

# PLANT ASSISTED LIVING ASSOCIATES, INC.

## I N S T R U C T I O N S

PLEASE READ CAREFULLY. INCOMPLETED APPLICATION **WILL NOT BE ACCEPTED.**

1. **COMPLETE ALL AREAS.** If an item does not apply to you, answer “NO” on that question or mark with a “0” if it is a dollar amount line or section.
  - a) All sources of income and assets must be reported for all household members.
2. **SIGNATURES are required** by all adult applicants.
3. **COPIES OF SOCIAL SECURITY CARDS AND PROOF OF AGE** are required for everyone on the application.
4. **RETURN YOUR APPLICATION TO:**

**Plant Assisted Livings Services (PALS)  
One Washington Street  
Bath ME 04530**

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**Your application is being returned because:**

- You did not complete all areas or you did not sign the application.**

**Please return your application along with the information that was missing if you want to be considered for housing.**

One Washington Street \* Bath, ME 04530 \* Office (207) 443-2244 \* Fax (207) 386-8897



**PLANT MEMORIAL HOME  
ONE WASHINGTON STREET  
BATH, MAINE 04530**

**Applicant Questionnaire**

**Household Information**

Starting with Head of Household, list all household members that are applying to live in this apartment with you.

Name First, Middle, Last	Full-Time Student Y/N	Relationship to Head of Household	M/F	Social Security Number	Birth Date Mth/day/yr
<b>Name name</b>		<b>Head</b>			
<b>Current Address</b>	<b>Address bath ME 04530</b>				
<b>Day Time Phone:</b>	<b>Evening Phone: ( ) -</b>				

WHAT SIZE APARTMENT ARE YOU APPLYING FOR?     1BR     STUDIO

- YES     NO    1. Do you, or any member of your household request handicap accessible unit? (special unit design)
- YES     NO    2. Do you expect any additions to the household within the next twelve months?  
 Name and Relationship: \_\_\_\_\_  
 Explanation: \_\_\_\_\_
- YES     NO    3. Is there anyone living with you now who won't be living with you at this property?  
 Name and Relationship: \_\_\_\_\_  
 Explanation: \_\_\_\_\_
- YES     NO    4. Are there any absent household members who under normal conditions would live with you? (For example, a spouse in the military.)  
 Explanation: \_\_\_\_\_
- YES     NO    5. Does your household have or anticipate having any pets other than those used as service animals?  
 Type: \_\_\_\_\_
- YES     NO    6. Have you or anyone else named on this application filed for bankruptcy?  
 Explanation: \_\_\_\_\_
- YES     NO    7. Have you or anyone else named on this application been convicted of a felony?  
 Explanation: \_\_\_\_\_

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YES  NO

8. Have you or anyone else named on this application been evicted from a rental unit of any type including an apartment, home, mobile home or trailer?

Explanation: \_\_\_\_\_

### Housing References

List the past THREE years of housing references. *(If additional space is required, use a separate sheet of paper)*

	Current Landlord's Name/ Address/Phone	Your Address	Own/Rent	Dates
Name:	_____	_____	<input type="checkbox"/> Own	_____ From
Address:	_____	_____	<input type="checkbox"/> Rent	_____ To
	_____	_____		
Phone:	_____			

	Previous Landlord's Name/ Address/Phone	Your Address	Own/Rent	Dates
Name:	_____	_____	<input type="checkbox"/> Own	_____ From
Address:	_____	_____	<input type="checkbox"/> Rent	_____ To
	_____	_____		
Phone:	_____			

Name:	_____	_____	<input type="checkbox"/> Own	_____ From
Address:	_____	_____	<input type="checkbox"/> Rent	_____ To
	_____	_____		
Phone:	_____			

### Personal References

List two personal references that you are not relatives or employed by or affiliated with the Plant Memorial Home.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Relationship \_\_\_\_\_ Years Known \_\_\_\_\_

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Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Relationship \_\_\_\_\_ Years Known \_\_\_\_\_

### Vehicle Identification

List vehicle information for all vehicles that are owned or operated by any household member.

	Tag/License Plate #	State Issued	Make/Model/Year
<b>Vehicle #1</b>	_____	_____	_____
<b>Vehicle #2</b>	_____	_____	_____

### Emergency Contact

List someone in the area that is not already on the application.

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Relationship \_\_\_\_\_ Years Known \_\_\_\_\_

### Income Information

Income is counted for anyone 18 or older (unless legally emancipated). However, if the income is unearned such as a grant or benefit, it is counted for all household members including minors. (such as SSI)

**Include all income anticipated for the next 12 months.  
 Do YOU or ANYONE in your household receive OR expect to receive income from:**

YES     NO    13. Employment wages or salaries? *(include overtime, tips, bonuses, commissions and payments received in cash.)*

Household Member	Name & Address of Company	Amount
_____	_____	_____
_____	_____	_____
_____	_____	_____

YES     NO    14. Self-employment? *(include tips, bonuses, commissions and payments received in cash, Avon, Tupperware, etc.)*

Household Member	Type of Business	Amount
_____	_____	_____
_____	_____	_____
_____	_____	_____

YES     NO    15. Regular pay as a member of the Armed Forces/Military?

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Household Member	Base Name, Address and Branch	Amount
_____	_____	_____
_____	_____	_____
_____	_____	_____

YES  NO

16. Unemployment benefits or workman's compensation?

Household Member	Case Worker	Amount
_____	_____	_____
_____	_____	_____
_____	_____	_____

YES  NO

17. Public Assistance, General Relief, AFDC or Temporary Assistance for Needy Families (TANF)?

Household Member	Case Worker	Amount
_____	_____	_____
_____	_____	_____
_____	_____	_____

YES  NO

18. a) Child Support or Alimony?

*(We must count court-ordered support whether or not it is received unless legal action has been taken to remedy. We must also count support that is not court-ordered, but received directly from payer.)*

Household Member	Case Worker	Amount
_____	_____	_____
_____	_____	_____

b) How is the support received? (Check all that apply)

- Child Support Enforcement Agency      Name of Agency: \_\_\_\_\_
- Court of Law      Name of Court: \_\_\_\_\_
- Directly from individual      Name of Person: \_\_\_\_\_
- Other      Explain: \_\_\_\_\_

YES  NO

c) If support/alimony is court-ordered but not actually received, are you taking legal action to remedy?

Explanation: \_\_\_\_\_

YES  NO

19. Social Security, SSI, or any other payments from Social Security Administration?

Household Member	SSA Office	Amount
_____	_____	_____
_____	_____	_____
_____	_____	_____

YES  NO

20. Regular payments from a pension, retirement benefit, Veterans benefits or annuities?

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Household Member	Source of Benefit and Address	Amount
_____	_____	_____
_____	_____	_____
_____	_____	_____

YES  NO

21. Regular payments from a severance package?

Household Member	Source of Benefit and Address	Amount
_____	_____	_____
_____	_____	_____
_____	_____	_____

YES  NO

22. Regular payments from any type of settlement? (for example, insurance settlements.)

Household Member	Source of Benefit and Address	Amount
_____	_____	_____
_____	_____	_____
_____	_____	_____

YES  NO

23. Regular payments or gifts or payments from anyone outside of household? (*this includes anyone supplementing your income or paying any of your bills*)

Household Member	Source of Benefit and Address	Amount
_____	_____	_____
_____	_____	_____
_____	_____	_____

YES  NO

24. Regular payments from lottery winnings or inheritances?

Household Member	Source of Benefit and Address	Amount
_____	_____	_____
_____	_____	_____
_____	_____	_____

YES  NO

25. Regular payments from rental property or other types of real estate transactions?

Household Member	Source of Benefit and Address	Amount
_____	_____	_____
_____	_____	_____
_____	_____	_____

YES  NO

26. Any other sources of income not listed?

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Household Member	Source of Benefit and Address	Amount
_____	_____	_____
_____	_____	_____
_____	_____	_____

YES  NO 27. Do you or any other household members expect any changes to your income in the next 12 months?

Explanation: \_\_\_\_\_

## Asset Information

Include all assets held and the income derived from the asset. INCLUDE ALL ASSETS HELD BY ALL HOUSEHOLD MEMBERS. (attach additional page if necessary)

**Do YOU or ANYONE in your household have:**

YES  NO 28. Checking or Savings Account?

Household Member	Financial Institute Name and Address	Amount
_____	_____	_____
_____	_____	_____
_____	_____	_____

YES  NO 29. CD's, money market accounts, or treasury bills?

Household Member	Financial Institute Name and Address	Amount
_____	_____	_____
_____	_____	_____
_____	_____	_____

YES  NO 30. Stocks, bonds, mutual funds or securities?

Household Member	Financial Institute Name and Address	Amount
_____	_____	_____
_____	_____	_____
_____	_____	_____

YES  NO 31. Trust Funds?

Household Member	Financial Institute Name and Address	Amount
_____	_____	_____
_____	_____	_____
_____	_____	_____



YES  NO

32. Pensions, IRAs, annuities, Keogh or other retirement accounts?

Household Member	Financial Institute Name and Address	Amount

YES  NO

33. Whole life insurance policy?

Household Member	Insurance Carrier Name and Address	Amount

YES  NO

34. Real estate, rental property, land contracts/contract for deeds or other real estate holdings?  
*(this includes your personal residence, mobile homes, vacant land, farms, vacation homes or commercial property.)*

Household Member	Address of Property	Amount

YES  NO

35. Capital Gains?

Household Member	Address of Property	Amount

YES  NO

36. Personal property held as an investment? *(this includes paintings, coin/stamp collections, artwork, collector or show cars and antiques. This does not include your personal belongings such as your car, furniture, or clothing.)*

Household Member	Description of Property	Amount

YES  NO

37. A safe deposit box?

Household Member	Financial Institute Name and Address	Description/ Amount

YES  NO

38. Have you or any other household members disposed of or given away any asset(s) for LESS than fair market value within the past 2 years?

Household member: \_\_\_\_\_ Amount: \_\_\_\_\_

Explanation: \_\_\_\_\_



## Applicant Status

YES     NO    39. Are you or any other ADULT household members claiming zero income?  
 Household member: \_\_\_\_\_  
 Explanation: \_\_\_\_\_

YES     NO    40. **Will all of the persons the household be or have been full-time students during five calendar months of this year or plan to be in the next calendar year at an educational institution ( other than a correspondence school with regular faculty and students?)**

*If you answered YES, complete the following:*

Are any full-time student(s) married and filing a joint tax return?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Are any student(s) enrolled in a job-training program Receiving assistance under the Job Training Partnership Act?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Are any full-time student(s) a Title IV (AFDC/TANF) recipient?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Are any full-time student(s) a single parent living with his/her minor child who is not a dependent on another's' tax return?	<input type="checkbox"/> YES <input type="checkbox"/> NO

YES     NO    41. Will you or any other ADULT household members require a live-in care attendant to live independently?  
 Name of attendant: \_\_\_\_\_  
 Relationship (if one): \_\_\_\_\_

YES     NO    42. Will your household be receiving Section 8 rental assistance at time of move-in?  
 Name of Agency: \_\_\_\_\_  
 Contact Person: \_\_\_\_\_

YES     NO    43. Will your household be eligible or are you applying to receive Section 8 rental assistance in the next 12 months?  
 Expected Date: \_\_\_\_\_  
 Name of Agency: \_\_\_\_\_  
 Contact Person: \_\_\_\_\_

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## Signature Clause

I understand that management is relying on this information to prove my household's eligibility for the Housing Credit Program. I certify that all information and answers to the above questions are true and complete to the best of my knowledge. I consent to release the necessary information to determine my eligibility. I understand that providing false information or making false statements may be grounds for denial of my application. I also understand that such action may result in criminal penalties.

I authorize my consent to have management verify the information contained in this application for purposes of proving my eligibility for occupancy. I will provide all necessary information including source names, addresses, phone numbers, and account numbers where applicable and any other information required for expediting this process. I understand that my occupancy is contingent on meeting the management's resident selection criteria and the Housing Credit Program requirements.

### All ADULT household members must sign below:

\_\_\_\_\_  
Signature of Head of Household

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of other household member 18 years or older

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of other household member 18 years or older

\_\_\_\_\_  
Date

### \*\*\*For Office Use Only\*\*\*

Date of Interview: \_\_\_\_\_

By: \_\_\_\_\_



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