

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: \$37,700 2. People: \$43,100 3 People: \$48,500

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)