

**SUBSIDIZED HOUSING APPLICATION – LARRABEE VILLAGE**

**A PLACE FOR SENIORS WHO ARE AGE 62 OR OLDER**

Larrabee Village consists of 150 one-bedroom apartments located at 30 Liza Harmon Drive in Westbrook ME. Larrabee Village has a HUD subsidy attached to it, tenants pay 30% of their income towards the rent. Larrabee Village offers amenities such as day trips, housekeeping services, on-site laundry facility, on-site hair salon, all utilities included and much more. Smoking is not permitted in this building. Read the information below to ensure that your application is not returned to you for being incomplete

* Complete this application by printing clearly and signing where indicated.
* You do not need to complete the enclosed VAWA (Violence Against Women) information form. Please tear off the forms where indicated and return the application with the HUD Supplement Form
* You must be at least 62 years of age to apply to live in this building.
* Incomplete or illegible applications will not be processed and will be returned to you.
* If you need assistance completing this application, please call 854-9779 for an appointment. We are open Monday – Friday, 8 AM – 4 PM
* This application is only for subsidized apartments at Larrabee Village. If you are interested in our other properties or want to apply for a Section 8 Housing Choice Voucher you will have to complete separate applications.
* After your application has been processed you will receive a letter in the mail confirming we received it.
* It is important that you keep us updated with any address or telephone changes. If we can’t

contact you when your name comes up on the list, your application will be made inactive.

* When your name nears the top of the list we will need a copy of your social security card, photo ID and birth certificate or immigration paperwork. If you don’t currently have these things you may want to be proactive and get them. YOU DO NOT NEED TO SEND THEM IN WITH THIS APPLICATION. WE WILL NOTIFY YOU WHEN WE NEED THEM.
* Please visit our website at [www.westbrookhousing.org](http://www.westbrookhousing.org) for additional information about Larrabee Village or any of our properties and the Section 8 Housing Choice Voucher Program.
* One small pet is allowable. If you or anyone in your family is a person with disabilities, and you require a specific accommodation in order to fully utilize our programs and services, please contact Mary Bouvier at 854-6822.

**LARRABEE VILLAGE PROJECT BASED VOUCHER APPLICATION**

**DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ TELEPHONE NUMBER:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**ADDRESS:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**MAILING ADDRESS:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**EMAIL ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| --- | --- | --- | --- | --- |
| **NAME** | **SEX** | **DATE OF BIRTH** | **SOCIAL SECURITY NUMBER** | **PLACE OF BIRTH** |
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HOUSEHOLD INCOME: You must list ALL income for ALL household members. Income includes; social security, unemployment, wages, pensions, alimony or any other form of income.

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| --- | --- | --- | --- |
| **NAME** | **INCOME AMOUNT** | **FREQUENCY****(weekly, bi-weekly, monthly)** | **RECEIVED FROM****(Social Security, Pension, etc)** |
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ASSET INFORMATION: List all checking accounts, real estate, life insurance policies, stocks/bonds, 401K’s, etc for all household members.

|  |  |  |  |
| --- | --- | --- | --- |
| **NAME** | **NAME OF BANK/ CREDIT UNION** | **ACCOUNT TYPE (checking, etc)** | **CURRENT BALANCE** |
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Race and Ethnicity – Head of Household only. (Not mandatory, for HUD statistics only)

Check All that Apply: Check one:

🞏 White 🞏 Hispanic or Latino

🞏 Black/African American 🞏 Non-Hispanic or Non-Latino

🞏 Asian

🞏 Native American/Other Pacific Islander 🞏 Nationality \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If you or anyone in your family is a person with disabilities and you require a specific accommodation in order to fully utilize our programs and services, please contact Mary Bouvier at 854-9779.

**WARNING! Title 18, Section 1001 of the US Code states that a person who knowingly and willingly makes false or fraudulent statements to any Department or Agency of the US or the Department of Housing and Urban Development is guilty of a felony.**

By signing this application I understand that any misrepresentation of information or failure to disclose information requested on this application may disqualify me from consideration for admission or participation, in the Housing Choice Voucher Project Based Assistance Program.

I do hereby attest that all the information I provided is true and correct.

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Applicant Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Co-Head/Spouse/Other Adult Signature Date

If you need a translator or an interpreter to assist you in filling out this application, please contact Westbrook Housing at (207) 854-9779.

OMB Control # 2502-0581

Exp. (02/28/2019 )

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 Assist with Recertification Process Unable to contact you Change in lease terms Termination of rental assistance Change in house rules Eviction from unit Other:  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. |

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

**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.

Form **HUD- 92006** (05/09)