

H.O.M.E. INC.
HOUSING APPLICATION
TRANSITIONAL 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.O.B. _____ Marital Status: S M D

Employer: _____ Phone: _____

Position: _____ Length of Employment: _____

Starting/Ending Salary: _____

Reason for Leaving: _____

List 3 former employers & phone numbers if employed for less than 2 years

1. _____
2. _____
3. _____

U.S. Citizen: Yes No

FINANCIAL INFORMATION

Monthly Income: _____ Co-Applicant: _____

Other Income (SSI, TANF, Alimony, Pension, 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: _____

List 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

If yes, when do you have to move? _____

Why? _____

Present Housing

Landlord 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. _____