



**MAINE
CENTRALIZED SECTION 8/HCV WAITING LIST
PRELIMINARY APPLICATION**

APPLICATION ID #: ---

The Maine Centralized Section 8/HCV Waiting List is a partnership between 20 public housing authorities (PHAs) within the State of Maine which have streamlined their application process for a Section 8 Housing Choice Voucher. Applicants submit one preliminary (pre) application to the Centralized Waiting List system and their application is automatically added to the waiting list for all 20 participating PHAs. Each participating PHA selects participants to their Section 8 Voucher program from the Centralized Waiting List in accordance with their local policy.

How to Submit an Application:

To submit an application by mail or in person please fill out the entire enclosed pre-application, sign it and return it to ONE of the participating PHAs nearest you. Each participating PHA accepts applications via mail or in person during normal business hours. Only ONE application per family will be accepted. Income and other eligibility requirements may be found on our website.

What to Expect After Submitting Your Application:

After you submit your application you will receive a receipt containing your application number and date submitted to the waiting list. Please keep your application receipt for your records. If you were determined to be ineligible to apply to this waiting list, you will receive a letter explaining why. While on the waiting list, you must submit changes in contact information (address, email, and phone number) household composition, household income, household composition and any other information that may affect your ranking and priority on the waiting list.

How to Check Your Application Status and Update Your Application:

Participating PHAs cannot give an estimate waiting time or your number on the waiting list. The most important thing that you can do, while you wait is to keep your information updated. If you are unable to access your application online, you can submit a change in your application in person at a participating PHA or by mailing a written change to a participating PHA. You will receive an update request by mail if you have not updated your application for over two years. If you do not respond to any correspondence mailed to you, your application will be removed from the waiting list.

Submit and Manage Your Application Online:


For a list of participating housing authorities and their contact information, to apply online or edit your application and for more information on the Maine Section 8 Centralized Waiting List please visit:

www.MaineSection8CentralWaitlist.org or www.affordablehousing.com/MaineCWL



Application Conditions and Waiting List Preferences

Your eligibility to apply and preferences on a waiting list are determined based on information you provide on your application. It is important that you accurately answer every question and complete every field so that your application can be added to a waiting list and receive any priority that you are eligible for. For more information about eligibility and preferences please refer to the policy for the program or property you are applying to. Please note that not all waiting lists use preferences to prioritize the waiting list

A reference icon () on the application indicates there is more information to refer to on this page:

Primary Applicant/ Head-of-Household

The adult member of the family, or emancipated minor, who is the head of the household for purposes of determining income eligibility and rent and who is responsible for ensuring that the family fulfills all its responsibilities.

Date of Birth

Used to determine a household member's age and if they are considered a Minor: under 18 years of age; an Adult: at least 18 years of age; or Elderly: at least 62 years of age.

Disabled

Any condition or characteristic that renders an individual a person with disabilities (handicaps). A PHA may adopt a preference for admission of families that include a person with disabilities or eligibility for admission is dependent on you or a family member in the household being a person with a disability.

Social Security Number/ Alien ID Number

Your Social Security number is used to identify your application and prevent duplicate applications. If you do not have one, you may enter an Alien ID number or request a temporary ID to use in place of a SSN by writing N/A in place of a number. You can update your SSN or Alien ID number later if you receive one.

Living in a Permanent Residence

Currently living in unit with a signed/current lease or you own your home.

Living in a Shelter or Hotel/Motel

Living in a shelter that provides temporary living arrangements, for example congregate shelters, transitional housing, and hotels and motels paid for by charitable organizations or by a government program.

Living in a Temporary Residence or Institution

Temporarily staying with family, friends, faith-based or other social networks or institution, including a hospital, substance abuse or mental health treatment facility, or jail/prison.

Living in a Place Not Normally Used for Housing

Spending most nights living in a car, park, abandoned building, bus or train station, airport, camping ground, or any other place that is not normally used for housing.

At a Risk of Losing Current Residence/Housing

Your household is at risk of losing primary nighttime residence soon and lack sufficient resources or support networks (family, friends, etc.) to prevent moving into a shelter or into other temporary living arrangements.

Rent and Utilities

Rent is defined as the actual monthly amount due under a lease or occupancy agreement between a family and current landlord, plus the monthly amount of tenant supplied utilities.

Bedroom Size

PHA policy that specifies the unit size and number of bedrooms appropriate for different family sizes. Occupancy standards ensure that tenants are treated fairly and consistently and receive adequate housing space.

Attending School or a Job Training Program

Enrolled either full-time or part-time at an institution of higher education or is attending an education or training program that is designed to prepare individuals for the job market. Please note that the address of your school or training program may be used to determine residency preference, if applicable.

Employment/Earned Income

Earned income includes all gross income from employment, (before taxes). Examples of earned income are: wages; salaries; tips; and other taxable employee compensation. Earned income also includes net earnings from self-employment. Please note that the address of your employer may be used to determine residency preference.

Other Income (Non-employment income)

Includes all other non-employment/earned income. Examples of other income are: pensions and annuities, welfare benefits, unemployment compensation, worker's compensation benefits, social security benefits, Disability Insurance Payments, SSA, SSI Federal, SSI State, Child Support, Alimony, Adoption Subsidy Payments, Education Grants, Stipends, Scholarships, Trade Union Benefits, Unemployment, Public Assistance, interest earned from assets, and recurring contributions such as: money someone gives you to pay your bills OR gives you as spending money OR the person uses to pay your bills directly.

Co-Applicant/Co-Head of Household

An adult member of the family, or emancipated minor, who is treated the same as a head of the household for purposes of determining income, eligibility, and rent. A Co-Applicant/Co-Head of Household may be the spouse (marriage partner) of the head-of-household or a designated co-head, but not both. A family can have only one co-head (if head-of-household has a spouse, they cannot designate another household member a 'co-head').



Primary Applicant/ Head-of-Household ⓘ

Name: _____
First Middle Last
Phone: _____ May we send text messages to this number? ☐ YES
Email address: _____

Household Members:

How many people live in your household? _____

How many bedrooms does your household require? ⓘ _____

Is there a Co-Applicant/Co-Head of Household? ⓘ ☐ YES ☐ NO

If yes, please write the name of the Co-Applicant: _____

Please give the first and last name of each additional household member not including yourself and the Co-Applicant: _____

Please fill out an Additonal Household Member form for each person, including children.

Current Living Situation: Please select one.

- ☐ Living in a permanent residence. ⓘ ☐ Living in a temporary residence. ⓘ
☐ Living in a shelter or hotel/motel. ⓘ ☐ Living in a place that is not normally
used for housing. ⓘ

Is your household at risk of losing the current residence? ⓘ ☐ YES ☐ NO

Current Address:

Your current address is where you currently live or is your primary nighttime residence. If you do not have a street address, you may provide the city/town, state, and zip code of the place you spend most nights. Please note that your current address may be used to determine local residency preference, if applicable.

Street Apartment Number

City State Zip Code

Mailing Address:

If you have no current address or would like mail sent to a different address you can give an alternate address to send any mail correspondence about your application.

Street Apartment Number

City State Zip Code



Rent Payment Information:

What is your current monthly rent/mortgage payment? ⓘ \$ _____

What is your total monthly out of pocket cost for utilities (heat/electricity)? ⓘ \$ _____

How much of your monthly total household income do you use to pay for rent and utilities?

☐ Less than 30% ☐ 30%-39% ☐ 40%-49% ☐ 50% or Greater

Emergency Contact (Optional):

You may provide contact information of a person or organization that may be able to help in resolving any issues that may arise during the application process or to assist in providing any special care or services you require.

Name of contact person: _____

Phone number: _____

Relationship to applicant: ☐ Parent ☐ Child ☐ Sibling ☐ Other: _____

Primary Applicant/ Head-of-Household Additional Information:

Your date of birth (MM/DD/YYYY): ⓘ _____ Gender: _____

Are you disabled? ⓘ ☐ YES ☐ NO

Are you a U.S. Citizen? ⓘ ☐ YES ☐ NO

If you have a Social Security Number (SSN) write it here: ⓘ _____

If you have an Alien ID Number write it here: ⓘ _____

Primary spoken language: _____

Primary written language: _____

Primary Applicant/ Head-of-Household School and Job Training: ⓘ

Are you attending school or enrolled in a training program? ☐ YES ☐ NO

If yes, please give information on all of your schools/training programs. If you have more than one, please add information on a separate page.

Are you attending full time or part time (as determined by your school/training program)?

☐ Full time ☐ Part Time

What level are you currently enrolled in?

☐ Kindergarten ☐ Elementary(K-6) ☐ Middle(6-8) ☐ High(9-12)

☐ College/University ☐ Training

School Name: _____

School Location: _____

Street

City

State

Zip Code



Primary Applicant/ Head-of-Household Income: ⓘ

Please give information on all of your jobs. If you have more than two jobs, please add the additional job information on a separate page.

Are you currently employed or have you been hired for a job? ☐ YES ☐ NO

If yes, how many jobs do you currently have? _____

First Job: Employer name: _____

Employer location: _____
City State Zip Code

Total income before taxes from this job: \$ _____ ☐ Monthly ☐ Annually

Second Job: Employer name: _____

Employer location: _____
City State Zip Code

Total income before taxes from this job: \$ _____ ☐ Monthly ☐ Annually

Do you have income from any OTHER sources (not including income from a job for example income from Social Security or Child Support, etc.)? ⓘ ☐ YES ☐ NO

Total income from All OTHER sources: \$ _____ ☐ Monthly ☐ Annually

Primary Applicant/ Head of Household Veteran Status:

Have you ever served on active duty in the U. S. armed forces, reserves, or National Guard and, if no longer serving, were discharged under conditions other than dishonorable?

☐ YES ☐ NO

If yes, what years did you serve? _____

Are you a widow/widower (surviving spouse) of a person who served on active duty in the U.S. armed forces, reserves, or National Guard and was discharged under conditions other than dishonorable?

☐ YES ☐ NO

If yes, what years did your spouse serve? _____

Primary Applicant/ Head-of-Household Race and Ethnicity:

This is optional. Asked for HUD reporting purposes.

Race: ☐ White ☐ Black or African American ☐ Alaska Native or Native America
☐ Asian ☐ Pacific Islander ☐ Other

Ethnicity: ☐ Hispanic or Latino ☐ Non Hispanic or Latino



Additional Household Members (skip if there are no other household members)

Name: _____

Relationship to the Head of Household: ☐ Spouse ☐ Partner ☐ Parent ☐ Child
☐ Sibling ☐ Foster Child ☐ Live in Aid ☐ Other: _____

Date of birth (MM/DD/YYYY): ⁱ _____ Gender: _____

Is this household member disabled? ⁱ ☐ YES ☐ NO

Is this household member a U.S. Citizen? ⁱ ☐ YES ☐ NO

If they have a Social Security Number (SSN) write it here: ⁱ _____

If they have an Alien ID Number write it here: ⁱ _____

Is this household member the Co-Head of Household? ⁱ ☐ YES ☐ NO

Additional Household Member School and Job Training: ⁱ

Are they attending school or enrolled in a training program? ☐ YES ☐ NO

If yes, please give information on all of their schools/training programs. If they have more than one, please add information on a separate page.

Are they attending full time or part time? ☐ Full time ☐ Part Time

What level are they currently enrolled in?

☐ Kindergarten ☐ Elementary(K-6) ☐ Middle(6-8) ☐ High(9-12)

☐ College/University ☐ Training

School Name: _____

School Location: _____

City

State

Zip Code

Additional Household Member Income: ⁱ (If this household member has more than one job, please add the additional job information on a separate page.)

Is this household member currently employed or have they been hired for a job?

☐ YES ☐ NO If yes, what is the employer name? _____

Employer location: _____

City

State

Zip Code

Total income before taxes from this job: \$ _____ ☐ Monthly ☐ Annually

Does this household member have income from any OTHER sources? ⁱ ☐ YES ☐ NO

Total income from All OTHER sources: \$ _____ ☐ Monthly ☐ Annually

Additional Household Member Veteran Status:

Have they ever served on active duty in the U. S. armed forces, reserves, or National Guard and, if no longer serving, were they discharged under conditions other than dishonorable?

☐ YES ☐ NO If yes, what years did they serve? _____

Are they a widow/widower (surviving spouse) of a person who served on active duty in the U.S. armed forces, reserves, or National Guard and was discharged under conditions other than dishonorable? ☐ YES ☐ NO If yes, what years did their spouse serve? _____



Additional Household Members (Skip if there are no other household members)

Name: _____

Relationship to the Head of Household: ☐ Spouse ☐ Partner ☐ Parent ☐ Child
☐ Sibling ☐ Foster Child ☐ Live in Aid ☐ Other: _____

Date of birth (MM/DD/YYYY): ① _____ Gender: _____

Is this household member disabled? ① ☐ YES ☐ NO

Is this household member a U.S. Citizen? ① ☐ YES ☐ NO

If they have a Social Security Number (SSN) write it here: ① _____

If they have an Alien ID Number write it here: ① _____

Is this household member the Co-Head of Household? ① ☐ YES ☐ NO

Additional Household Member School and Job Training: ①

Are they attending school or enrolled in a training program? ☐ YES ☐ NO

If yes, please give information on all of their schools/training programs. If they have more than one, please add information on a separate page.

Are they attending full time or part time? ☐ Full time ☐ Part Time

What level are they currently enrolled in?

☐ Kindergarten ☐ Elementary(K-6) ☐ Middle(6-8) ☐ High(9-12)

☐ College/University ☐ Training

School Name: _____

School Location: _____

City

State

Zip Code

Additional Household Member Income: ① (If this household member has more than one job, please add the additional job information on a separate page.)

Is this household member currently employed or have they been hired for a job?

☐ YES ☐ NO If yes, what is the employer name? _____

Employer location: _____

City

State

Zip Code

Total income before taxes from this job: \$ _____ ☐ Monthly ☐ Annually

Does this household member have income from any OTHER sources? ① ☐ YES ☐ NO

Total income from All OTHER sources: \$ _____ ☐ Monthly ☐ Annually

Additional Household Member Veteran Status:

Have they ever served on active duty in the U. S. armed forces, reserves, or National Guard and, if no longer serving, were they discharged under conditions other than dishonorable?

☐ YES ☐ NO If yes, what years did they serve? _____

Are they a widow/widower (surviving spouse) of a person who served on active duty in the U.S. armed forces, reserves, or National Guard and was discharged under conditions other than dishonorable? ☐ YES ☐ NO If yes, what years did their spouse serve? _____



Additional Household Members (Skip if there are no other household members)

Name: _____

Relationship to the Head of Household: ☐ Spouse ☐ Partner ☐ Parent ☐ Child
☐ Sibling ☐ Foster Child ☐ Live in Aid ☐ Other: _____

Date of birth (MM/DD/YYYY): ① _____ Gender: _____

Is this household member disabled? ① ☐ YES ☐ NO

Is this household member a U.S. Citizen? ① ☐ YES ☐ NO

If they have a Social Security Number (SSN) write it here: ① _____

If they have an Alien ID Number write it here: ① _____

Is this household member the Co-Head of Household? ① ☐ YES ☐ NO

Additional Household Member School and Job Training: ①

Are they attending school or enrolled in a training program? ☐ YES ☐ NO

If yes, please give information on all of their schools/training programs. If they have more than one, please add information on a separate page.

Are they attending full time or part time? ☐ Full time ☐ Part Time

What level are they currently enrolled in?

☐ Kindergarten ☐ Elementary(K-6) ☐ Middle(6-8) ☐ High(9-12)

☐ College/University ☐ Training

School Name: _____

School Location: _____

City

State

Zip Code

Additional Household Member Income: ① (If this household member has more than one job, please add the additional job information on a separate page.)

Is this household member currently employed or have they been hired for a job?

☐ YES ☐ NO If yes, what is the employer name? _____

Employer location: _____

City

State

Zip Code

Total income before taxes from this job: \$ _____ ☐ Monthly ☐ Annually

Does this household member have income from any OTHER sources? ① ☐ YES ☐ NO

Total income from All OTHER sources: \$ _____ ☐ Monthly ☐ Annually

Additional Household Member Veteran Status:

Have they ever served on active duty in the U. S. armed forces, reserves, or National Guard and, if no longer serving, were they discharged under conditions other than dishonorable?

☐ YES ☐ NO If yes, what years did they serve? _____

Are they a widow/widower (surviving spouse) of a person who served on active duty in the U.S. armed forces, reserves, or National Guard and was discharged under conditions other than dishonorable? ☐ YES ☐ NO If yes, what years did their spouse serve? _____



Household Conditions

Have you or anyone in your household been displaced or is at risk of being displaced from their home due to any of these household conditions?

A Natural Disaster ☐ YES ☐ NO (Such as a fire or flood, which left your housing unit uninhabitable)

Date of Disaster: _____ Date Displaced or will be Displaced: _____

Name of Disaster: _____ Location of Disaster: _____

Action of a Housing Owner ☐ YES ☐ NO

Forced you to vacate your unit for a reason you were unable to prevent.

Domestic Violence ☐ YES ☐ NO

Actual or threatened physical violence directed against one or more members of your family by another member of the household which occurred recently or of a continuing nature.

Hate Crimes ☐ YES ☐ NO

Actual or threatened physical violence or intimidation that is directed against a person or his or her property based on the person's race, color, religion, sex, national origin, handicap, or familial status which occurred recently or is of a continuing nature.

A Government Action ☐ YES ☐ NO

Activity carried out by an agency of the United States or by any State or local governmental body or agency in connection with code enforcement or a public improvement or development program.

Inaccessibility of a Unit or Severe Medical Emergency ☐ YES ☐ NO

Household member with mobility, or other impairment that made them unable to use critical elements of the housing unit or is suffering from severe medical emergency, illness, or injury which is life-threatening and has been caused by the lack of suitable housing or the lack of such suitable housing is a substantial impediment to treatment or recovery.

Witness Protection or to Avoid Reprisals ☐ YES ☐ NO

Household member(s) providing information on criminal activities to a law enforcement agency and based on a threat assessment, a law enforcement agency recommends rehousing your family avoid or minimize a risk of violence against family members to avoid reprisal for providing such information.

Are you or any household member:

Fleeing home due to dangerous conditions ☐ YES ☐ NO

Fleeing or attempting to flee domestic violence, dating violence, sexual assault, stalking, or other dangerous or life-threatening conditions that relate to violence against the individual or a family member, including a child.

Living in substandard housing ☐ YES ☐ NO

Does not provide safe and adequate shelter and endangers the health, safety, or well-being of family; or has one or more critical defects or combination of intermediate defects in sufficient number, in need of considerable repair or rebuilding.

Living in subsidized housing or receiving subsidized rental assistance? ☐ YES ☐ NO

If yes, check off which one.

- ☐ Project-Based (Section 8) Unit ☐ Public Housing Unit ☐ Low Income Housing Tax Credit (LIHTC) Unit
☐ Housing Choice (Section 8) Vouchers ☐ Veterans Affairs Supportive Housing (VASH)
☐ Stability through Engagement Program (STEP) ☐ Bridging Rental Assistance Program (BRAP)
☐ Shelter Plus Care (S+C) ☐ Foster Youth to Independence (FYI) Voucher ☐ Other, not listed here
☐ I'm unsure of the type of subsidized housing/assistance

Are you or any household member who is an individual with a disability:

Living in an institution that provides a temporary residence

☐ YES ☐ NO Congregate settings populated exclusively or primarily with individuals with disabilities.

At serious risk of moving into an institution that provides a temporary residence

☐ YES ☐ NO Experiencing lack of access to supportive services for independent living.

Recently discharged from an institution that provided a temporary residence

☐ YES ☐ NO Including a hospital, substance abuse or mental health treatment facility, or jail/prison, where he/she stayed for 90 days or less and was living in an emergency shelter or place not meant for human habitation immediately before entering the institution.



Additional Questions

Do you currently reside at the Tedford Housing Individual or Family Shelter?

☐ YES ☐ NO

Is the head of your household or their spouse retired from working in Waterville, Winslow, Sidney, or Oakland? *(The head of household or spouse must be retired and must have been working in Waterville, ME; Winslow, ME; Sidney, ME; or Oakland, ME at the time of retirement.)*

☐ YES ☐ NO

Has your household been displaced by municipal development in the City of Lewiston, Maine? *(A family which will be or has been within the three-year period ending on the date of application, displaced by any low-rent housing project, public slum-clearance project or public redevelopment project, in the City of Lewiston.)*

☐ YES ☐ NO

Are you exiting the "First Place Program" for chronically homeless youth? *(First Place offers an Enhanced Services curriculum, which offers life skills assessments, workshops in housing independence and life skills, and assistance in working toward housing goals.)*

☐ YES ☐ NO

Is there anyone in the household with a disabling condition that has been continuously homeless for a year or more, or had at least four (4) episodes of homelessness in the past three (3) years? *(To be considered chronically homeless, a person or family must have been sleeping in a place not meant for human habitation (i.e. living on the streets or in a car, camping, etc) and/or been in an emergency shelter within the area of the Housing Authority during that time.)*

☐ YES ☐ NO

Do you qualify for the Foster Youth to Independence (FYI) Initiative? *(Youth at least 18 years and not more than 24 years of age (have not reached their 25th birthday) who left foster care, or will leave foster care within 90 days, in accordance with a transition plan described in Section 475(5)(H) of the Social Security Act and are homeless or are at risk of becoming homeless at age 16 or older.)*

☐ YES ☐ NO

Are you a family of a deceased veteran whose death was service-related? *(As determined by the U.S. Veterans Administration.)*

☐ YES ☐ NO

Do you have at least 50/50 custody of minors in the household? *(Dependents that are subject to a joint custody arrangement will be considered a member of the family, if they live with the applicant or participant family 50 percent or more of the time.)*

☐ YES ☐ NO

Is any household member pregnant? *(Expecting a child within the next 9 months.)*

☐ YES ☐ NO

Do you require a special accommodation to participate in the application process?

☐ YES ☐ NO *If YES, please describe what you need:*

Does any member of the household require a mobility, vision, or hearing unit?

☐ YES ☐ NO



Sign and Submit

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 a participating housing authority. You can also contact the Fair Housing and Equal Opportunity National toll-free hot line number: 1-800-669-9777.

Applicants may request a "reasonable accommodation" if they or any other family member has a disability when such an accommodation is necessary to afford persons with disabilities an equal opportunity to use and enjoy their housing. Language assistance and other appropriate communication auxiliary aids and services are available upon request. Please call any of the Participating Housing Authorities if you have questions about your rights to accommodation.

Note: Federal regulations prohibit rental assistance to persons other than United States citizens, nationals, or certain categories of eligible non U.S. citizens. Families with some eligible family members may be entitled to prorated housing assistance.

Participating housing authorities may have separate waiting lists for project-based vouchers or other housing programs. Please contact participating housing authorities directly to request information on other housing options that may be available.

Please submit the completed application to the participating Housing Authority NEAREST YOU. Incomplete applications will not be accepted. They will be returned, if possible, for completion. If you have any questions, please contact one of the Participating Housing Authorities or our partners, AffordableHousing.com, at 866-466-7328.

Applicant's Certification:

I understand that this preliminary application is not an offer of housing or housing assistance. I understand that before an offer for housing or housing assistance is offered, I must provide written documentation, upon request, that verifies my circumstances. I understand that it is my responsibility to keep my application current with any changes in contact information, household composition, income or any other information on my preliminary application at all times. I understand that if I do not respond to requests for information or updates, my preliminary application will be removed from the waiting list. I certify that the information I have given in this preliminary application is true and correct to the best of my knowledge and belief. I understand that any false statement or misrepresentation may result in the denial of my preliminary application.

Signature of Primary Applicant/ Head-of-Household:

X _____ Date: _____

Email (for confirmation): _____



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) | |
| <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. | |

☐ 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.

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| EXHIBIT 16-1: SAMPLE NOTICE OF OCCUPANCY RIGHTS UNDER THE VIOLENCE AGAINST WOMEN ACT, FORM HUD-5380 |
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Westbrook Housing

Notice of Occupancy Rights under the Violence Against Women Act¹

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.² The U.S. Department of Housing and Urban Development (HUD) is the federal agency that oversees that the housing choice voucher program 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 the housing choice voucher program, 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 the housing choice voucher program, 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 the housing choice voucher program 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.

¹ Despite the name of this law, VAWA protection is available regardless of sex, gender identity, or sexual orientation.

² 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

The PHA 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 the PHA chooses to remove the abuser or perpetrator, the PHA 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, the PHA 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, the PHA must follow federal, state, and local eviction procedures. In order to divide a lease, the PHA 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, the PHA 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, the PHA 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.

The PHA 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.

The PHA's emergency transfer plan provides further information on emergency transfers, and the PHA 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

The PHA 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 the PHA must be in writing, and the PHA 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. The PHA 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 the PHA as documentation. It is your choice which of the following to submit if the PHA 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 the PHA 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 they believe that the incident or incidents of domestic violence, dating violence, sexual assault, or stalking are grounds for protection.
- Any other statement or evidence that the PHA has agreed to accept.

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

If the PHA 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), the PHA 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, the PHA does not have to provide you with the protections contained in this notice.

Confidentiality

The PHA 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.

The PHA must not allow any individual administering assistance or other services on behalf of the PHA (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.

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

- You give written permission to the PHA to release the information on a time limited basis.
- The PHA 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 the PHA or your landlord to release the information.

VAWA does not limit the PHA'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, the PHA 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 the PHA 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 the PHA can demonstrate the above, the PHA 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:

Boston Regional Office of FHEO

U.S. Department of Housing and Urban Development

Thomas P. O'Neill, Jr. Federal Building

10 Causeway Street, Room 321

Boston, MA 02222-1092

(617) 994-8300 (800) 827-5005 TTY (800) 877-8339

For Additional Information

You may view a copy of HUD's final VAWA rule at: <https://www.gpo.gov/fdsys/pkg/FR-2016-11-16/pdf/2016-25888.pdf>.

Additionally, the PHA must make a copy of HUD's VAWA regulations available to you if you ask to see them.

For questions regarding VAWA, please contact **the Housing Choice Voucher Department at (207) 854-9779 or info@westbrookhousing.org**.

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).

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 **Family Crisis Services (Cumberland County) at (207) 874-1973 or (800) 537-6066 or Caring Unlimited (York County) at (207) 490-3227 or (800) 239-7298**.

Attachment: Certification form HUD-5382

**EXHIBIT 16-2: CERTIFICATION OF DOMESTIC VIOLENCE, DATING VIOLENCE
SEXUAL ASSAULT, OR STALKING AND ALTERNATE DOCUMENTATION,
FORM-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.