Pre-Application

The Pines at Ocean Park LP, Pinewood Manor, Inc.

Office	only:
Name	
Time:	

10 – 20 Manor St., Ocean Park Maine 04063 207- 934-2157 Fax 207- 934-2158 TTY Maine Relay Service 711 www.thepinescommunity.org



Name:		M F	Own or Rent		
Birth date: SSN:		Phone: ()		
Address:	City:		State ZIP Code		
Applicant Gross Income and Assets					
Social Security: \$/month Pension: \$/month Other: \$/month :					
Annuity: Bank accounts, CD's, IRA, etc Total assets \$/all accounts Please list bank(s) name on back of this sheet.					
Co-applicant Information					
T T		elationship	Own or Rent		
Birth date:					
Address City			State: ZIP Code:		
Co-applicant Gross Income and Assets					
Social Security\$/month Pension\$/month Other\$/month					
Annuity \$/month Bank accounts, CD's, IRA, etc Total assets \$/ all accounts Please list bank(s) name on back of this sheet.					
YES NO Do you have a car/truck? Driver License #or State ID # YES NO Do you have a pet? (Dog Cat Other) ONLY ONE ALLOWED YES NO Do you qualify as a tenant? (You must be over the age of 62 or under 62 with a disability.) YES NO Have you /co-applicant been arrested /convicted of a violent drug/alcohol related crime? YES NO Are you/co-applicant registered as a sex offender or State Lifetime sex offender registered in any State? YES NO Are you a citizen of the United States? YES NO Are you currently living in a subsidized apartment? YES NO Was your subsidy ever terminated? YES NO Are you displaced by government or natural disaster or a victim of domestic violence? YES NO Were you ever evicted for a lease violation? YES NO Do you understand that you must report all income and assets? LIST ALL STATES YOU HAVE LIVED IN? Please indicate your apartment choice(s) The Pines at Ocean Park Pinewood Either					
The information on this application is true/accurate to the best of my/our knowledge. I/We agree to submit additional facts as discovered or requested.					
Signature of applicant:		Date:			
Signature of co-applicant:			Date:		