

**Town of Skowhegan
Rental Housing Application
Tenant Form**

Landlord Name _____

Project Location _____

Applicant Name _____ Birth date _____

Mailing Address _____ Phone # _____

_____ Family Race _____

**Everyone
in
household
should be
listed here
including
applicant**

Name	Family's Social Security #	Age	Elderly	Handicap	Female

Income and Expenses for last 12 months				
	Income		Expenses	
Gross Wages, Salaries	\$		Mortgage, Rent	\$
Spouse's Gross Wages	\$		House Insurance	\$
Unemployment	\$		Property Taxes	\$
Social Security	\$		Maintenance	\$
Social Security Disability	\$		Heat	\$
Support, Alimony	\$		Electric	\$
Pensions, annuities	\$		Gas	\$
Interest, dividends	\$		Water	\$
VA Benefits	\$			
AFDC	\$		Loans	\$
			Other	
General Assistance	\$			\$
Net Income Rental Property	\$			
Other _____	\$			
Total Income	\$		Total Expenses	\$

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Other fixed expenses -Cars, snowmobile, four wheelers, notes, mortgage					
	Loan type	Name of Creditor	Date Incurred	Monthly Payment	Loan Balance
sample	Car Loan	Key Bank	1/1/2013	\$ 125.00	\$ 5,000.00
				\$	\$
				\$	\$
				\$	\$
				\$	\$
				\$	\$

Total Payment \$

	Type	Bank / Agency	Balance / Value
Sample	Savings account	Skowhegan Saving Bank	\$ 500.00
	Savings account		\$
	Checking Account		\$
	Stocks/bonds/investments		\$
	Vehicles (any type)		
	1		\$
	2		\$
		Total Assts	\$

Employment Information

Applicant Employer _____ Years employed _____

Spouse Employer _____ Years employed _____

To the best of my knowledge, the above information is true. I hereby authorize the Economic and Community Development office to do any verification of the information supplied by me (_____) Including verifying credit check, income, and inspect my unit. If my/our financial status changes prior to the property inspection, I /we will notify the office within 72 hours.

Signature of Applicant _____ Date _____

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Applicant

Fill out Name, Social Security Number, Birth date and then sign form. Once the form is filled out, take a copy to all banks you have accounts with and have them fill in the rest. Once that is done, attach completed application and deliver to the Economic and Community Development office.

To Whom It May Concern:

Would you please provide a written statement of the amount of money I have in all accounts with your bank at this time. This information is being used to verify income for a Housing Rehap Loan.

Name (Print)	_____
Social Security Number	_____
Birth Date	_____
Signature	_____
Name of Bank	_____
Bank representative	_____
Amount in Bank Account	\$ _____

**Town of Skowhegan
Rental Housing Application
Tenant Form
Request for Verification of Employment**

One of these forms should be filled out and returned for each member that is working.

The applicant should fill out the first section and then have the employer fill out the second section. Once they have filled out the form then attach to rest of application and return everything to the Economic and Community Development office.

Name _____

Address _____

Social Security # _____

Signature of Applicant _____

Employer

I have applied for a Economic and Community Development Housing Rehab Loan and have stated that I am employed by you. Will you please fill out the following section and sign on the bottom.

Verification

Is applicant employed by you? ___ Yes ___ No

How long has applicant been employed by
You? _____

Present Position _____

Gross Earning _____

Over Period of _____

Earning last 12 months _____

Overtime _____

Commission- Bonus _____

I certify that the above information is true and correct.

Name of Company _____

Signature of Employer _____

Title _____

Date _____

The above information on this form is confidential between the employer, applicant and the Office of Economic and Community Development.

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Name _____

Address _____

Social Security # _____

Signature of Applicant _____

Employer

I have applied for a Economic and Community Development Housing Rehab Loan and have stated that I am employed by you. Will you please fill out the following section and sign on the bottom.

Verification

Is applicant employed by you?	___ Yes ___ No
How long has applicant been employed by You?	_____
Present Position	_____
Gross Earning	_____
Over Period of	_____
Earning last 12 months	_____
Overtime	_____
Commission- Bonus	_____

I certify that the above information is true and correct.

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Date _____

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Social Security Information – Two different options:

- 1) **Call Social Security: 1-866-931-9169, you will need to give them the social security numbers for you and any minors in your household and request that they send you information, to your address, that states how much social security each person receives, if one or all don't receive any social security funds, then you need to request a sheet, again for each person in the household, that states they don't receive any social security. Your spouse, children 18 or over, or other persons living in your household, that are not related to you, will need to call themselves to request the same information.**

- 2) **Written Request: If you do not wish to call then, each person in the household must write and request the information by mail (parents would need to sign the request on behalf of a minor, spouses or other people living within the household that are not related, must sign their own request. You will need to provide a self addressed stamped envelope "again with your mailing address" so that the verified information can be returned to you to supply with your housing application. Please find attached sheets that you can use to request the information, again one for each person that lives with you, even if they are not related. Relatives and spouses can use provide one self addressed stamped envelope. If someone lives with you, that isn't related, they must provide their own self addressed stamped envelope.**

Mailing Address for Social Security:

**Social Security Administration
14 Colby Street
Waterville, ME 04901**

I would like written proof of the amount of social security benefits I currently receive.

DATE: _____

Name: _____

Address: _____

Signature: _____

I would like written proof of the amount of social security benefits I currently receive.

DATE: _____

Name: _____

Address: _____

Signature: _____

I would like written proof of the amount of social security benefits I currently receive.

DATE: _____

Name: _____

Address: _____

Signature: _____

I would like written proof of the amount of social security benefits I currently receive.

DATE: _____

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