



TO: SERVICE PROVIDERS AND ELIGIBLE CONSUMERS

REGARDING: RENTAL ASSISTANCE FOR PEOPLE WITH DISABILITIES

Please share this information with all consumers receiving waiver services as listed below.

MaineHousing now has a limited number of Housing Choice Vouchers (HCV) to help with rent payments.

Do you receive support services in your home or community?

Waiver services that apply to this program are **Section 18, 19, 20, 21 and 29.**

Are you over the age of 18?

You are eligible to apply if your income is at or below our very-low income level.

To learn more about the HCV Program please visit our website at www.mainehousing.org and click on rental assistance.

If you are looking for assistance please contact Maureen Brown at MaineHousing for an application. Phone number 207.626.4695 Email address mbrown@mainehousing.org.

Optional and Supplemental 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.

Check this box if you choose not to provide the contact information.

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)	
<input type="checkbox"/> Emergency	<input type="checkbox"/> Assist with Recertification Process
<input type="checkbox"/> Unable to contact you	<input type="checkbox"/> Change in lease terms
<input type="checkbox"/> Termination of rental assistance	<input type="checkbox"/> Change in house rules
<input type="checkbox"/> Eviction from unit	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Late payment of rent	
Commitment of Housing Authority or Owner: If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.	
Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
Legal Notification: Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.	

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.



APPLICATION FOR SECTION 8 HOUSING CHOICE VOUCHER 811 PRELIMINARY APPLICATION

353 Water Street ♦ Augusta, ME 04330-4633 ATT: M. Brown
Direct: (207) 624-5789 ♦ Voice: 1-866-357-4853 ♦ 711 (Maine Relay) ♦ Fax: 207/624-5713

Equal Access. 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 us. You can also contact the Fair Housing and Equal Opportunity National toll-free hot line number: 1-800-424-8590. Upon request, we will make any reasonable accommodations under our policies and procedures necessary for you and your family to fully utilize our programs or services. Language assistance and other appropriate communication auxiliary aids and services are available, and this application and other program materials will be provided in an alternative language or format upon request.

Legal Name of Head of Household: _____ First: _____ MI: _____ Sex: _____ SSN: _____ DOB: _____ Age: _____
Last: _____

OPTIONAL: Race: White Black American Indian/Alaskan Native Asian/Pacific Islander **OPTIONAL:** Ethnicity: Hispanic Non-Hispanic

For purposes of verifying your participation in waiver services please give us your MaineCare Case # _____

PLEASE NOTE THE FOLLOWING:

- ✓ Incomplete Applications cannot be processed a mailing address is required.
- ✓ Applicants must notify MaineHousing (in writing) of any changes in your address. If we cannot contact you, your name will be removed from the waiting list, and you will have to re-apply to the Program.

Please provide your current address:

Street Address:	City:	State:	Zip:	Phone/Cell:
Mailing Address:	City:	State:	Zip:	Phone/Cell:
Name of Emergency Contact:	City:	State:	Zip:	Phone/Cell:

What other adults will be living in the unit?

Legal Name:	Sex:	Relationship to head:	SSN:	DOB:	Age:	School Name (if applicable):
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Legal Name:	Sex:	Relationship to head:	SSN:	DOB:	Age:	School Name (if applicable):

What minors will be living in the unit?

Legal Name:	Sex:	Relationship to head:	SSN:	DOB:	Age:	School Name:
Legal Name:	Sex:	Relationship to head:	SSN:	DOB:	Age:	School Name:
Legal Name:	Sex:	Relationship to head:	SSN:	DOB:	Age:	School Name:
Legal Name:	Sex:	Relationship to head:	SSN:	DOB:	Age:	School Name:

PLEASE NOTE: All preferences below will be verified at the time housing subsidy is issued.

Do you or your spouse/co-head qualify for any of the following preferences? Please check (✓) those applicable to you:

Yes No I am a United States Military Veteran. If Yes, please check Discharge Type: Honorable General (under honorable conditions) Other than

Honorable Dishonorable Bad Conduct

Yes No I currently live or work in the State of Maine.

Yes No Is Head of Household or Spouse disabled? Head Spouse Co-head

Yes No Are you homeless or at risk of being homeless. Describe below: _____

Housing situation (e.g. living in shelter, about to be evicted, etc) _____

MaineHousing screens all adult household members for drug-related criminal activities, violent criminal activities, sex offenses and sex offender registrations, debts owed to housing agencies, alcohol related crimes and use of illegal drugs including "medical marijuana".

Yes No Have you or anyone in your household been arrested or evicted for drug-related or violent criminal activity within the past 3 years?

Yes No Do you or anyone in your household owe money to a housing authority?

Yes No Have you or anyone in your household ever been required to register as a sex offender in Maine or any other State?

HOUSEHOLD INCOME: Income includes money or contributions from ANY and ALL sources paid to, or on behalf of, a family member. Sources of Income can include:

- ✓ Employment wage income including tips, commissions, profit-sharing programs
- ✓ Self-employment income
- ✓ Income from business you own
- ✓ Unemployment compensation
- ✓ Social Security and Supplemental Social Security Benefits
- ✓ Pensions, retirement accounts
- ✓ Disability Income
- ✓ Alimony
- ✓ Child Support
- ✓ TANF
- ✓ Regular Support from family or friends
- ✓ Educational Grants & Scholarships
- ✓ Savings and Checking Account balances
- ✓ Real Estate you own Stocks, bonds, trusts or other investments
- ✓ Life Insurance Policies
- ✓ Assets sold or given away in the past two years

Using the list of income sources above, please provide the sources and amounts of all income (money) expected for the upcoming 12 months for all family members:

Family Member: _____ Monthly Income \$ _____ Source of Income: _____ Employer Name: _____

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Family Member: _____ Monthly Income \$ _____ Source of Income: _____ Employer Name: _____

Note to Applicant:

Placement on the voucher waiting list based on this initial preliminary application does not ensure eligibility for a voucher. An applicant household that is offered a voucher will be subject to screening for income eligibility, criminal activity, including but not limited to, drug-related criminal activity, violent criminal activity, sex offenses including registration as a sex offender, and other criminal activity related to alcohol abuse and other matters. Depending upon the results of the screening, the applicant and their household members may be denied a voucher. A refusal by applicant or any adult household member to submit a signed consent form allowing MaineHousing to obtain criminal records, and/or sex offender registry information will automatically disqualify the applicant household from participation in the Housing Choice Voucher Program.

Warning:

Title 18, Section 101 of the United States Code states that a Person is guilty of felony for knowingly and willingly making false or fraudulent statements to any Department or Agency of the United States, and shall be fined not more than \$10,000, or imprisoned for not more than 5 years, or both.

I certify that the information given to MaineHousing, regarding my household family members, income, assets, allowances and deductions is accurate and complete to the best of my knowledge and belief. I understand that false statements or information are punishable under Federal Law. I also understand that false statements or information are grounds for termination of housing assistance and termination of tenancy.

Signature of (Head of Household) _____ Date _____

Signature of - Other Adult, Spouse, or Co-Head _____ Date _____