

**INDIAN TOWNSHIP PASSAMAQUODDY HOUSING AUTHORITY
HOUSING APPLICATION**

PERSONAL DATA

Name of Applicant: _____ Phone # _____

Address: _____ Soc. Sec. # _____

Tribal Member: On Reservation _____ Off Reservation _____

Number in Family: _____ over age 61 _____ disabled persons _____

Name	Relationship	D.O.B.	Tribe
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____

INCOME INFORMATION

Must be complete with all sources of income and attached documentation verifying your income or a copy of your most recent Federal Income Tax return.

	Income	Source
Family Head	\$ _____	_____
Spouse	\$ _____	_____
Other Members	\$ _____	_____
Total Gross Income	\$ _____	

ASSET INFORMATION

Do you own a home(s) or real estate? _____ Approximate Value _____

Condition of property: Good _____ Fair _____ Poor _____

Do you own a motor vehicle(s)? _____ Year & Make: _____

GENERAL INFORMATION

Have you previously applied for housing? _____ Have you ever been evicted from any Housing? _____ If yes, why _____

Any expected increase in family members in the next 10 yrs: _____

Desired location of a new home: _____

The housing Authority reserves the right to request additional information if needed to determine or verify eligibility. You will receive written notice of your eligibility. If you are unsatisfied with the decision of the Housing Authority you may request a hearing, within 30 days following receipt of notice of eligibility.

Applicant Signature _____

Date _____