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 application for the Home Modification for Seniors Program (HMS). Please answer all of the questions below to the best of your ability. Completed applications may be submitted via mail or physical drop off at: 18 Fields Lane Fort Fairfield, ME 04742

Full Name:			DC	B. /	/
(First)	(Last)	(Middle Initial)			
Address:			/		
(Street)		(Town)		(State/ Zip	code)
Mailing Address:			/		
(Street)		(Town)		(State/ Zip	code)
Telephone:	Alternat	e Contact:			
9 ' ×		y-	(Name)	7	(Number)
	Employmen	t/Income In:	formation	0 0	
Please provide a copy of ocial security statements. What is the total income for security, Disability, etc.	s, paystubs, etc.	.)	d for the yea	r? Employ	yment, Social
			100	al: \$	
Vhat type of Medical Insu Iainecare	rance do you ca	rry? Please circl	le one		

Mainecare Medicare TRICARE Private insurance Uninsured

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Additional	Intake Questions					
How many people are in your household?						
Household Member	Is this household member disabled?	Age				
1						
	old member information on separate page					
1) Do you live in Aroostook County? YES or	NO					
2) Do you own your home? YES or NO						
	ned by someone in your family? YES or NC)				
You must provide proof of a 3) What type of home do you live in? Pleas						
House Mobile Condo Multi-Family 3a) What year was it built/manufactured?						
4) Have you ever served in the Military?	tureu:	E				
YES or NO						
4a) If yes, which branch?						
5) Do you have pets in your home? YES or I						
6) Have you ever had a home assessment d						
Occupational Therapy Energy Audit	Other					
7) How did you hear about our program?						
Applicant's Signature:	Date:	T:				

If you have any questions or concerns, please contact the Housing Authority at 476-5771