H.O.M.E. INC. HOUSING APPLICATION PERMANENT HOUSING

PO BOX 10 90 SCHOOL HOUSE ROAD ORLAND, ME 04472 207-469-7961

All information is strictly confidential

Date Received:		
Date Interviewed:		
PERSONAL INFORMATION		
Applicant Name:		
Co-Applicant:		
Address:		
Phone:	D.0.B	_ Marital Status: S M D
Employer:	Phone:	
Position:	Length of Employment:	
Starting/Ending Salary:		
Reason for Leaving:		
List 3 former employers & phone num	bers if employed for less than 2 years	
1		
2		
U.S. Citizen: Yes No		
FINANCIAL INFORMATION		
Monthly Income:	Co-Applicant:	
Other Income (SSI, TANF, Alimony, Pe	nsion, Child Support, VA Benefits):	
Total Monthly Income:		
Bank Name and Address:		
Checking: \$	Savings: \$	

OUTSTANDING DEBTS (Include installment payments, car loans, credit cards, hospital bills)
Applicant:
Co-Applicant:
ist all members of household including age and relationship
1.
2
3
4
Are there any children who you are financially responsible for but do not live with you? Yes No
Are you at risk of being displaced from your current residence? Yes No
f yes, when do you have to move?
Why?
Present Housing
_andlord Name and Phone:
Address:
Length of Residence: May we contact your landlord? Yes No
Previous Landlord Name and Phone:
Address:
Length of Residence: May we contact this landlord? Yes No
References: (Names and Phone Numbers)
1.
2
3