

Housing Authority of Fort Fairfield  
18 Fields Lane  
Fort Fairfield, ME, 04742  
Tel: 207-476-5771  
Fax: 207-476-5450

## Home Modifications for Seniors Program Application

Dear Applicant:

This is your preliminary application for the Home Modification for Seniors Program (HMS). Please answer all of the questions below to the best of your ability. When you have completed your application bring it to our office or mail it to the above address.

Full Name: \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Last) (First) (Middle Initial)

Address: \_\_\_\_\_  
(Street) (Town) (State/ Zip code)

Telephone: \_\_\_\_\_ or \_\_\_\_\_  
(Home/Cell) (Work)

Income Limits: 1. Person: \$36,300 2. People: \$41,500 3 People: \$43,350

How many people are in your household? \_\_\_\_\_

Are you 55 & older or disabled (Yes/ No): \_\_\_\_\_

Do you own your home? (Yes/ No): \_\_\_\_\_

Do you live in a home owned by someone in your family? (Yes/ No): \_\_\_\_\_ If yes please provide proof of ownership.

Do you live within Aroostook County? (Yes/ No): \_\_\_\_\_

Do you have a cat or dog in your home? (Yes/ No): \_\_\_\_\_

### Employment/ Income Information

What is the total income from all members in your household for the year? i.e. (employment wages, social security, disability, etc). Please provide a copy of your total gross income with this application, (bank statements, social security statements, etc). Your income will be verified during the initial interview.

Total: \$ \_\_\_\_\_

Applicants Signature: \_\_\_\_\_  
(Date)