

EXHIBIT A
HOME RETRO PROGRAM
APPLICATION FOR HOMEOWNERS (TENANTS)

To be completed and signed by each Homeowner or Tenant of the property. Questions about the Application should be directed to:

ALPHA ONE
125 Main Street
South Portland, ME 04106
(800) 640-7200

Name of Intake Staff: _____
Telephone of Intake Staff: _____
Email of Intake Staff: _____

I. PROPERTY INFORMATION

Property Street	Property City	Property State	Property Zip
Single Family Home: Yes No	Year Built	_____	
Is this a mobile home? Yes No	If yes, Model and Year?	_____	
Do you own the land? Yes No	Do you reside in Mobile Home Park?	Yes	No
Is your name on Deed? Yes No	Life Estate/Life Lease?	Yes	No
Is any household resident a participant in the Housing Choice Voucher Program (HCV) receiving community based services under DHHS Medicaid waiver programs?		Yes	No

II. APPLICANT INFORMATION

List all Homeowners or Tenants of the property.

APPLICANT	CO-APPLICANT																																										
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List all residents in the household.

1	Date of Birth	Social Security Number
First Name	Last Name	
2	Date of Birth	Social Security Number
First Name	Last Name	
3	Date of Birth	Social Security Number
First Name	Last Name	
4	Date of Birth	Social Security Number
First Name	Last Name	
5	Date of Birth	Social Security Number
First Name	Last Name	

IV. ASSETS

List checking, savings, CD & money market accounts as of the date of this Application.

Name of Financial Institution	Address of Financial Institution	Type of Account	Account Balance

List all stocks, bonds & mutual funds as of the date of this Application.

Name of Investment Firm or Broker	Address of investment Firm or Broker	Type of Investment	Current Value

List All Real Estate as of the date of this Application (including property jointly owned).

Name of Real Estate Owner	Address of Real Estate	Assessed Value	Mortgage Amount

IV. CERTIFICATION

I understand that any misrepresentation or misstatement in this Certification or any other document executed in connection with my grant will entitle Alpha One and the Maine State Housing Authority to deny the grant, revoke the grant, and recapture any grant funds disbursed to me. I consent to the investigation by Alpha One and the Maine State Housing Authority of matters set forth in this certification or in other documents provided in connection with my grant. I will relinquish to Alpha One any detachable equipment installed as part of the work if such equipment is no longer in use and not expected to be used by a disabled member of the household.

Signed by all Homeowners or Tenants of the property.

Signature of Applicant

Date

Signature of Co-Applicant

Date

ALPHA ONE USE ONLY

Alpha One has reviewed this Application and determined it is complete.

Date: _____

Alpha One Representative Signature

Alpha One Representative (print)