



**The following application is for Westbrook Housing's Project Based Voucher Assistance subsidized apartments. If approved you will pay 30% of monthly gross income for rent. They are located at:**

- **Larrabee Commons** – 27 Liza Harmon Dr., Westbrook ME 04092. Must be 55 or older to be eligible. 38 one-bedroom units, 18 are subsidized. Some are handicap accessible.
- **Larrabee Village** – 30 Liza Harmon Dr., Westbrook ME 04092. Must be 62 or older to be eligible. 150 small handicap accessible one-bedroom subsidized units. Larrabee Village offers optional services including meals, laundry, housekeeping, and an on-site 24-hour Resident Attendant.
- **Larrabee Woods** – 9 Dottie's Way, Westbrook ME 04092. Must be 62 or older or declared disabled to be eligible. 25 one and two-bedroom units, some are handicap accessible.
- **Riverview Terrace** – 21 Knight St, Westbrook ME 04092. Must be 62 or older or declared disabled to be eligible. 58 efficiency and one-bedroom units, some are handicap accessible.
- **Robert L. Harnois Apartments**- 70 Ruth Hunton Ct., Westbrook ME 04092. Must be 62 or older to be eligible. 61 one-bedroom subsidized units. Some are handicap accessible.
- **Lewis H. Emery Apartments**- 67 Ruth Hunton Ct., Westbrook ME 04092. Must be 55 or older to be eligible. 30 one-bedroom units, 20 are subsidized. Some are handicap accessible.

All properties are **NON SMOKING** and offer amenities such as housekeeping, day trips, on-site laundry and common room access. One small cat or dog is allowed with a \$300 refundable pet deposit. While residing in one of the above apartments you will pay approximately 30% of your income towards the rent.

Larrabee Woods and Riverview Terrace both offer a preference for the following:

- **Homeless – Applicants who are homeless and who live or work in Westbrook. See reverse side of this document for Westbrook Housing's homeless preference.**
- All Project Based Voucher apartments offer a preference for those who live or work within Westbrook Housing's jurisdiction.
- Complete this application by filling it out completely and signing where indicated. An incomplete application will be returned to you, which could delay the process.
- After your application has been processed you will receive a letter in the mail confirming it was received.
- Maximum Income limits are as follows:
  - Larrabee Commons family of one \$ 46,920 and family of two \$53,640 (Lower for subsidy).
  - Larrabee Village family of one \$39,100 and a family of two \$44,700.
  - Larrabee Woods and Riverview Terrace family of one \$39,100 and family of two \$44,700.
  - Robert L. Harnois family of one \$39,100 and a family of two \$44,700.
  - Lewis H. Emery family of one \$49,920 and a family of two \$59,640 (Lower for subsidy).
- If you need assistance completing this application, please call 854-9779.



- If you are interested in our other properties or want to apply for a Housing Choice Voucher you will have to complete a separate application. They are available in our office or on our website at [www.westbrookhousing.org](http://www.westbrookhousing.org)
- **It is extremely important that you keep us updated with any address or telephone changes.** If we are unable to contact you when your name comes to the top of the waiting list, your application will be made inactive.
- When your name nears the top of the waiting list, we will need more information from you. This will include copies of birth certificates or immigration paperwork, social security cards, proof of income, assets and a photo ID. If you don't currently have these items you may want to be proactive and get them. Please do not send them in with this application. We will notify you when we need them.

### **DEFINITION OF HOMELESS:**

**Westbrook Housing's definition of homeless is for applicants who live or work in Westbrook and are aged 55 or older.**

- People who are living in a place not meant for human habitation, in emergency shelter, in transitional housing, or are exiting an institution where they temporarily resided.
- People will be considered homeless if they are exiting an institution where they resided for up to 90 days and were in shelter or a place not meant for human habitation immediately prior to entering that institution.
- People who are losing their primary nighttime residence, which may include a motel or hotel or a doubling up situation, within 14 days and lack resources or support networks to remain in housing.
- People who are fleeing or attempting to flee domestic violence, have no other residence, and lack the resources or support networks to obtain other permanent housing.
- A "homeless family" does not include any person imprisoned or otherwise detained pursuant to an Act of Congress or a State law.
- A caseworker, law enforcement personnel, clergy, municipal employee or other qualified professional will be asked to certify that the applicant is homeless as defined above.



**APPLICATION FOR: LARRABEE COMMONS (DR. ARTHUR O. BERRY), LARRABEE VILLAGE,  
LARRABEE WOODS, RIVERVIEW TERRACE, ROBERT L. HARNOIS, LEWIS H. EMERY**

**DATE:** \_\_\_\_\_ **PHONE NUMBER:** \_\_\_\_\_

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

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

**Please check if the following apply:**

- ☐ Homeless  
☐ Veteran  
☐ Would benefit from accessibility features in the apartment  
☐ Victim of Domestic Violence  
☐ Has or on ☐ a Waitlist for Public Housing or a Rental Subsidy (Section 8/HCV, BRAP, VASH) Please check which one applies

***Please check the waiting lists you want to be placed on. You may select more than one.***

<input type="checkbox"/> Larrabee Commons (aka Dr. Arthur O. Berry) One bedroom, have walk in showers, some are handicap accessible. You must be age 55 or older to qualify for this property.
<input type="checkbox"/> Larrabee Village One bedroom, all units are handicap accessible. You must be age 62 or older to qualify for this property. Meals and some services available.
<input type="checkbox"/> Larrabee Woods <input type="checkbox"/> One Bedroom <input type="checkbox"/> Two Bedroom <input type="checkbox"/> Handicap Accessible Unit You must be age 62 or older or declared disabled to qualify for this property
<input type="checkbox"/> Riverview Terrace <input type="checkbox"/> Efficiency <input type="checkbox"/> One Bedroom <input type="checkbox"/> Handicap Accessible Unit You must be age 62 or older or declared disabled to qualify for this property.
<input type="checkbox"/> Robert L. Harnois One bedroom, all units have walk in showers, some are handicap accessible. You must be age 62 or older to qualify for this property.
<input type="checkbox"/> Lewis H. Emery One bedroom, all units have walk in showers, some are handicap accessible. You must be age 55 or older to qualify for this property.

NAME	SEX	DATE OF BIRTH	SOCIAL SECURITY NUMBER	PLACE OF BIRTH

**HOUSEHOLD INCOME:** You must list ALL income for ALL household members, including yourself. Income includes; social security, unemployment, wages, pensions, alimony or any other form of income.

NAME	SOURCE	AMOUNT	FREQUENCY

**ASSET INFORMATION:** List all checking accounts, real estate, life insurance policies, stocks/bonds, 401K's, etc. for all household members, including yourself.

NAME	NAME OF BANK/ CREDIT UNION	ACCOUNT TYPE (checking, etc.)	CURRENT BALANCE

How did you hear about Westbrook Housing? \_\_\_\_\_

Current Landlord: Name \_\_\_\_\_  
Address \_\_\_\_\_  
Telephone \_\_\_\_\_  
Date you moved in: \_\_\_\_\_

Previous Landlord(s)

(last five years): Name \_\_\_\_\_  
Address \_\_\_\_\_  
Phone & email \_\_\_\_\_  
Dates you lived there: \_\_\_\_\_

Do you own a pet? If yes, what type? \_\_\_\_\_

Do you owe money to this housing authority or any other property management company? YES NO

If yes, name of agency/company: \_\_\_\_\_

Have you or anyone in your household been convicted of any criminal activity? YES NO

If yes, explain: \_\_\_\_\_

Are you or anyone in your household using or manufacturing an illegal substance? YES NO

Are you or anyone in your household required to register as a Life-Time Registered Sex-Offender?  
YES NO

If yes, explain: \_\_\_\_\_



Are you a Full Time Student?

YES NO

**Bed Bug Disclosure**

Have any premises that you have lived in during the last 12 months had bed bugs?

YES NO

If yes, for each property, please state the address of the premises and the name and telephone number of the landlord: \_\_\_\_\_

Race and Ethnicity – Head of Household only. (Not mandatory, for HUD statistics only)

Check All that Apply:

Check one:

- ☐ White  
☐ Black/African American  
☐ Asian  
☐ Native American/Other Pacific Islander

- ☐ Hispanic or Latino  
☐ Non-Hispanic or Non-Latino  
☐ Language \_\_\_\_\_  
☐ 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 Westbrook Housing 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 all Westbrook Housing programs.

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. This includes authorizing Westbrook Housing to check and review police reports and criminal records together with the records of federal and state governmental agencies to determine the applicant's suitability for housing. I also authorize Westbrook Housing to obtain credit reports and to verify previous landlord references to determine suitability for housing and rent payment history. I also authorize Westbrook Housing to obtain other sources of information determined necessary to verify the accuracy of the foregoing. Pursuant to title 30-AM. 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.

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

Applicant Signature

Date



Subsidized Apartment Application    Rev 12/6/2022

Co-Head/Spouse/Other Adult Signature

Date



Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants  
**MUST COMPLETE OR CHECK BOX**  
**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.	
<input type="checkbox"/> <b>Check this box if you choose not to provide the contact information.</b>	

**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.