



**March 16, 2023 to March 29, 2023 ONLY**

**Schoolhouse Commons  
Application Insert for Three Bedroom Wait List**

**About Schoolhouse Commons**

- 87 Bridge Street in Westbrook
- Non Smoking Project-based /Section 8 building
- Two- and three-bedroom townhouses, assigned parking, on-site laundry, and professional on-call maintenance

**Rent** is 30% of income, heat included. Electricity paid by resident. Income maximums by family size apply.

**Maximum Incomes by Family Size**

If your household # is:	Then you may qualify if your family’s annual income is less than:
2 people	\$44,700
3 people	\$50,300
4 people	\$55,850
5 people	\$60,350
6 people	\$64,800

**How to Apply to the Schoolhouse Commons Waiting List**

1. Complete and sign Westbrook Housing’s “Application for Schoolhouse Commons.”
2. Return the completed application to [breul@westbrookhousing.org](mailto:breul@westbrookhousing.org) or mail/drop off to: Westbrook Housing, **30 Liza Harmon Dr. Westbrook ME 04092**. There is a drop box outside our main door if we are closed. We are open 8-4 Monday-Friday and are available by phone at **854-6832**.
3. **Please note:** All Household members **MUST PROVIDE** us with any one of the following documents per family member. Birth Certificate(s) as Proof of Citizenship, Immigrant Status I94, Permanent Residence Card, or Work Authorization Card.

**APPLICATIONS RECEIVED AFTER MARCH 29, 2023 WILL BE RETURNED.**





## SCHOOLHOUSE COMMONS APPLICATION

**Thank you for your interest in Westbrook Housing!**

- Complete this application by printing clearly and signing every place indicated.
- Incomplete applications will be returned to you unprocessed.
- Use a separate sheet of paper if needed for additional household information.
- This project has off street parking.
- 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 or by emailing it to [breul@westbrookhousing.org](mailto:breul@westbrookhousing.org) or mailing it to 30 Liza Harmon Drive, Westbrook, ME 04092.
- You can hand deliver it to our main office at 30 Liza Harmon Drive, Westbrook, ME 04092. We are open Monday – Friday 8:00 am – 4:00 pm. There is also a mail box drop box located outside of the office door for drop off outside of these hours.
- Please visit our website at [www.westbrookhousing.org](http://www.westbrookhousing.org) for additional information about our properties.

# SCHOOLHOUSE COMMONS APPLICATION

**TOTAL NUMBER OF PEOPLE WHO WILL LIVE IN THE UNIT (INCLUDING YOURSELF):** \_\_\_\_\_

<i>Number of Adults:</i>	<i>Number of children under the age of 18:</i> _____ # of Females under 18 _____ # of Males under 18
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**HEAD OF HOUSEHOLD INFORMATION:**

<i>First Name:</i>		<i>Last Name:</i>		<i>Suffix (Sr, Jr)</i>
<i>Date of Birth</i>	<i>Gender:</i> MALE    FEMALE		<i>Social Security Number:</i>	
<i>Physical/Home Address</i>			<i>Unit/Apartment #</i>	
<i>City/Town</i>		<i>State</i>	<i>Zip Code</i>	
<i>Mailing Address (including City/Town, State and Zip Code)</i>				
<i>Phone Numbers:</i>		<i>Email Address:</i>		

**SPOUSE/OTHER ADULT HOUSEHOLD MEMBER INFORMATION:**

<i>First Name:</i>		<i>Last Name:</i>		<i>Suffix (Sr, Jr)</i>
<i>Date of Birth:</i>	<i>Gender:</i> MALE    FEMALE		<i>Social Security Number:</i>	

**DEPENDENT INFORMATION:**

<i>First Name:</i>		<i>Last Name:</i>		<i>Suffix (Sr, Jr)</i>
<i>Date of Birth:</i>	<i>Gender:</i> MALE    FEMALE		<i>Social Security Number:</i>	

**DEPENDENT INFORMATION:**

<i>First Name:</i>		<i>Last Name:</i>		<i>Suffix (Sr, Jr)</i>
<i>Date of Birth:</i>	<i>Gender:</i> MALE    FEMALE		<i>Social Security Number:</i>	

**DEPENDENT INFORMATION:**

<i>First Name:</i>		<i>Last Name:</i>		<i>Suffix (Sr, Jr)</i>
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<i>Date of Birth:</i>	<i>Gender:</i> MALE      FEMALE	<i>Social Security Number:</i>
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**GROSS ANNUAL HOUSEHOLD INCOME FOR ALL ADULT FAMILY MEMBERS (Before any taxes/deductions):**

<i>Income from employment:</i> _____
<i>Income from other sources:</i> _____

Is the Head-of-Household a Full-Time student?	YES	NO
Do you owe money to Westbrook Housing, or any other housing agency or private landlord?	YES	NO
If YES, which agency?		
Have you or anyone in your household been convicted of any criminal activity?	YES	NO
If YES, explain.		
If you or a member of your family has been the victim of domestic violence, dating violence, sexual assault or stalking, you cannot be denied admission, denied assistance, terminated from participation in, or evicted from housing on the basis or as a direct result of being a victim of domestic violence.		
Please indicate if you or a member of your household has been a victim of domestic violence: ___Yes ___No		
Has anyone in the household over 18 years of age lived in any other states besides Maine? YES      NO		
If so please list which states:		

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

Check all that apply:

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

Check one:

- Hispanic or Latino
- Non-Hispanic or Non-Latino
- Language \_\_\_\_\_
- Nationality \_\_\_\_\_

**LANDLORD HISTORY OF ALL HOUSEHOLD MEMBERS 18 OVER FOR THE PAST FIVE YEARS**

Household Member	State	Dates Lived There	Landlords Name, Address and Phone Number

**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.

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.

*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.*

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

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Applicant Signature

Date

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Co-Head/Spouse/Other Adult Signature

Date



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.

Form HUD- 92006 (05/09)