payments from a Veteran's benefit, pension or retirement	\$
	Source of Benefit	

#### Updated 04/12/2021

INCOME	<b>INFORMATION</b>	Continued

$\Box$ YES $\Box$ NO	Regular Payments from a Severance Package?	\$
	Source of Benefit	
$\Box$ YES $\Box$ NO	Any other source of income NOT listed above?	\$
	Source of Benefit	

# **ASSET INFORMATION**

# Include <u>ALL</u> assets held and the income derived from the asset for ALL Members on the Application.

# <u>Amount</u>

□ YES □ NO Checking Account	- Bank Name	\$
	Bank Name	\$
□ YES □ NO CD's, Money Mar		
	Source:	\$
	Source:	\$
	Source:	\$
$\Box$ YES $\Box$ NO Stocks or Bonds	Source:	\$
	Source:	\$
	Source:	\$
$\Box$ YES $\Box$ NO Trust Fund	Source:	\$
	Source:	\$
	Source:	\$
$\Box$ YES $\Box$ NO Pensions, IRA, O	r other Retirement Account	
	Source:	\$
	Source:	
	Source:	\$
$\Box$ YES $\Box$ NO Cash on Hand		
Over \$500		\$
□ YES □ NO Real Estate, Renta	1	
Property, Land	Address:	
		\$
□ YES □ NO Personal Property	Held as an Investment?	
(Paintings, coin or	stamp collections, artwork, show cars and antique	es)
	Source:	\$
	Source:	
	Source:	

#### **ASSET INFORMATION Continued**

$\Box$ YES $\Box$ NO A	A safe deposit box?	Source:		\$
$\Box$ YES $\Box$ NO A	Annuities?	Source:		\$
$\Box$ YES $\Box$ NO $\Box$	Capital Gains?	Source:		\$
$\Box$ YES $\Box$ NO N	/utual Funds?	Source:		\$
$\Box$ YES $\Box$ NO L	ife Insurance	Source:		\$
		Source:		\$
		Source:		\$
(	Whole and Univers	al – List	cash surrender value and Dividends)	
□ YES □ NO H	ave you or any hou	sehold m	ember disposed of or given away any a	asset(s)
less than fair mark	et value within the	past 2 ye	ar?	
		Source:		\$
		Source		\$

I/We hereby certify that I/WE Do/Will not maintain a separate subsidized rental unit in another location. I/We further certify that this will be my/our permeant residence. I/We understand that management is relying on this information to determine my household's eligibility for the Housing Credits Program. I/We certify that all information and answers to the above questions are true and complete to the best of my/our knowledge. I/We consent to release the necessary information to prove my/our eligibility including but not limited to income, assets, criminal background and sex offender check. I/We understand that providing false information, failing to disclose material information, or making false statements may be grounds for denial of my/our application or termination of tenancy after occupancy. I/We also understand that such action may result in criminal penalties.

I authorize my consent to have management verify the information contained in this application for purposes of proving my eligibility for occupancy. I/We will provide all necessary information including source names, addresses, phone numbers, and account numbers where applicable and any other information required for expediting this process. I/We understand that my/our occupancy is contingent on meeting management's resident selection criteria and the Housing Credit Program requirements.

# ALL ADULT HOUSEHOLD MEMBERS MUST SIGN BELOW:

Signature	Date
Signature	Date
Signature	Date

Please return completed application to:

Brewer Housing Authority 15 Colonial Circle; Suite 1 Brewer, ME 04412

(Fax) 207-989-7554

