





One Washington Street  
 Bath, ME 04530  
 Phone: 207.443.2244  
 Fax: 207.386.8897  
[www.planthome.org](http://www.planthome.org)  
[info@planthome.org](mailto:info@planthome.org)

<b>FIRST NAME:</b>		<b>LAST NAME:</b>		
<b>DOB:</b>		<b>SOC. SECURITY #:</b>		
<b>PHONE #:</b>		<b>EMAIL:</b>		
<b>ADDRESS:</b>		<b>POA CONTACT:</b>		
<b>CITY:</b>		<b>POA PHONE:</b>		
<b>STATE:</b>		<b>POA EMAIL:</b>		
<b>ZIP:</b>		<b>UNIT OF INTEREST:</b>	GRAY COTTAGE __ WHITE COTTAGE __	
<b>INCOME</b>	<b>MONTHLY AMT</b>	<b>ASSETS</b>	<b>ACCOUNT #</b>	<b>BALANCE:</b>
<b>SOCIAL SECURITY:</b>		<b>CHECKING/SAVINGS:</b>		
<b>PENSION:</b>		<b>CHECKING/SAVINGS:</b>		
<b>IRA:</b>		<b>CHECKING/SAVINGS:</b>		
<b>ANNUITY:</b>		<b>CD'S:</b>		
<b>WAGES:</b>		<b>STOCKS/BONDS:</b>		
<b>UNEMPLOYMENT:</b>		<b>TRUST FUND:</b>		
<b>AFDC/TANF:</b>		<b>IRA, KEOGH:</b>		
<b>ALIMONY:</b>		<b>PERSONAL PROP.:</b>		
<b>SETTLEMENT/LOTTERY:</b>		<b>SAFE DEPOSIT BOX:</b>		
<b>CHILD SUPPORT:</b>		<b>REAL ESTATE EQUITY:</b>		

Please complete this application in its entirety.  
Incomplete applications cannot be accepted.



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**PLEASE LIST OTHER INCOMES OR ASSETS IN THE SPACE PROVIDED:**

**Landlord / Personal References**

Please indicate who you will be using as a reference.

Reference 1

Name:	Phone #:	Email:
Address:	City:	State/Zip:
Relationship to applicant:		

Reference 2

Name:	Phone #:	Email:
Address:	City:	State/Zip:

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Relationship to applicant:

### **Applicant Certifications**

This application does not obligate the undersigned or the property owner in any way. I understand that it is my responsibility to notify the Plant Memorial Home, in writing, of any changes to the undersigned's application. I understand that incomplete applications may not be processed. Completion of an application is not a guarantee of tenancy. I have provided all necessary information including names, addresses, phone numbers, account numbers, etc. where applicable, and any other information required to expedite the application process.

By signing below, the undersigned confirms an understanding that false statements or information are punishable under federal law. The undersigned understands that false statements or information are grounds for denial of tenancy, termination of housing assistance, and/or termination of tenancy after occupancy.

By signing below, the undersigned hereby certify that the information provided in this application is true, complete, and accurate to the best of our knowledge.

\_\_\_\_\_  
Head of Household Printed Name

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Tenant Printed Name

\_\_\_\_\_  
Co-Tenant Signature

\_\_\_\_\_  
Date

**Please complete this application in its entirety.**  
**Incomplete applications cannot be accepted.**