

Maine Eviction Prevention Program Application – Additional Information (if applicable)

Household Member First		ie, Last Name, a	nd Suffix (Jr., Sr., I	II, etc.)	moid members
Relationship to Applicant					
Social Security Number			Date of Birth		
Ethnicity	Race				Gender
☐ Hispanic or Latino	☐ American Indian o	or Alaska Native	☐ Native Hawaiian	and Other Pacific Islander	☐ Female
☐ Not Hispanic or Latino	☐ Asian		☐ White		☐ Male
☐ Prefer not to answer	☐ Black or African American		☐ Mixed Race		☐ Other
			☐ Prefer not to answer		
Household Member First	Name Middle Nam	e Last Name o	nd Suffix (Ir Sr I	II etc.)	
Trousehold Member Prist	. Ivamic, Middle Ivam	ic, Last Ivallic, a	ina 3umx (j., 3r., 1	11, etc.)	
Relationship to Applicant					
Social Security Number			Date of Birth		
Ethnicity	Race				Gender
☐ Hispanic or Latino	☐ American Indian or Alaska Native		☐ Native Hawaiian and Other Pacific Islander		☐ Female
☐ Not Hispanic or Latino	☐ Asian		☐ White		☐ Male
☐ Prefer not to answer	to answer Black or African American		☐ Mixed Race		☐ Other
			☐ Prefer not to answer		
INCOME INFORMATION	ON			☐ No additional in	icome sources
Please provide the curren	nt income received fo	or all those living	g in your home. Plea	se include documentation of	f each income
source by providing curren	nt pay stubs, tax return,	benefit letter for	the current program	year, etc.	
Name					
Name of Income Source	:				
Gross Amount Earned	l: \$	Weekly	☐ Bi-Weekly	☐ Monthly	
Name					
Name of Income Source	2:				
Gross Amount Earned	l: \$ 🗆	Weekly	☐ Bi-Weekly	☐ Monthly	
Name	:		•	·	
Name of Income Source	e:				
Gross Amount Farned	ı. S	Woolsly	D B: Wooldy	□ Monthly	