

APPLICATION I

MAINE CENTRALIZED SECTION 8/HCV WAITING LIST PRELIMINARY APPLICATION	
p#:	

The Maine Centralized Section 8/HCV Waiting List is a partnership between 20 public housing authorities (PHAs) within the State of Maine which have streamlined their application process for a Section 8 Housing Choice Voucher. Applicants submit one preliminary (pre) application to the Centralized Waiting List system and their application is automatically added to the waiting list for all 20 participating PHAs. Each participating PHA selects participants to their Section 8 Voucher program from the Centralized Waiting List in accordance with their local policy.

### **How to Submit an Application:**

To submit an application by mail or in person please fill out the entire enclosed preapplication, sign it and return it to ONE of the participating PHAs nearest you. Each participating PHA accepts applications via mail or in person during normal business hours. Only ONE application per family will be accepted. Income and other eligibility requirements may be found on our website.

### What to Expect After Submitting Your Application:

After you submit your application you will receive a receipt containing your application number and date submitted to the waiting list. Please keep your application receipt for your records. If you were determined to be ineligible to apply to this waiting list, you will receive a letter explaining why. While on the waiting list, you must submit changes in contact information (address, email, and phone number) household composition, household income, household composition and any other information that may affect your ranking and priority on the waiting list.

## How to Check Your Application Status and Update Your Application:

Participating PHAs cannot give an estimate waiting time or your number on the waiting list. The most important thing that you can do, while you wait is to keep your information updated. If you are unable to access your application online, you can submit a change in your application in person at a participating PHA or by mailing a written change to a participating PHA. You will receive an update request by mail if you have not updated your application for over two years. If you do not respond to any correspondence mailed to you, your application will be removed from the waiting list.

## Submit and Manage Your Application Online:

For a list of participating housing authorities and their contact information, to apply online or edit your application and for more information on the Maine Section 8 Centralized Waiting List please visit:

www.MaineSection8CentralWaitlist.org or www.affordablehousing.com/MaineCWL







## i

## **Application Conditions and Waiting List Preferences**

Your eligibility to apply and preferences on a waiting list are determined based on information you provide on your application. It is important that you accurately answer every question and complete every field so that your application can be added to a waiting list and receive any priority that you are eligible for. For more information about eligibility and preferences please refer to the policy for the program or property you are applying to. Please note that not all waiting lists use preferences to prioritize the waiting list

A reference icon (i) on the application indicates there is more information to refer to on this page:

#### Primary Applicant/ Head-of-Household

The adult member of the family, or emancipated minor, who is the head of the household for purposes of determining income eligibility and rent and who is responsible for ensuring that the family fulfills all its responsibilities.

#### Date of Birth

Used to determine a household member's age and if they are considered a Minor: under 18 years of age; an Adult: at least 18 years of age; or Elderly: at least 62 years of age.

#### Disabled

Any condition or characteristic that renders an individual a person with disabilities (handicaps). A PHA may adopt a preference for admission of families that include a person with disabilities or eligibility for admission is dependent on you or a family member in the household being a person with a disability.

#### Social Security Number/ Alien ID Number

Your Social Security number is used to identify your application and prevent duplicate applications. If you do not have one, you may enter an Alien ID number or request a temporary ID to use in place of a SSN by writing N/A in place of a number. You can update your SSN or Alien ID number later if you receive one.

#### Living in a Permanent Residence

Currently living in unit with a signed/current lease or you own your home.

#### Living in a Shelter or Hotel/Motel

Living in a shelter that provides temporary living arrangements, for example congregate shelters, transitional housing, and hotels and motels paid for by charitable organizations or by a government program.

#### Living in a Temporary Residence or Institution

Temporarily staying with family, friends, faith-based or other social networks or institution, including a hospital, substance abuse or mental health treatment facility, or jail/prison.

#### Living in a Place Not Normally Used for Housing

Spending most nights living in a car, park, abandoned building, bus or train station, airport, camping ground, or any other place that is not normally used for housing.

#### At a Risk of Losing Current Residence/Housing

Your household is at risk of losing primary nighttime residence soon and lack sufficient resources or support networks (family, friends, etc.) to prevent moving into a shelter or into other temporary living arrangements.

#### **Rent and Utilities**

Rent is defined as the actual monthly amount due under a lease or occupancy agreement between a family and current landlord, plus the monthly amount of tenant supplied utilities.

#### **Bedroom Size**

PHA policy that specifies the unit size and number of bedrooms appropriate for different family sizes. Occupancy standards ensure that tenants are treated fairly and consistently and receive adequate housing space.

#### Attending School or a Job Training Program

Enrolled either full-time or part-time at an institution of higher education or is attending an education or training program that is designed to prepare individuals for the job market. Please note that the address of your school or training program may be used to determine residency preference, if applicable.

#### Employment/Earned Income

Earned income includes all gross income from employment, (before taxes). Examples of earned income are: wages; salaries; tips; and other taxable employee compensation. Earned income also includes net earnings from self-employment. Please note that the address of your employer may be used to determine residency preference.

#### Other Income (Non-employment income)

Includes all other non-employment/earned income. Examples of other income are: pensions and annuities, welfare benefits, unemployment compensation, worker's compensation benefits, social security benefits, Disability Insurance Payments, SSA, SSI Federal, SSI State, Child Support, Alimony, Adoption Subsidy Payments, Education Grants, Stipends, Scholarships, Trade Union Benefits, Unemployment, Public Assistance, interest earned from assets, and recurring contributions such as: money someone gives you to pay your bills OR gives you as spending money OR the person uses to pay your bills directly.

#### Co-Applicant/Co-Head of Household

An adult member of the family, or emancipated minor, who is treated the same as a head of the household for purposes of determining income, eligibility, and rent. A Co-Applicant/Co-Head of Household may be the spouse (marriage partner) of the head-of-household or a designated co-head, but not both. A family can have only one co-head (if head-of-household has a spouse, they cannot designate another household member a 'co-head').







# Primary Applicant/ Head-of-Household ③

Name:	
First	May we send text messages to this number? ☐ YES
Email address:	•
Household Members:	
How many people live in your house	ehold?
	usehold require? 🖲
Is there a Co-Applicant/Co-Head o If yes, please write the name of the	f Household? ② TYES NO
•	of each additional household member not including
Please fill out an Additonal Househo	old Member form for each person, including children.
Current Living Situation: Please sel	
Living in a permanent residence	
☐ Living in a shelter or hotel/mote	I.① □Living in a place that is not normally used for housing. ②
Is your household at risk of losing th	ne current residence? ② □ YES □ NO
you do not have a street address, y	currently live or is your primary nighttime residence. If you may provide the city/town, state, and zip code of lease note that your current address may be used to ce, if applicable.
Street	Apartment Number
City	State Zip Code
Mailing Address:	
•	vould like mail sent to a different address you can
give an alternate address to send o	any mail correspondence about your application.
Street	Apartment Number
City	State Zip Code







Rent Payment Information	<u>):</u>		
What is your current mont	hly rent/mortgag	e payment? 🛈 \$	
What is your total monthly	out of pocket co	st for utilities (heat	/electricity)? <a>(************************************</a>
How much of your monthly	y total household	income do you us	e to pay for rent and utilities?
Less than 30%	□ 30%-39%	☐ 40%-49%	☐ 50% or Greater
Emergency Contact (Option			`
You may provide contact the help in resolving any issue providing any special care	s that may arise	during the applica	ition that may be able to attion process or to assist in
Name of contact person:_			
Phone number:		***************************************	
Relationship to applicant:	□ Parent □ Ch	ild 🗆 Sibling 🗀	Other:
	_		
Primary Applicant/ Head-			
Your date of birth (MM/DD)	/YYYY): <b>①</b>		Gender:
Are you disabled? (1) TYE	S 🗆 NO		
Are you a U.S. Citizen? ③ 🗆	YES INO		
If you have a Social Securit	y Number (SSN) y	write it here:①	
If you have an Alien ID Num	nber write it here:	<u>i</u>	
Primary spoken language:			
Primary written language:_			
Primary Applicant/ Head-	of-Household Sc	hool and Job Trair	ning: ③
Are you attending school o	r enrolled in a tro	ining program? 🗆	]YES □NO
If yes, please give informat than one, please add infor	•	• • • • • • • • • • • • • • • • • • • •	programs. If you have more
Are you attending full time ☐ Full time ☐ Part Time	or part time ( <i>a</i> s a	determined by you	r school/training program)?
What level are you currentl ☐ Kindergarten ☐ Eleme ☐ College/University ☐ -	entary(K-6) 🗆 M	iddle(6-8) 🗀 Hig	h(9-12)
School Name:			
School Location:	Street		
City		State	Zip Code







Primary Applicant/ Head-of-Household Income: (2)  Please give information on all of your jobs. If you have more than two jobs, please add the additional job information on a separate page.			
Are you currently employed or have you been hired for a job? TYES NO  If yes, how many jobs do you currently have?			
First Job: Employer name:			
Employer location <u>:</u> City State Zip Code			
Total income before taxes from this job: \$			
Second Job: Employer name:			
Employer location:			
Total income before taxes from this job: \$ \square Monthly \square Annually			
Do you have income from any OTHER sources (not including income from a job for example income from Social Security or Child Support, etc.)? ☐ YES ☐ NO			
Total income from All OTHER sources: \$			
Primary Applicant/ Head of Household Veteran Status:  Have you ever served on active duty in the U. S. armed forces, reserves, or National Guard and, if no longer serving, were discharged under conditions other than dishonorable?  YES NO  If yes, what years did you serve?  Are you a widow/widower (surviving spouse) of a person who served on active duty in the U.S. armed forces, reserves, or National Guard and was discharged under conditions other than dishonorable?  YES NO  If yes, what years did your spouse serve?			
Primary Applicant/ Head-of-Household Race and Ethnicity: This is optional. Asked for HUD reporting purposes.			
Race: White Black or African American Alaska Native or Native America Asian Pacific Islander Other			
Ethnicity:   Hispanic or Latino   Non Hispanic or Latino			







# Additional Household Members (Skip if there are no other household members)

Name:
Relationship to the Head of Household: Spouse Partner Parent Child
☐ Sibling ☐ Foster Child ☐ Live in Aid ☐ Other:
Date of birth (MM/DD/YYYY): ① Gender:
Is this household member disabled? ① 🗆 YES 🗀 NO
Is this household member a U.S. Citizen? ① 🗆 YES 🗀 NO
If they have a Social Security Number (SSN) write it here:①
If they have an Alien ID Number write it here:①
Is this household member the Co-Head of Household? ②YESNO
Additional Household Member School and Job Training: ③
Are they attending school or enrolled in a training program? TYES NO
If yes, please give information on all of their schools/training programs. If they have more
than one, please add information on a separate page.
Are they attending full time or part time?   Full time   Part Time
What level are they currently enrolled in?
□Kindergarten □ Elementary(K-6) □ Middle(6-8) □ High(9-12)
□College/University □Training
School Name:
School Location:
·
Additonal Household Member Income: (If this household member has more than one
job, please add the additional job information on a separate page.)
Is this household member currently employed or have they been hired for a job?
□YES □NO If yes, what is the employer name?
Employer location:
Total income before taxes from this job: \$
Does this household member have income from any OTHER sources? ①YESNO
Total income from All OTHER sources: \$ 🔲 Monthly 🔲 Annually
Additional Household Member Veteran Status:
Have they ever served on active duty in the U.S. armed forces, reserves, or National Guard and, if no longer serving, were they discharged under conditions other than dishonorable?
☐YES ☐NO If yes, what years did they serve?
Are they a widow/widower (surviving spouse) of a person who served on active duty in
the U.S. armed forces, reserves, or National Guard and was discharged under conditions
other than dishonorable? TYES NO If yes, what years did their spouse serve?







## Additonal Household Members (Skip if there are no other household members)

Name:
Relationship to the Head of Household: Spouse Partner Parent Child
☐ Sibling ☐ Foster Child ☐ Live in Aid ☐ Other:
Date of birth (MM/DD/YYYY): (i) Gender:
Is this household member disabled? (1) TYES NO
Is this household member a U.S. Citizen? ② 🗆 YES 🖂 NO
If they have a Social Security Number (SSN) write it here: ①
If they have an Alien ID Number write it here:
Is this household member the Co-Head of Household? ② □ YES □ NO
Additonal Household Member School and Job Training: (2)
Are they attending school or enrolled in a training program? TYES NO
If yes, please give information on all of their schools/training programs. If they have more
than one, please add information on a separate page.
Are they attending full time or part time? 🔲 Full time 🔲 Part Time
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School Name:
School Location:
CHY State Zip Code
Additonal Household Member Income: (i) (If this household member has more than one
job, please add the additional job information on a separate page.)
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☐YES ☐NO If yes, what is the employer name?
Employer location:
Total income before taxes from this job: \$
Does this household member have income from any OTHER sources? ①YESNO
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and, if no longer serving, were they discharged under conditions other than dishonorable?
☐YES ☐NO If yes, what years did they serve?
Are they a widow/widower (surviving spouse) of a person who served on active duty in
the U.S. armed forces, reserves, or National Guard and was discharged under conditions
other than dishonorable? TYES TNO If yes what years did their spouse serve?







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Relationship to the Head of Household: Spouse Partner Parent Child
☐ Sibling ☐ Foster Child ☐ Live in Aid ☐ Other:
Date of birth (MM/DD/YYYY): ① Gender:
Is this household member disabled? ① 🗆 YES 🗀 NO
Is this household member a U.S. Citizen? ① 🗆 YES 🗀 NO
If they have a Social Security Number (SSN) write it here:①
If they have an Alien ID Number write it here:①
Is this household member the Co-Head of Household? ② 🗆 YES 🔲 NO
Additonal Household Member School and Job Training: (i)
Are they attending school or enrolled in a training program? TYES NO
If yes, please give information on all of their schools/training programs. If they have more
than one, please add information on a separate page.
Are they attending full time or part time?
What level are they currently enrolled in?
☐Kindergarten ☐ Elementary(K-6) ☐ Middle(6-8) ☐ High(9-12)
□College/University □Training
School Name:
School Location:
School Location:  City State Zip Code
City State Zip Code
Additonal Household Member Income: (i) (If this household member has more than one
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Additonal Household Member Income: (i) (If this household member has more than one job, please add the additional job information on a separate page.)  Is this household member currently employed or have they been hired for a job?   YES  NO If yes, what is the employer name?
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Additonal Household Member Income: (i) (If this household member has more than one job, please add the additional job information on a separate page.)  Is this household member currently employed or have they been hired for a job?
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Additonal Household Member Income: (i) (If this household member has more than one job, please add the additional job information on a separate page.)  Is this household member currently employed or have they been hired for a job?  YES NO If yes, what is the employer name?  Employer location:  Total income before taxes from this job: \$ Monthly Annually  Does this household member have income from any OTHER sources? (i) YES NO  Total income from All OTHER sources: \$ Monthly Annually
Additonal Household Member Income: (i) (If this household member has more than one job, please add the additional job information on a separate page.)  Is this household member currently employed or have they been hired for a job?  YES NO If yes, what is the employer name?  Employer location:  Total income before taxes from this job: \$   Monthly   Annually   Annually   Monthly   Annually   Annually
Additonal Household Member Income: (i) (If this household member has more than one job, please add the additional job information on a separate page.)  Is this household member currently employed or have they been hired for a job?  WES NO If yes, what is the employer name?  Employer location:  Total income before taxes from this job: \$ Monthly Annually  Does this household member have income from any OTHER sources? (i) YES NO  Total income from All OTHER sources: \$ Monthly Annually  Additional Household Member Veteran Status:  Have they ever served on active duty in the U. S. armed forces, reserves, or National Guard
Additonal Household Member Income: (a) (If this household member has more than one job, please add the additional job information on a separate page.)  Is this household member currently employed or have they been hired for a job?  YES NO If yes, what is the employer name?  Employer location:  Total income before taxes from this job: \$ Monthly Annually  Does this household member have income from any OTHER sources? (a) YES NO  Total income from All OTHER sources: \$ Monthly Annually  Additional Household Member Veteran Status:  Have they ever served on active duty in the U. S. armed forces, reserves, or National Guard and, if no longer serving, were they discharged under conditions other than dishonorable?  YES NO If yes, what years did they serve?  Are they a widow/widower (surviving spouse) of a person who served on active duty in
Additional Household Member Income: (If this household member has more than one job, please add the additional job information on a separate page.)  Is this household member currently employed or have they been hired for a job?  YES NO If yes, what is the employer name?  Employer location:  Total income before taxes from this job: \$ Monthly Annually  Does this household member have income from any OTHER sources?







## **Household Conditions**

Have you or anyone in your household been displaced or is at risk of being displaced from their home due to any of these household conditions?
A Natural Disaster YES NO (Such as a fire or flood, which left your housing unit uninhabitable)  Date of Disaster: Date Displaced or will be Displaced:  Name of Disaster: Location of Disaster:
Action of a Housing Owner YES NO  Forced you to vacate your unit for a reason you were unable to prevent.
Domestic Violence YES NO  Actual or threatened physical violence directed against one or more members of your family by another member of the household which occurred recently or of a continuing nature.
Hate Crimes YES NO  Actual or threatened physical violence or intimidation that is directed against a person or his or her property based on the person's race, color, religion, sex, national origin, handicap, or familial status which occurred recently or is of a continuing nature.
A Government Action YES NO  Activity carried out by an agency of the United States or by any State or local governmental body or agency in connection with code enforcement or a public improvement or development program.
Inaccessibility of a Unit or Severe Medical Emergency YES NO  Household member with mobility, or other impairment that made them unable to use critical elements of the housing unit or is suffering from severe medical emergency, illness, or injury which is life-threatening and has been caused by the lack of suitable housing or the lack of such suitable housing is a substantial impediment to treatment or recovery.
Witness Protection or to Avoid Reprisals YES NO  Household member(s) providing information on criminal activities to a law enforcement agency and based on a threat assessment, a law enforcement agency recommends rehousing your family avoid or minimize a risk of violence against family members to avoid reprisal for providing such information.
Are you or any household member:
Fleeing home due to dangerous conditions TYES NO  Fleeing or attempting to flee domestic violence, dating violence, sexual assault, stalking, or other dangerous or life-threatening conditions that relate to violence against the individual or a family member, including a child.
Living in substandard housing YES NO  Does not provide safe and adequate shelter and endangers the health, safety, or well-being of family; or has one or more critical defects or combination of intermediate defects in sufficient number, in need of considerable repair or rebuilding.
Living in subsidized housing or receiving subsidized rental assistance?   YES NO  If yes, check off which one.  Project-Based (Section 8) Unit Public Housing Unit Low Income Housing Tax Credit (LIHTC) Unit Housing Choice (Section 8) Vouchers Veterans Affairs Supportive Housing (VASH)  Stability through Engagement Program (STEP) Bridging Rental Assistance Program (BRAP)  Shelter Plus Care (S+C) Foster Youth to Independence (FYI) Voucher Other, not listed here  I'm unsure of the type of subsidized housing/assistance
Are you or any household member who is an individual with a disability:
Living in an institution that provides a temporary residence  YES NO Congregate settings populated exclusively or primarily with individuals with disabilities.
At serious risk of moving into an institution that provides a temporary residence  YES NO Experiencing lack of access to supportive services for independent living.
Recently discharged from an institution that provided a temporary residence  YES NO Including a hospital, substance abuse or mental health treatment facility, or jail/prison, where he/she stayed for 90 days or less and was living in an emergency shelter or place not meant for human habitation immediately before entering the institution.







## **Additional Questions**

Do you currently reside at the Tedford Housing Individual or Family Shelter?
Is the head of your household or their spouse retired from working in Waterville, Winslow, Sidney, or Oakland? (The head of household or spouse must be retired and must have been working in Waterville, ME; Winslow, ME; Sidney, ME; or Oakland, ME at the time of retirement.)  YES NO
Has your household been displaced by municipal development in the City of Lewiston, Maine? (A family which will be or has been within the three-year period ending on the date of application, displaced by any low-rent housing project, public slum-clearance project or public redevelopment project, in the City of Lewiston.)  [] YES [] NO
Are you exiting the "First Place Program" for chronically homeless youth? (First Place offers an Enhanced Services curriculum, which offers life skills assessments, workshops in housing independence and life skills, and assistance in working toward housing goals.)  TYES NO
Is there anyone in the household with a disabling condition that has been continuously homeless for a year or more, or had at least four (4) episodes of homelessness in the past three (3) years? (To be considered chronically homeless, a person or family must have been sleeping in a place not meant for human habitation (i.e. living on the streets or in a car, camping, etc) and/or been in an emergency shelter within the area of the Housing Authority during that time.)  YES  NO
Do you qualify for the Foster Youth to Independence (FYI) Initiative? (Youth at least 18 years and not more than 24 years of age (have not reached their 25th birthday) who left foster care, or will leave foster care within 90 days, in accordance with a transition plan described in Section 475(5)(H) of the Social Security Act and are homeless or are at risk of becoming homeless at age 16 or older.)  [YES ] NO
Are you a family of a deceased veteran whose death was service-related? (As determined by the U.S. Veterans Administration.)  YES NO
Do you have at least 50/50 custody of minors in the household? (Dependents that are subject to a joint custody arrangement will be considered a member of the family, if they live with the applicant or participant family 50 percent or more of the time.)  YES  NO
Is any household member pregnant? (Expecting a child within the next 9 months.)
Do you require a special accommodation to participate in the application process?
Does any member of the household require a mobility, vision, or hearing unit?

## Sign and Submit

We are committed to making sure that all of our programs, services and activities are fully accessible to persons regardless of race, color, religion, gender, sexual orientation, national origin, ancestry, age, physical or mental disability, familial status or the receipt of public assistance. If you, or anyone in your family, encounter any type of barrier that prevent you from receiving the full benefit of the Section 8 Housing Choice Voucher Program, please contact a participating housing authority. You can also contact the Fair Housing and Equal Opportunity National toll-free hot line number: 1-800-669-9777.

Applicants may request a "reasonable accommodation" if they or any other family member has a disability when such an accommodation is necessary to afford persons with disabilities an equal opportunity to use and enjoy their housing. Language assistance and other appropriate communication auxiliary aids and services are available upon request. Please call any of the Participating Housing Authorities if you have questions about your rights to accommodation.

Note: Federal regulations prohibit rental assistance to persons other than United States citizens, nationals, or certain categories of eligible non U.S. citizens. Families with some eligible family members may be entitled to prorated housing assistance.

Participating housing authorities may have separate waiting lists for project-based vouchers or other housing programs. Please contact participating housing authorities directly to request information on other housing options that may be available.

Please submit the completed application to the participating Housing Authority NEAREST YOU. Incomplete applications will not be accepted. They will be returned, if possible, for completion. If you have any questions, please contact one of the Participating Housing Authorities or our partners, AffordableHousing.com, at 866-466-7328.

## **Applicant's Certification:**

I understand that this preliminary application is not an offer of housing or housing assistance. I understand that before an offer for housing or housing assistance is offered, I must provide written documentation, upon request, that verifies my circumstances. I understand that it is my responsibility to keep my application current with any changes in contact information, household composition, income or any other information on my preliminary application at all times. I understand that if I do not respond to requests for information or updates, my preliminary application will be removed from the waiting list. I certify that the information I have given in this preliminary application is true and correct to the best of my knowledge and belief. I understand that any false statement or misrepresentation may result in the denial of my preliminary application.

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Signature of Primary Applicant/ Head-of-Household:	
X	Date:
Email (for confirmation):	







Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

### SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING

This form is to be provided to each applicant for federally assisted housing

Instructions: Optional Contact Person or Organization: You have the right by law to include as part of your application for housing, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. You may update, remove, or change the information you provide on this form at any time. You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form.

Applicant Name:			
Mailing Address:			
Telephone No:	Cell Phone No:		
Name of Additional Contact Person or Organization:			
Address:			
Telephone No:	Cell Phone No:		
E-Mail Address (if applicable):			
Relationship to Applicant:			
Reason for Contact: (Check all that apply)			
Emergency Unable to contact you Assist with Application Process Termination of rental assistance Eviction from unit	Late payment of rent Assist with Recertification Proc Change in lease terms Change in house rules Other:	ess	
Commitment of Housing Authority or Owner: If you are apprarise during your tenancy or if you require any services or special issues or in providing any services or special care to you.	roved for housing, this information will I care, we may contact the person or org	be kept as part of your tenant file. If issues ganization you listed to assist in resolving the	
Confidentiality Statement: The information provided on this for applicant or applicable law.	rm is confidential and will not be discle	sed to anyone except as permitted by the	
Legal Notification: Section 644 of the Housing and Community requires each applicant for federally assisted housing to be offer organization. By accepting the applicant's application, the housi requirements of 24 CFR section 5.105, including the prohibition programs on the basis of race, color, religion, national origin, set age discrimination under the Age Discrimination Act of 1975.	ed the option of providing information in ng provider agrees to comply with the n s on discrimination in admission to or p	regarding an additional contact person or non-discrimination and equal opportunity narticipation in federally assisted housing	
Check this box if you choose not to provide the contact	information.		
	Allocation and the second seco		
Signature of Applicant		Date	

The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). The public reporting burden is estimated at 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Section 644 of the Housing and Community Development Act of 1992 (42 U.S.C. 13604) imposed on HUD the obligation to require housing providers participating in HUD's assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend, or person associated with a social, health, advocacy, or similar organization. The objective of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any delivery of services or special care to the tenant and assist with resolving any tenancy issues arising during the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and maintained as confidential information. Providing the information is basic to the operations of the HUD Assisted-Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fraud, waste and mismanagement. In accordance with the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless the collection displays a currently valid OMB control number.

Privacy Statement: Public Law 102-550, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions.

### MAINE CENTRALIZED SECTION 8/HCV WAITING LIST

Housing Data Link of Maine, LLC

### PARTICIPATING HOUSING AUTHORITIES

## Questions? Please contact the participating Housing Authority NEAREST YOU.

Auburn Housing Authority	Maine State Housing Authority		
20 Great Falls Plaza, P.O. Box 3037	353 Water Street		
Auburn, ME 04212-3037	Augusta, ME 04330		
Phone: 207-784-7351	Phone: 207-624-5789 or 1-866-357-4853		
Relay Service: 711	Relay Service: 711		
Augusta Housing Authority	MDI &Ellsworth Housing Authorities		
33 Union Street, Suite 3	80 Mount Desert Street, P.O. Box 28		
Augusta, ME 04330	Bar Harbor, ME 04609		
Phone: 207-626-2357	Phone: 207-288-4770		
Relay Service: 711	Relay Service: 711		
Bangor Housing Authority	The Housing Authority of the City of Old Town		
161 Davis Road	358 Main Street, P.O. Box 404		
Bangor, ME 04401	Old Town, ME 04468		
Phone: 207-942-6365	Phone:207-827-6151		
Relay Service: 711	Relay Service: 711		
Bath Housing Authority	Portland Housing Authority		
80 Congress Avenue	14 Baxter Boulevard		
Bath, ME 04530	Portland, ME 04101		
Phone: 207-443-3116	Phone: 207-773-4753		
Relay Service: 711	TDD: 207-447-2570		
Biddeford Housing Authority	Presque Isle Housing Authority		
22 South Street, P.O. Box 2287	58 Birch Street		
Biddeford, ME 04005	Presque Isle, ME 04769		
Phone: 207-282-6537	Phone: 207-768-8231		
	Relay Service: 711		
Relay Service: 711	Sanford Housing Authority		
Brewer Housing Authority	17 School Street, P.O. Box 1008		
15 Colonial Circle, Suite 1	Sanford, ME 04073		
Brewer, ME 04412	Phone: 207-324-6747		
Phone: 207-989-7890	Relay Service: 711		
V/TDD: 207-989-9810	South Portland Housing Authority		
Brunswick Housing Authority	100 Waterman Drive, Suite 101		
12 Stone Street, P.O. Box A	South Portland, ME 04106		
Brunswick, ME 04011	Phone: 207-773-4140		
Phone: 207-725-8711	= === = ··· · ·		
Relay Service: 711	Relay Service: 711		
Caribou Housing Agency	Waterville Housing Authority		
1 25 High Street	88 Silver Street		
25 High Street			
Caribou, ME 04736	Waterville Maine 04901		
Caribou, ME 04736 Phone: 207-493-4234	Waterville Maine 04901 Phone: 207-873-2155		
Caribou, ME 04736 Phone: 207-493-4234 Relay Service: 711	Waterville Maine 04901 Phone: 207-873-2155 Relay Service: 711		
Caribou, ME 04736 Phone: 207-493-4234 Relay Service: 711 Fort Fairfield Housing Authority	Waterville Maine 04901 Phone: 207-873-2155 Relay Service: 711 Westbrook Housing		
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Caribou, ME 04736 Phone: 207-493-4234 Relay Service: 711 Fort Fairfield Housing Authority 18 Fields Lane Fort Fairfield, ME 04742	Waterville Maine 04901 Phone: 207-873-2155 Relay Service: 711 Westbrook Housing 30 Liza Harmon Drive Westbrook, ME 04092		
Caribou, ME 04736 Phone: 207-493-4234 Relay Service: 711 Fort Fairfield Housing Authority 18 Fields Lane Fort Fairfield, ME 04742 Phone: 207-476-5771	Waterville Maine 04901 Phone: 207-873-2155 Relay Service: 711  Westbrook Housing 30 Liza Harmon Drive Westbrook, ME 04092 Phone: 207-854-9779		
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Caribou, ME 04736 Phone: 207-493-4234 Relay Service: 711 Fort Fairfield Housing Authority 18 Fields Lane Fort Fairfield, ME 04742 Phone: 207-476-5771 Relay Service: 711	Waterville Maine 04901 Phone: 207-873-2155 Relay Service: 711  Westbrook Housing 30 Liza Harmon Drive Westbrook, ME 04092 Phone: 207-854-9779 Relay Service: 711  Van Buren Housing Authority 130 Champlain Street		
Caribou, ME 04736 Phone: 207-493-4234 Relay Service: 711 Fort Fairfield Housing Authority 18 Fields Lane Fort Fairfield, ME 04742 Phone: 207-476-5771 Relay Service: 711 Lewiston Housing Authority	Waterville Maine 04901 Phone: 207-873-2155 Relay Service: 711  Westbrook Housing 30 Liza Harmon Drive Westbrook, ME 04092 Phone: 207-854-9779 Relay Service: 711  Van Buren Housing Authority 130 Champlain Street Van Buren, Maine 04785		
Caribou, ME 04736 Phone: 207-493-4234 Relay Service: 711 Fort Fairfield Housing Authority 18 Fields Lane Fort Fairfield, ME 04742 Phone: 207-476-5771 Relay Service: 711 Lewiston Housing Authority 1 College Street	Waterville Maine 04901 Phone: 207-873-2155 Relay Service: 711  Westbrook Housing 30 Liza Harmon Drive Westbrook, ME 04092 Phone: 207-854-9779 Relay Service: 711  Van Buren Housing Authority 130 Champlain Street		



