

**Islesboro Affordable Property**  
**PO Box 206**  
**Islesboro, ME 04848**  
**207-734-2299**  
[islesboroaffordableproperty@gmail.com](mailto:islesboroaffordableproperty@gmail.com)

**Application**

Applicant Name \_\_\_\_\_

Co-Applicant Name \_\_\_\_\_

Address \_\_\_\_\_

City/Town \_\_\_\_\_

Phone \_\_\_\_\_ Home \_\_\_\_\_ Work \_\_\_\_\_

**Housing and Household Information**

Would you prefer to: Rent \_\_\_\_\_ Own \_\_\_\_\_

How long have you lived in your present location? \_\_\_\_\_

Are you currently at risk of being displaced from your home? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever owned or do you presently own any property? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, explain: \_\_\_\_\_

Total number of people residing in household: \_\_\_\_\_

Please fill in information about each household member including yourself:

	Name	Relationship to you	Age
1)	_____	_____	_____
2)	_____	_____	_____
3)	_____	_____	_____
4)	_____	_____	_____

## Rental Record

Current Landlord \_\_\_\_\_ Phone \_\_\_\_\_  
Landlord's Address \_\_\_\_\_

Dates of Tenancy: From \_\_\_\_\_ To \_\_\_\_\_ Amount of Rent \_\_\_\_\_

Previous Landlord \_\_\_\_\_ Phone \_\_\_\_\_  
Landlord's Address \_\_\_\_\_

Dates of Tenancy: From \_\_\_\_\_ To \_\_\_\_\_ Amount of Rent \_\_\_\_\_

Within the last four years, have you ever been evicted or asked by your landlord to move out of your rented home? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please explain: \_\_\_\_\_

Property Address \_\_\_\_\_  
Landlord's Name, Address, and Phone \_\_\_\_\_

## Employment History

### Applicant

Applicant's Present Employer \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_  
Length of Employment \_\_\_\_\_ Wage/Salary \_\_\_\_\_  
Occupation/Position \_\_\_\_\_

If you have been employed by the above less than two (2) years:

Previous Employer's Name \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_  
Length of Employment \_\_\_\_\_ Wage/Salary \_\_\_\_\_  
Occupation/Position \_\_\_\_\_

Additional Employment \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_  
Length of Employment \_\_\_\_\_ Wage/Salary \_\_\_\_\_  
Occupation/Position \_\_\_\_\_

### Co-Applicant

Co-Applicant's Present Employer \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_  
Length of Employment \_\_\_\_\_ Wage/Salary \_\_\_\_\_  
Occupation/Position \_\_\_\_\_

If co-applicant has been employed by the above for less than two (2) years:

Previous Employer \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_  
Length of Employment \_\_\_\_\_ Wage/Salary \_\_\_\_\_  
Occupation/Position \_\_\_\_\_

Other working member of applicant's household: (Name \_\_\_\_\_)  
Present Employer \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_  
Length of Employment \_\_\_\_\_ Wage/Salary \_\_\_\_\_  
Occupation/Position \_\_\_\_\_

### Income and Assets

Total MONTHLY Income of Household:

Applicant \_\_\_\_\_ \$ \_\_\_\_\_  
Co-Applicant \_\_\_\_\_ \$ \_\_\_\_\_  
Household Member \_\_\_\_\_ \$ \_\_\_\_\_  
SUB-TOTAL \_\_\_\_\_ \$ \_\_\_\_\_  
Other Income (Social Security, Pension, Annuities,  
Interest, etc.) \_\_\_\_\_ \$ \_\_\_\_\_  
Explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Other Earnings (Child Support, Alimony, Second Job, etc.)  
Explain: \_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

TOTAL MONTHLY INCOME: \$ \_\_\_\_\_

List Checking and /or savings accounts, certificates of deposit  
Or any other related monetary assets for the applicant:

Name on Account	Bank	Type of Account	Balance
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

(Attach additional sheet if necessary)

Attach a copy of 1040 (or other) tax return form for the past two (2) years.



## Expenses

Gross MONTHLY Budget for Household:

Rent	\$ _____	Childcare	\$ _____	Car Ins.	\$ _____
Electric	\$ _____	Savings	\$ _____	Health Ins.	\$ _____
Telephone	\$ _____	Recreation	\$ _____	Rental Ins.	\$ _____
Heat	\$ _____	Personal	\$ _____	School Debt	\$ _____
Food	\$ _____	Car Maint.	\$ _____	Other Debts	\$ _____
Medical	\$ _____	Other Costs	\$ _____		

BUDGET TOTAL \$ \_\_\_\_\_

### List Credit Card Debt

Card Company	Balance
_____	_____
_____	_____
_____	_____
_____	_____

(Attach additional sheet if necessary)

List household loans and debts, including installment debt, school loans, car loans.

Name(s) on Account	Owed To	Acct#	Monthly Payment	Unpaid Balance
(A) _____	_____	_____	_____	_____
(B) _____	_____	_____	_____	_____
(C) _____	_____	_____	_____	_____
(D) _____	_____	_____	_____	_____
(E) _____	_____	_____	_____	_____

(Attach additional sheet if necessary)

Have you ever had a home loan or a home improvement loan that resulted in foreclosure, deed in lieu of foreclosure, or judgment? Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes, Property Address \_\_\_\_\_

If Yes, Name and Address of Lender \_\_\_\_\_

Has any household member ever filed bankruptcy or been declared bankrupt? Yes \_\_\_\_\_  
No \_\_\_\_\_

If Yes, explain when, where, and give details: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Personal References and Background Information

List two people, other than relatives, who can give personal references:

Name \_\_\_\_\_ Relationship to Applicant \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship to Applicant \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_

Citizen of U.S.? Yes \_\_\_\_\_ No \_\_\_\_\_

Level of Education \_\_\_\_\_

Are you interested in continuing your education? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you intend to make Islesboro your permanent home? Yes \_\_\_\_\_ No \_\_\_\_\_

Does anyone in your household have special needs or medical problems aggravated by  
your current housing? Yes \_\_\_\_\_ No \_\_\_\_\_

Are there other factors that the Selection Committee should  
consider in reviewing this application?

### **Essay**

Please submit an essay on why you should be selected for the subject property

### Authorization

I/we understand that IAP and/or its agents will be verifying all information included in this application and I/we certify that all statements are true and accurate. I/we hereby authorize IAP and/or its agents to verify information contained in the application. I/we understand that IAP reserves the right to reject any application and that filling out an application, having information verified, participation in an interview does not imply any offer or right to residency in any IAP property.

---

Printed Name	Signature
Date	

---

Printed Name	Signature
Date	

---

For IAP office use only

---

Date/time application received

# **Application Process**

- 1) Application – fill out completely.
- 2) Submit to IAP by deadline.
- 3) Review of Application by IAP's Executive Director.

----- Landlord References

- 4) Qualified Applications passed to IAP Selection Committee
- 5) Interview of Applicant.
- 6) Selection.
- 7) Approval by the Board of Directors.

Revised 4/29/2024



## **Application Summary Sheet**

\_\_\_\_\_ Personal Information

\_\_\_\_\_ Rental Record

\_\_\_\_\_ Employment

\_\_\_\_\_ Financials: Tax Returns for the past two years

\_\_\_\_\_ References

\_\_\_\_\_ Essay

\_\_\_\_\_ Information Release – Signed

\_\_\_\_\_ Resale Formula Contract – Signed ( if purchasing)

Revised 1/29/2016