



## TAX CREDIT HOUSING APPLICATION

Thank you for choosing Westbrook Housing. Please refer to the list of affordable housing choices on the back page of this application packet to select the property, or properties, to best match your housing needs.

- Complete this application by printing clearly and signing every place indicated.
- Incomplete or unreadable application will be returned unprocessed.
- Use a separate sheet of paper if needed.
- If you need assistance completing this application, please call for an appointment and we will be happy to assist you.
- **SMOKING IS NOT PERMITTED IN OUR BUILDINGS**
- Return completed applications to Westbrook Housing at the address listed below.
- There is a waiting list at all properties.
- Please visit our website at [www.westbrookhousing.org](http://www.westbrookhousing.org) for additional information about our properties.
- If anyone in your household is a person with disabilities who requires accommodation to fully use Westbrook Housing’s programs and services, please call Julie Hatch at (207) 854-6812.
- Questions? Call (207) 854-9779, or email [info@westbrookhousing.org](mailto:info@westbrookhousing.org).





**APPLICANT INFORMATION – Head of Household**

Last Name:		First Name:		MI:	
Social Security Number:	- -	Date of Birth:		Gender:	
Place of Birth:		Email:			
Phone:		Phone:		Previous Names:	
Optional:	Race: <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Other		Optional:	Ethnicity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	

**APPLICANT INFORMATION – Other Adult**

Last Name:		First Name:		MI:	
Social Security Number:	- -	Date of Birth:		Gender:	
Place of Birth:		Email:			
Phone:		Phone:		Previous Names:	
Optional:	Race: <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Other		Optional:	Ethnicity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	

**APPLICANT INFORMATION – Under 18 years of age**

Last Name:		First Name:		MI:	
Social Security Number:	- -	Date of Birth:		Gender:	
Place of Birth:		Previous Names:			
Optional:	Race: <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Other		Optional:	Ethnicity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	

**APPLICANT INFORMATION – Under 18 years of age**

Last Name:		First Name:		MI:	
Social Security Number:	- -	Date of Birth:		Gender:	
Place of Birth:		Previous Names:			
Optional:	Race: <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Other		Optional:	Ethnicity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	



Please use additional applications or blank paper if you need more space for your family.

<p><b>For Office Use Only:</b>                  Completed Application Received: _____ am/pm</p>
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WESTBROOK HOUSING

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## ADDRESS INFORMATION – Current and previous 5 years

<b>Current Address:</b>				
City:		State:		Zip:
Own or Rent?	How long?		Monthly Rent or Mortgage amount?	\$
<b>Current Landlord:</b>				
Phone		City:		State:
<b>Previous Address:</b>				
City:		State:		Zip:
Owned or Rented?	How long?		Monthly Rent or Mortgage amount?	\$
Landlord Name:		Phone:		
<b>Previous Address:</b>				
City:		State:		Zip:
Owned or Rented?	How long?		Monthly Rent or Mortgage amount?	\$
Landlord Name:		Phone:		

## ANIMALS

One small pet (under 20 pounds) per lease is permitted with an additional security deposit of \$300.00. Payment agreements can be arranged, no additional security deposit is required for service animals.

Mill Brook Estates	One cat OR one dog
Malcolm A Noyes	One cat OR one dog

Presumpscot Commons	One cat
Golder Commons	One cat
Spring Crossing	One cat

Do you own a pet?	YES	NO
If YES, what kind?		
Do you own a service/companion animal?	YES	NO
If YES, what kind?		

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**GENERAL INFORMATION**

Do you have a rental subsidy? (Section 8/HCV, BRAP, VASH, etc.)	YES	NO
If YES, what agency provides your subsidy?		
Do you require accessible unit/features?	YES	NO
If YES, what features are required?		

**DISCLOSURES**

Is the Head-of-Household a Full-Time student?	YES	NO
Do you owe money to Westbrook Housing or any other housing agency?	YES	NO
If YES, which agency?		
Have you or anyone in your household been convicted of any criminal activity?	YES	NO
If YES, explain.		
<p><b>Victims of Domestic Violence</b> will not be denied housing if they have a criminal conviction directly related to a domestic violence situation, which includes assault, dating violence, sexual assault, or stalking.</p> <p>Please indicate if this applies to any household member:</p>		
Are you or anyone in your household required to report as a Life-Time Registered Sex Offender in any state?	YES	NO
If YES, explain.		
Have you lived in any building during the last 12 months that was infested with bedbugs?	YES	NO
If YES, address:		
Name and phone number of owner/property manager:		
Have you or anyone in the household lived in any states not listed in the address section of this application?	YES	NO
If YES, who and where?		

**NOTE: If we cannot reach you, we will drop your name from the waiting list. For that reason, when you change your telephone number or address, you must inform us--preferably in writing.**



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**INCOME**

**Include all income anticipated for the next 12 months for you or anyone in your household**

<b>Employment wages or salaries?</b>		YES	NO
<b>Household Member</b>	<b>Source and Address</b>	<b>Monthly Gross Amount</b>	
		\$	
		\$	
<b>Social Security Benefits? (SSA, SSDI, SSI)</b>		YES	NO
<b>Household Member</b>	<b>Source and Address</b>	<b>Monthly Gross Amount</b>	
		\$	
		\$	
<b>Pension?</b>		YES	NO
<b>Household Member</b>	<b>Source and Address</b>	<b>Monthly Gross Amount</b>	
		\$	
<b>Veteran's Benefits</b>		YES	NO
<b>Household Member</b>	<b>Source and Address</b>	<b>Monthly Gross Amount</b>	
		\$	
<b>Unemployment?</b>		YES	NO
<b>Household Member</b>	<b>Source and Address</b>	<b>Monthly Gross Amount</b>	
		\$	
<b>Temporary Assistance for Needy Families (TANF)?</b>		YES	NO
<b>Household Member</b>	<b>Source and Address</b>	<b>Monthly Gross Amount</b>	
		\$	
<b>Interest/dividends?</b>		YES	NO
<b>Household Member</b>	<b>Source and Address</b>	<b>Monthly Gross Amount</b>	
		\$	

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<b>INCOME - Continued</b>				
<b>Regular contributions (cash and non-cash) by someone outside of your household?</b>			YES	NO
<b>Household Member</b>	<b>Source and Address</b>		<b>Monthly Gross Amount</b>	
			\$	
<b>Child Support?</b>			YES	NO
<b>Household Member</b>	<b>Source and Address</b>		<b>Monthly Gross Amount</b>	
			\$	
If <b>NO</b> , are you entitled to receive Child Support?			YES	NO
<b>Alimony?</b>			YES	NO
<b>Household Member</b>	<b>Source and Address</b>		<b>Monthly Gross Amount</b>	
			\$	
If <b>NO</b> , are you entitled to receive Alimony?			YES	NO
<b>Other Income?</b>			YES	NO
<b>Household Member</b>	<b>Source and Address</b>		<b>Monthly Gross Amount</b>	
			\$	
<b>Do you expect any changes in your household income in the next 12-months?</b>			YES	NO
If <b>YES</b> , explain?				
<b>Total Monthly Gross Income</b>			\$	

<b>ASSETS</b>				
<b>Include all assets for you or anyone in your household</b>				
<b>Checking Account?</b>			YES	NO
<b>Household Member</b>	<b>Bank</b>	<b>Interest Rate</b>	<b>Current Balance</b>	
			\$	
			\$	

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**ASSETS - Continued**

<b>Savings Account?</b>			YES	NO
<b>Household Member</b>	<b>Bank</b>	<b>Interest Rate</b>	<b>Current Balance</b>	
			\$	
			\$	
<b>Certificates of Deposit (CD)?</b>			YES	NO
<b>Household Member</b>	<b>Bank</b>	<b>Interest Rate</b>	<b>Current Balance</b>	
			\$	
			\$	
<b>Stocks?</b>			YES	NO
<b>Household Member</b>	<b>Company</b>	<b>Number of Shares</b>	<b>Current Value</b>	
			\$	
			\$	
<b>Mutual Funds/IRA/401K/Keogh?</b>			YES	NO
<b>Household Member</b>	<b>Company</b>	<b>Interest Rate</b>	<b>Current Balance</b>	
			\$	
<b>Savings Bond?</b>			YES	NO
<b>Household Member</b>	<b>Date Issued</b>	<b>Interest Rate</b>	<b>Current Balance</b>	
			\$	
<b>Trust Account?</b>			YES	NO
<b>Household Member</b>	<b>Bank</b>	<b>Interest Rate</b>	<b>Current Balance</b>	
			\$	
<b>Whole Life/Universal Life Insurance Policy?</b>			YES	NO
<b>Household Member</b>	<b>Company</b>	<b>Policy Number</b>	<b>Cash Value</b>	
			\$	

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<b>ASSETS - Continued</b>			
<b>Cash on Hand?</b>		YES	NO
<b>Household Member</b>		<b>Amount</b>	
		\$	
<b>Real Estate?</b>		YES	NO
<b>Household Member</b>	<b>Market Value</b>	<b>Mortgage Balance</b>	
	\$	\$	
<b>Other Assets held for investments? (Jewelry, gems, coins etc.)</b>		YES	NO
<b>Household Member</b>	<b>Asset Description</b>	<b>Market Value</b>	
		\$	
<b>Have you sold or disposed of any property in the last 2 years?</b>		YES	NO
<b>Household Member</b>	<b>Market Value when Sold</b>	<b>Gross Amount Received</b>	
	\$	\$	
<b>Property Description</b>	<b>Date of Transaction</b>	<b>Net Amount Received</b>	
		\$	

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**ALL ADULT APPLICANTS MUST READ AND SIGN**

I do hereby attest that I have answered all the questions on this form truthfully, and understand it is an illegal act to make false statements in order to obtain Federal Housing Assistance, punishable by Federal Law.

I **further** certify that the above information is true to the best of my knowledge. I understand that under Federal Law if I commit fraud by submitting false or incomplete information, I may be evicted from my apartment, required to repay all overpaid rental assistance I received, fined up to \$10,000, imprisoned up to five years, and/or prohibited from receiving future assistance.

I understand that this application does not obligate me to the Manager/Owner in any way. I further understand that the information herein is to be treated as Confidential.

I hereby authorize Westbrook Housing to process this application and verify the information I have provided with the sources necessary to determine my eligibility.

<b>SIGNATURES</b>	
<b>Head of Household</b>	<b>Date</b>
<b>Other Adult</b>	<b>Date</b>
<b>Other Adult</b>	<b>Date</b>
<b>Power of Attorney</b>	<b>Date</b>

SECTION 1001 OF TITLE 18 OF THE UNITED STATES CODE MAKES IT A CRIMINAL OFFENSE TO MAKE WILLFUL FALSE STATEMENTS OF MISREPRESENTATION TO ANY DEPARTMENT OR AGENCY OF THE UNITED STATES GOVERNMENT AS TO ANY MATTER WITHIN ITS JURISDICTION. I FURTHER AUTHORIZE THE HOUSING AUTHORITY OF THE CITY OF WESTBROOK TO VERIFY INCOME, AND CREDIT REFERENCES AS DEEMED NECESSARY BY THE HOUSING AUTHORITY. I ALSO AUTHORIZE THE HOUSING AUTHORITY TO CHECK AND REVIEW POLICE REPORTS AND CRIMINAL RECORDS TOGETHER WITH THE RECORDS OF FEDERAL AND STATE GOVERNMENTAL AGENCIES TO DETERMINE THE APPLICANT'S AND TENANT'S SUITABILITY FOR HOUSING. WE ALSO AUTHORIZE THE HOUSING AUTHORITY TO OBTAIN CREDIT REPORTS AND TO VERIFY PREVIOUS LANDLORD REFERENCES TO DETERMINE SUITABILITY FOR HOUSING AND RENT PAYMENT HISTORY. WE ALSO AUTHORIZE THE HOUSING AUTHORITY TO OBTAIN OTHER SOURCES OF INFORMATION DETERMINED NECESSARY TO VERIFY THE ACCURACY OF THE FOREGOING. PURSUANT TO TITLE 30-A M. R. S. A. § 4706(3), THE DISCLOSURE OF THE FOREGOING INFORMATION AND DATA CONSTITUTES A WAIVER OF THE CONFIDENTIALITY PROVISIONS OF THE MAINE HOUSING AUTHORITIES ACT.



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**WHICH WAITING LIST(S) ARE YOU ELIGIBLE FOR? SELECT A BUILDING AND AN APARTMENT.**

Each building has a waiting list. You must meet the eligibility requirements for the properties you select--age, income, and/or disability status. If you answer YES to columns 1, 2, and 3 then you may select the property/bedroom size in column 4.

1. Do you want:	2. Are you:	3. <b>AND</b> is your annual income before taxes:	4. <b>Circle</b> any apartment(s) you qualify for:		
<b>Affordable Housing</b> <i>Vouchers accepted (HCV/Section 8 BRAP, VASH, etc.)</i>	55+ years	<ul style="list-style-type: none"> <li>\$20,000-\$32,280 (1 person)</li> <li>\$20,000-\$36,900 (2 people)</li> </ul>	<b>Malcolm A. Noyes</b> 290 East Bridge Street	1 bedroom \$725 - \$870	
	55+ years	<ul style="list-style-type: none"> <li>\$20,000-\$32,760 (1 person)</li> <li>\$20,000-\$37,440 (2 people)</li> </ul>	<b>Presumpscot Commons</b> 765 Main Street	1 bedroom \$731 - \$877	
	55+ years	<ul style="list-style-type: none"> <li>\$20,000-\$27,300 (1 person)</li> <li>\$20,000-\$31,200 (2 people)</li> </ul>	<b>Mill Brook Estates</b> 300 East Bridge Street	1 bedroom \$731 - \$875	2 bedroom \$1053-\$1109
	55+ years	<ul style="list-style-type: none"> <li>\$20,000-\$32,520 (1 person)</li> <li>\$20,000-\$37,140 (2 people)</li> </ul>	<b>Spring Crossing</b> 19 Ash Street	1 bedroom \$725 - \$870	
	18+ years	<ul style="list-style-type: none"> <li>\$20,000 minimum</li> <li>Maximum income limits by family size apply</li> </ul>	<b>Golder Commons</b> 6 Lincoln Street	2 bedroom \$827 - \$994	2 bedroom \$870- \$1044

**Utilities:**

- Included at *Presumpscot Commons, Mill Brook Estates, Malcolm A Noyes & Spring Crossing*
- Heat and hot water are included at *Golder Commons, electricity is not included*

**Accessible features available in many apartments. Call Julie Hatch at (207) 854-6812.**

If anyone in your household is a person with disabilities who requires accommodation to fully use Westbrook Housing’s programs and services, please call Julie Hatch at (207) 854-6812.



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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.

<b>Applicant Name:</b>	
<b>Mailing Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>Name of Additional Contact Person or Organization:</b>	
<b>Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>E-Mail Address (if applicable):</b>	
<b>Relationship to Applicant:</b>	
<b>Reason for Contact:</b> (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	
<b>Commitment of Housing Authority or Owner:</b> 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.	
<b>Confidentiality Statement:</b> The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
<b>Legal Notification:</b> 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.

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**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.



## Westbrook Housing<sup>1</sup>

### Notice of Occupancy Rights under the Violence Against Women Act<sup>2</sup>

#### To all Tenants and Applicants

The Violence Against Women Act (VAWA) provides protections for victims of domestic violence, dating violence, sexual assault, or stalking. VAWA protections are not only available to women, but are available equally to all individuals regardless of sex, gender identity, or sexual orientation.<sup>3</sup> The U.S. Department of Housing and Urban Development (HUD) is the Federal agency that oversees that **project-based Section 8** is in compliance with VAWA. This notice explains your rights under VAWA. A HUD-approved certification form is attached to this notice. You can fill out this form to show that you are or have been a victim of domestic violence, dating violence, sexual assault, or stalking, and that you wish to use your rights under VAWA."

#### Protections for Applicants

If you otherwise qualify for assistance under **project-based Section 8**, you cannot be denied admission or denied assistance because you are or have been a victim of domestic violence, dating violence, sexual assault, or stalking.

#### Protections for Tenants

If you are receiving assistance under **project-based Section 8**, you may not be denied assistance, terminated from participation, or be evicted from your rental housing because you are or have been a victim of domestic violence, dating violence, sexual assault, or stalking.

Also, if you or an affiliated individual of yours is or has been the victim of domestic violence, dating violence, sexual assault, or stalking by a member of your household or any guest, you may not be denied rental assistance or occupancy rights under **project-based Section 8** solely on the basis of criminal activity directly relating to that domestic violence, dating violence, sexual assault, or stalking.

Affiliated individual means your spouse, parent, brother, sister, or child, or a person to whom you stand in the place of a parent or guardian (for example, the affiliated individual is in your care, custody, or control); or any individual, tenant, or lawful occupant living in your household.

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<sup>1</sup> The notice uses HP for housing provider but the housing provider should insert its name where HP is used. HUD's program-specific regulations identify the individual or entity responsible for providing the notice of occupancy rights.

<sup>2</sup> Despite the name of this law, VAWA protection is available regardless of sex, gender identity, or sexual orientation.

<sup>3</sup> Housing providers cannot discriminate on the basis of any protected characteristic, including race, color, national origin, religion, sex, familial status, disability, or age. HUD-assisted and HUD-insured housing must be made available to all otherwise eligible individuals regardless of actual or perceived sexual orientation, gender identity, or marital status.

### **Removing the Abuser or Perpetrator from the Household**

HP may divide (bifurcate) your lease in order to evict the individual or terminate the assistance of the individual who has engaged in criminal activity (the abuser or perpetrator) directly relating to domestic violence, dating violence, sexual assault, or stalking.

If HP chooses to remove the abuser or perpetrator, HP may not take away the rights of eligible tenants to the unit or otherwise punish the remaining tenants. If the evicted abuser or perpetrator was the sole tenant to have established eligibility for assistance under the program, HP must allow the tenant who is or has been a victim and other household members to remain in the unit for a period of time, in order to establish eligibility under the program or under another HUD housing program covered by VAWA, or, find alternative housing.

In removing the abuser or perpetrator from the household, HP must follow Federal, State, and local eviction procedures. In order to divide a lease, HP may, but is not required to, ask you for documentation or certification of the incidences of domestic violence, dating violence, sexual assault, or stalking.

### **Moving to Another Unit**

Upon your request, HP may permit you to move to another unit, subject to the availability of other units, and still keep your assistance. In order to approve a request, HP may ask you to provide documentation that you are requesting to move because of an incidence of domestic violence, dating violence, sexual assault, or stalking. If the request is a request for emergency transfer, the housing provider may ask you to submit a written request or fill out a form where you certify that you meet the criteria for an emergency transfer under VAWA. The criteria are:

**(1) You are a victim of domestic violence, dating violence, sexual assault, or stalking.** If your housing provider does not already have documentation that you are a victim of domestic violence, dating violence, sexual assault, or stalking, your housing provider may ask you for such documentation, as described in the documentation section below.

**(2) You expressly request the emergency transfer.** Your housing provider may choose to require that you submit a form, or may accept another written or oral request.

**(3) You reasonably believe you are threatened with imminent harm from further violence if you remain in your current unit.** This means you have a reason to fear that if you do not receive a transfer you would suffer violence in the very near future.

**OR**

**You are a victim of sexual assault and the assault occurred on the premises during the 90-calendar-day period before you request a transfer.** If you are a victim of sexual assault, then in addition to qualifying for an emergency transfer because you reasonably believe you are threatened with imminent harm from further violence if you remain in your unit, you may qualify for an emergency



transfer if the sexual assault occurred on the premises of the property from which you are seeking your transfer, and that assault happened within the 90-calendar-day period before you expressly request the transfer.

HP will keep confidential requests for emergency transfers by victims of domestic violence, dating violence, sexual assault, or stalking, and the location of any move by such victims and their families.

HP's emergency transfer plan provides further information on emergency transfers, and HP must make a copy of its emergency transfer plan available to you if you ask to see it.

### **Documenting You Are or Have Been a Victim of Domestic Violence, Dating Violence, Sexual Assault or Stalking**

HP can, but is not required to, ask you to provide documentation to "certify" that you are or have been a victim of domestic violence, dating violence, sexual assault, or stalking. Such request from HP must be in writing, and HP must give you at least 14 business days (Saturdays, Sundays, and Federal holidays do not count) from the day you receive the request to provide the documentation. HP may, but does not have to, extend the deadline for the submission of documentation upon your request.

You can provide one of the following to HP as documentation. It is your choice which of the following to submit if HP asks you to provide documentation that you are or have been a victim of domestic violence, dating violence, sexual assault, or stalking.

- A complete HUD-approved certification form given to you by HP with this notice, that documents an incident of domestic violence, dating violence, sexual assault, or stalking. The form will ask for your name, the date, time, and location of the incident of domestic violence, dating violence, sexual assault, or stalking, and a description of the incident. The certification form provides for including the name of the abuser or perpetrator if the name of the abuser or perpetrator is known and is safe to provide.
- A record of a Federal, State, tribal, territorial, or local law enforcement agency, court, or administrative agency that documents the incident of domestic violence, dating violence, sexual assault, or stalking. Examples of such records include police reports, protective orders, and restraining orders, among others.
- A statement, which you must sign, along with the signature of an employee, agent, or volunteer of a victim service provider, an attorney, a medical professional or a mental health professional (collectively, "professional") from whom you sought assistance in addressing domestic violence, dating violence, sexual assault, or stalking, or the effects of abuse, and with the professional selected by you attesting under penalty of perjury that he or she believes that the incident or incidents of domestic violence, dating violence, sexual assault, or stalking are grounds for protection.
- Any other statement or evidence that HP has agreed to accept.

If you fail or refuse to provide one of these documents within the 14 business days, HP does not have to provide you with the protections contained in this notice.

If HP receives conflicting evidence that an incident of domestic violence, dating violence, sexual assault, or stalking has been committed (such as certification forms from two or more members of a household each claiming to be a victim and naming one or more of the other petitioning household members as the abuser or perpetrator), HP has the right to request that you provide third-party documentation within thirty 30 calendar days in order to resolve the conflict. If you fail or refuse to provide third-party documentation where there is conflicting evidence, HP does not have to provide you with the protections contained in this notice.

### **Confidentiality**

HP must keep confidential any information you provide related to the exercise of your rights under VAWA, including the fact that you are exercising your rights under VAWA.

HP must not allow any individual administering assistance or other services on behalf of HP (for example, employees and contractors) to have access to confidential information unless for reasons that specifically call for these individuals to have access to this information under applicable Federal, State, or local law.

HP must not enter your information into any shared database or disclose your information to any other entity or individual. HP, however, may disclose the information provided if:

- You give written permission to HP to release the information on a time limited basis.
- HP needs to use the information in an eviction or termination proceeding, such as to evict your abuser or perpetrator or terminate your abuser or perpetrator from assistance under this program.
- A law requires HP or your landlord to release the information.

VAWA does not limit HP's duty to honor court orders about access to or control of the property. This includes orders issued to protect a victim and orders dividing property among household members in cases where a family breaks up.

### **Reasons a Tenant Eligible for Occupancy Rights under VAWA May Be Evicted or Assistance May Be Terminated**

You can be evicted and your assistance can be terminated for serious or repeated lease violations that are not related to domestic violence, dating violence, sexual assault, or stalking committed against you. However, HP cannot hold tenants who have been victims of domestic violence, dating violence, sexual assault, or stalking to a more demanding set of rules than it applies to tenants who have not been victims of domestic violence, dating violence, sexual assault, or stalking.

The protections described in this notice might not apply, and you could be evicted and your assistance terminated, if HP can demonstrate that not evicting you or terminating your assistance would present a real physical danger that:

- 1) Would occur within an immediate time frame, and
- 2) Could result in death or serious bodily harm to other tenants or those who work on the property.

If HP can demonstrate the above, HP should only terminate your assistance or evict you if there are no other actions that could be taken to reduce or eliminate the threat.

### **Other Laws**

VAWA does not replace any Federal, State, or local law that provides greater protection for victims of domestic violence, dating violence, sexual assault, or stalking. You may be entitled to additional housing protections for victims of domestic violence, dating violence, sexual assault, or stalking under other Federal laws, as well as under State and local laws.

### **Non-Compliance with The Requirements of This Notice**

You may report a covered housing provider's violations of these rights and seek additional assistance, if needed, by contacting or filing a complaint with **Westbrook Housing Authority, 30 Liza Harmon Dr., Westbrook, ME 04092 (207) 854-9779.**

### **For Additional Information**

You may view a copy of HUD's final VAWA rule at <https://www.federalregister.gov/documents/2016/11/16/2016-25888/violence-against-women-reauthorization-act-of-2013-implementation-in-hud-housing-programs>. Additionally, HP must make a copy of HUD's VAWA regulations available to you if you ask to see them. For questions regarding VAWA, please contact **Maine State Housing Association, 353 Water Street, Augusta, ME 04330 (866) 357-4853.**

For help regarding an abusive relationship, you may call the National Domestic Violence Hotline at 1-800-799-7233 or, for persons with hearing impairments, 1-800-787-3224 (TTY). You may also contact **Family Crisis Services, P.O. Box 704, Portland, ME 04104 (866)834-HELP.**

For tenants who are or have been victims of stalking seeking help may visit the National Center for Victims of Crime's Stalking Resource Center at <https://www.victimsofcrime.org/our-programs/stalking-resource-center>.

For help regarding sexual assault, you may contact **Sexual Assault Response Services, 550 Forest Ave, Portland, ME 04101 (207)-774-3613.**

Victims of stalking seeking help may contact **Cumberland County Sheriff, 36 County Way, Portland, ME 04102 (207) 774-1444.**

**Attachment:** Certification form HUD-5382

**CERTIFICATION OF  
DOMESTIC VIOLENCE,  
DATING VIOLENCE,  
SEXUAL ASSAULT, OR STALKING,  
AND ALTERNATE DOCUMENTATION**

**U.S. Department of Housing  
and Urban Development**

OMB Approval No. 2577-0286  
Exp. 06/30/2017

**Purpose of Form:** The Violence Against Women Act (“VAWA”) protects applicants, tenants, and program participants in certain HUD programs from being evicted, denied housing assistance, or terminated from housing assistance based on acts of domestic violence, dating violence, sexual assault, or stalking against them. Despite the name of this law, VAWA protection is available to victims of domestic violence, dating violence, sexual assault, and stalking, regardless of sex, gender identity, or sexual orientation.

**Use of This Optional Form:** If you are seeking VAWA protections from your housing provider, your housing provider may give you a written request that asks you to submit documentation about the incident or incidents of domestic violence, dating violence, sexual assault, or stalking.

In response to this request, you or someone on your behalf may complete this optional form and submit it to your housing provider, or you may submit one of the following types of third-party documentation:

- (1) A document signed by you and an employee, agent, or volunteer of a victim service provider, an attorney, or medical professional, or a mental health professional (collectively, “professional”) from whom you have sought assistance relating to domestic violence, dating violence, sexual assault, or stalking, or the effects of abuse. The document must specify, under penalty of perjury, that the professional believes the incident or incidents of domestic violence, dating violence, sexual assault, or stalking occurred and meet the definition of “domestic violence,” “dating violence,” “sexual assault,” or “stalking” in HUD’s regulations at 24 CFR 5.2003.
- (2) A record of a Federal, State, tribal, territorial or local law enforcement agency, court, or administrative agency; or
- (3) At the discretion of the housing provider, a statement or other evidence provided by the applicant or tenant.

**Submission of Documentation:** The time period to submit documentation is 14 business days from the date that you receive a written request from your housing provider asking that you provide documentation of the occurrence of domestic violence, dating violence, sexual assault, or stalking. Your housing provider may, but is not required to, extend the time period to submit the documentation, if you request an extension of the time period. If the requested information is not received within 14 business days of when you received the request for the documentation, or any extension of the date provided by your housing provider, your housing provider does not need to grant you any of the VAWA protections. Distribution or issuance of this form does not serve as a written request for certification.

**Confidentiality:** All information provided to your housing provider concerning the incident(s) of domestic violence, dating violence, sexual assault, or stalking shall be kept confidential and such details shall not be entered into any shared database. Employees of your housing provider are not to have access to these details unless to grant or deny VAWA protections to you, and such employees may not disclose this information to any other entity or individual, except to the extent that disclosure is: (i) consented to by you in writing in a time-limited release; (ii) required for use in an eviction proceeding or hearing regarding termination of assistance; or (iii) otherwise required by applicable law.

**TO BE COMPLETED BY OR ON BEHALF OF THE VICTIM OF DOMESTIC VIOLENCE, DATING VIOLENCE, SEXUAL ASSAULT, OR STALKING**

1. Date the written request is received by victim: \_\_\_\_\_

2. Name of victim: \_\_\_\_\_

3. Your name (if different from victim's): \_\_\_\_\_

4. Name(s) of other family member(s) listed on the lease: \_\_\_\_\_

\_\_\_\_\_

5. Residence of victim: \_\_\_\_\_

6. Name of the accused perpetrator (if known and can be safely disclosed): \_\_\_\_\_

\_\_\_\_\_

7. Relationship of the accused perpetrator to the victim: \_\_\_\_\_

8. Date(s) and times(s) of incident(s) (if known): \_\_\_\_\_

\_\_\_\_\_

10. Location of incident(s): \_\_\_\_\_

In your own words, briefly describe the incident(s):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

This is to certify that the information provided on this form is true and correct to the best of my knowledge and recollection, and that the individual named above in Item 2 is or has been a victim of domestic violence, dating violence, sexual assault, or stalking. I acknowledge that submission of false information could jeopardize program eligibility and could be the basis for denial of admission, termination of assistance, or eviction.

Signature \_\_\_\_\_ Signed on (Date) \_\_\_\_\_

**Public Reporting Burden:** The public reporting burden for this collection of information is estimated to average 1 hour per response. This includes the time for collecting, reviewing, and reporting the data. The information provided is to be used by the housing provider to request certification that the applicant or tenant is a victim of domestic violence, dating violence, sexual assault, or stalking. The information is subject to the confidentiality requirements of VAWA. This agency may not collect this information, and you are not required to complete this form, unless it displays a currently valid Office of Management and Budget control number.