

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

Waiting List Preliminary Application

1. Fill in your correct name and current address and telephone number.

Name: _____

Address: _____

Telephone: _____ Email: _____

2. List of family members who will be residing with you along with age, gender, and Social Security Number.

Name	Relationship	DOB	Gender	SSN

2A. Is there a member of the family who is disabled? If yes please list name (s) below.

3. Please list all sources of income and indicate the GROSS amount.

Name	Type of Income	Gross Amount

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4. Have you ever been subsidized by any HUD program in the past?

If Yes:

a. With which Public Housing Authority: _____

b. Under what program? (Circle one)

- Public Housing
- Section 8 (Voucher Program)
- Section 236
- Other (please specify) _____

c. Have you ever received Mandatory Earned Income Disallowance (MEID) Yes No

5. The following information is required.

Are you homeless? Yes No

If yes please explain why _____

What are you paying for rent? \$ _____ Do you have a lease? Yes NO

How many bedrooms are in your unit? _____

What utilities do you pay? _____

Do you have to give a 30-day notice? _____

How many bedrooms do you need? _____

Circle below where you are interested in applying for:

Public Housing Family

Public Housing Elderly/Disabled

Fields Lane II

The Meadows

Morningview LLC

Cherry Lane

All of the information provided must be verified when your application is processed.

Signature of Applicant _____

Date: _____

Signature of Co- Applicant _____

Date: _____

Signature of other member over 18 _____

Date: _____

Authorization for the Release of Information

<p>Organization Requesting Release of Information</p> <p>Fort Fairfield Housing Authority (FFHA) 18 Fields Lane Fort Fairfield, ME 04742 (207) 476-5771</p> <hr/> <p>Purpose</p> <p>The FFHA may use this authorization and the information obtained with it to administer and enforce program rules and policies</p> <hr/> <p>Authorization</p> <p>I authorize the release of any information (including documentation and other materials) pertinent to eligibility for or participation under any of the following programs</p> <ul style="list-style-type: none"> Low-Income Rental Indian Housing Low-Income Rental Public Housing Rental Assistance Program (RAP) Rent Supplement Section 8 Housing Assistance Payments Program Section 23 and 10 © leased Housing Section 23 Housing Assistance Payments Section 202 Section 221 (d) (3) Below Market Interest Rate Turnkey III Home Ownership Opportunities Program Tax Credit Projects Moderate Income Housing Employment <p>I authorize the above-named organization to obtain information about me or my family that is pertinent to Eligibility for or participation in assisted housing programs. I authorize only the FFHA to obtain information on wages or unemployment from State Employment Securities Agencies</p> <hr/> <p>Signature, Printed Name of _____ Date _____ Adult Member of the Household</p> <p>X</p> <hr/> <p>Original is retained by the requesting organization.</p>	<p><u>Information that may be obtained</u></p> <ul style="list-style-type: none"> Child Care Expenses Credit History Drug/Alcohol Abuse Family Composition Employment, Income, Pensions, and Assets Federal, State, Tribal, or Local Benefits Handicapped Assistance Expenses Identity and Marital Status Medical Expenses Social Security Numbers Residences and Rental History <hr/> <p><u>Individual/Organizations that may Release Information</u></p> <ul style="list-style-type: none"> Banks and Financial Institutions Courts Law Enforcement Agencies Credit Bureaus Employers, Past & Present Land/Tenants Businesses and Individuals Providers of: Alimony Child Care Child Support Credit Handicapped Assistance Medical Care Pensions/Annuities Schools/Colleges U.S. Department of Veteran's Affairs Utility Companies Welfare Agencies <hr/> <p><u>Conditions</u></p> <p>I agree that photocopies of this authorization may be used for the purposes stated above.</p> <p>If I do not sign this authorization, I also understand that my housing assistance may be denied or terminated.</p> <hr/> <p>Signature, Printed Name of Other _____ Adult member of the Household:</p>
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Original is retained by the requesting organization.

THIS STATEMENT OF RELEASE SHALL BE VALID FOR 15 MONTHS

