



Maine Section 8/HCV Centralized Waiting List

Twenty (20) Participating Housing Authorities

Phone: (866) 466-7328

www.AffordableHousing.com/MaineCWL



Housing Programs: Pre-Application for Assistance

Complete this form to apply for the following rental assistance programs:

➔ **Section 8 Housing Choice Voucher Program:**

Assists low-income individuals and families in affording decent, safe, and sanitary housing in the private market by subsidizing a portion of their rent.

Pre-Applications for the Maine Centralized Section 8/HCV Waiting List, a collaborative effort among 20 public housing authorities (PHAs) in the state of Maine, consolidate the application process for the Section 8 Housing Choice Voucher program. By submitting a single preliminary application to the Centralized Waiting List system, applicants automatically join the waiting list for all 20 participating PHAs, with each PHA subsequently selecting participants based on their individual local policies.

Eligibility for housing assistance

To qualify for assistance, you must:

- ➔ Meet income limits established by the U.S. Department of Housing and Urban Development (HUD).
- ➔ Meet the HUD requirements for citizenship or immigration status.
- ➔ Not owe money to a housing authority.
- ➔ Sign any authorization forms required to verify eligibility requirements, when requested.
- ➔ Not have any household members (including yourself) who:
 - ⊕ Have ever been convicted of production of methamphetamine on the premises of federally assisted housing.
 - ⊕ Are subject to lifetime registration requirements on any State's sex offender registry.

Any questions? Help is available!

CALL: (866) 466-7328

VISIT: You can visit any of the twenty (20) participating housing authorities (listed on the next page)

GO ONLINE: AffordableHousing.com/MaineCWL

Please note, we've partnered with AffordableHousing.com in managing this waiting list.

List of housing authorities participating in The Maine Section 8/HCV Centralized Waiting List:



Auburn Housing Authority
20 Great Falls Plaza
P.O. Box 3037
Auburn, ME 04212-3037
Phone: 207-784-7351
Relay Service: 711



Maine State Housing Authority
353 Water Street
Augusta, ME 04330
Phone: 207-624-5789
or 1-866-357-4853
Relay Service: 711



Augusta Housing Authority
33 Union Street, Suite 3
Augusta, ME 04330
Phone: 207-626-2357
Relay Service: 711



MDI & Ellsworth Housing Authorities
80 Mount Desert Street, P.O. Box 28
Bar Harbor, ME 04609
Phone: 207-288-4770
Relay Service: 711



Bangor Housing Authority
161 Davis Road
Bangor, ME 04401
Phone: 207-942-6365
Relay Service: 711



The Housing Authority of the City of
Old Town
358 Main Street, P.O. Box 404
Old Town, ME 04468
Phone: 207-827-6151
Relay Service: 711



Bath Housing Authority
80 Congress Avenue
Bath, ME 04530
Phone: 207-443-3116
Relay Service: 711



Portland Housing Authority
14 Baxter Boulevard
Portland, ME 04101
Phone: 207-773-4753
TDD: 207-447-2570



Biddeford Housing Authority
22 South Street, P.O. Box 2287
Biddeford, ME 04005
Phone: 207-282-6537
Relay Service: 711



Presque Isle Housing Authority
58 Birch Street
Presque Isle, ME 04769
Phone: 207-768-8231
Relay Service: 711



Brewer Housing Authority
15 Colonial Circle, Suite 1
Brewer, ME 04412
Phone: 207-989-7890
V/TDD: 207-989-9810



Sanford Housing
Authority

Sanford Housing Authority
17 School Street
Sanford, ME 04073
Phone: 207-324-6747
Relay Service: 711



Brunswick Housing Authority
12 Stone Street, P.O. Box A
Brunswick, ME 04011
Phone: 207-725-8711
Relay Service: 711



South Portland Housing Authority
100 Waterman Drive, Suite 101
South Portland, ME 04106
Phone: 207-773-4140
Relay Service: 711



Caribou Housing Agency
25 High Street
Caribou, ME 04736
Phone: 207-493-4324
Relay Service: 711



Waterville Housing Authority
88 Silver Street
Waterville, ME 04901
Phone: 207-873-2155
Relay Service: 711



Fort Fairfield Housing Authority
18 Fields Lane
Fort Fairfield, ME 04742
Phone: 207-476-5771
Relay Service: 711



Westbrook Housing
30 Liza Harmon Drive
Westbrook, ME 04092
Phone: 207-854-9779
Relay Service: 711



Lewiston Housing Authority
1 College Street
Lewiston, ME 04240
Phone: 207-783-1423
Relay Service: 711



Van Buren Housing Authority
130 Champlain Street
Van Buren, Maine 04785
Phone: 207-868-5441
Relay Service: 711

Please print clearly and answer questions completely and honestly. Thank you!

UPDATING PRE-APPLICATION

Tell us about all the person applying.

First name, middle initial, last name and suffix (Jr., Sr., 1st, etc)		Date of birth (mm/dd/yyyy)	
Social Security number: or Alien ID number		Email: primary contact if supplied	
Phone number: where you can be reached		May we contact you via SMS text message? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Current Physical address: street address or PO box, city, state, zip code			
Mailing address: (if different from physical address) street address or PO box, city, state, zip code			
Ethnicity: (check one) <input type="checkbox"/> Hispanic/ Latino <input type="checkbox"/> Non-Hispanic/ Latino		Gender: <input type="checkbox"/> M <input type="checkbox"/> F	Disabled?: <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you a U. S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Race: (check one) <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/ African American <input type="checkbox"/> White <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> Other			
Location of Employer: (city, state, zip)		Monthly Employment Income: \$	Other Income: \$ per month
Location of School: (city, state, zip)		Grade Level	Full Time? <input type="checkbox"/> Yes <input type="checkbox"/> No
What is your (and your household members) current living situation? (Select one) <input type="checkbox"/> Living in a permanent residence. <input type="checkbox"/> Living in a temporary residence. <input type="checkbox"/> Living in a shelter or hotel/motel. <input type="checkbox"/> Living in a place that is not normally used for housing.			
Are you at risk of losing your current residence? <input type="checkbox"/> Yes <input type="checkbox"/> No			

VETERAN STATUS

Have you, any household member, any ex-spouse, widow, or widower of a person who has ever served on active duty in the U.S. Armed Forces Reserves, or National Guard excluding periods for which they have not been dishonorably discharged? Yes No
If yes, please list their names below and dates served.

Tell us about all the other people who will live in the unit.

Provide details for everyone who will be part of your household in the rental unit. Use extra paper if necessary. Include your name and SSN at the top of every additional page.

OTHER PERSON 1	1. Full name (first, middle initial, last):		2. Disabled? <input type="checkbox"/> Yes <input type="checkbox"/> No	3. Gender:	
	4. Date of birth (mm/dd/yyyy):	5. Social Security #: or Alien ID #		6. Relationship to applicant:	
	7. Are you a U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No		8. Location of Employer: (city, state, zip)	9. Monthly Employment Income: \$	
	10. Other Income: \$ _____ per month	11. Location of School: (city, state, zip)	12. Grade Level	13. Full Time? <input type="checkbox"/> Yes <input type="checkbox"/> No	
OTHER PERSON 2	1. Full name (first, middle initial, last):		2. Disabled? <input type="checkbox"/> Yes <input type="checkbox"/> No	3. Gender:	
	4. Date of birth (mm/dd/yyyy):	5. Social Security #: or Alien ID #		6. Relationship to applicant:	
	7. Are you a U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No		8. Location of Employer: (city, state, zip)	9. Monthly Employment Income: \$	
	10. Other Income: \$ _____ per month	11. Location of School: (city, state, zip)	12. Grade Level	13. Full Time? <input type="checkbox"/> Yes <input type="checkbox"/> No	
OTHER PERSON 3	1. Full name (first, middle initial, last):		2. Disabled? <input type="checkbox"/> Yes <input type="checkbox"/> No	3. Gender:	
	4. Date of birth (mm/dd/yyyy):	5. Social Security #: or Alien ID #		6. Relationship to applicant:	
	7. Are you a U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No		8. Location of Employer: (city, state, zip)	9. Monthly Employment Income: \$	
	10. Other Income: \$ _____ per month	11. Location of School: (city, state, zip)	12. Grade Level	13. Full Time? <input type="checkbox"/> Yes <input type="checkbox"/> No	
OTHER PERSON 4	1. Full name (first, middle initial, last):		2. Disabled? <input type="checkbox"/> Yes <input type="checkbox"/> No	3. Gender:	
	4. Date of birth (mm/dd/yyyy):	5. Social Security #: or Alien ID #		6. Relationship to applicant:	
	7. Are you a U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No		8. Location of Employer: (city, state, zip)	9. Monthly Employment Income: \$	
	10. Other Income: \$ _____ per month	11. Location of School: (city, state, zip)	12. Grade Level	13. Full Time? <input type="checkbox"/> Yes <input type="checkbox"/> No	

COMPLETE THESE QUESTIONS FOR THE APPLICANT & ALL HOUSEHOLD MEMBERS:

<p>1. Have you or anyone in your household been displaced from your home due to a natural disaster? (Such as a fire or flood, which left your housing unit uninhabitable.)</p> <p>Date of disaster: _____ Date displaced or will be displaced: _____</p> <p>Name of disaster: _____</p> <p>Location of disaster: _____</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>2. Is anyone in the household displaced, or at risk of being displaced due to domestic violence?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>3. Is anyone in the household displaced, or at risk of being displaced due to a government action?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>4. Is anyone in the household currently residing in subsidized housing or receiving subsidized rental assistance? If yes, what type of assistance are you receiving?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>5. Are you or any household member disabled and living in an institution that provides a temporary residence, including congregate shelters and transitional housing?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>6. Are you any household member disabled and at serious risk of moving into an institution that provides a temporary residence, including congregate shelters and transitional housing?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>7. Are you or any household member recently discharged from an institution that provided a temporary residence?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>8. Do you currently reside at the Tedford Housing Individual or Family Shelter?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>9. Is the head of your household or their spouse retired from working in Waterville, Winslow, Sidney, or Oakland?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>10. Has your household been displaced by municipal development in the City of Lewiston, Maine?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>11. Are you exiting the “First Place Program” for chronically homeless youth?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>12. 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?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>13. Do you qualify for the Foster Youth to Independence (FYI) Initiative?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>

14. Are you a family of a deceased veteran whose death was service-related?	<input type="checkbox"/> Yes <input type="checkbox"/> No
15. Do you have at least 50/50 physical custody of minors in the household?	<input type="checkbox"/> Yes <input type="checkbox"/> No
16. Is any household member pregnant?	<input type="checkbox"/> Yes <input type="checkbox"/> No
17. Do you require a special accommodation to participate in the application process? If yes, please describe what you need.	<input type="checkbox"/> Yes <input type="checkbox"/> No
18. Does any member of the household require a mobility, vision, or hearing unit?	<input type="checkbox"/> Yes <input type="checkbox"/> No
19. Is English your primary spoken language? If no, what is your primary spoken language?	<input type="checkbox"/> Yes <input type="checkbox"/> No
20. Is English your primary written language? If no, what is your primary written language?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Application Submission:

Complete and sign the enclosed pre-application and mail it to ONE of the nearby participating PHAs during regular business hours. Only one application per family is accepted. Upon application submission, you'll receive a receipt with your application number and date on the waiting list. Keep it for your records.

Online Application Management:

Visit www.affordablehousing.com/MaineCWL for participating PHA details, online application, and information on managing your Maine Section 8 Centralized Waiting List application.

SIGN BELOW.

Unsigned applications may be returned.

By signing below, I certify that I understand that:

- Submitting false, or misrepresenting, information may result in losing my eligibility for the Housing Choice Voucher program.
- I need to notify the Housing Authorities if any information on this application changes.
- If I cannot be contacted at the last mailing address given, my name may be removed from the waiting list and I will have to reapply.
- I certify that I have attained the age of 18 yrs. or I am an emancipated minor and therefore have the full legal capacity to act on my own behalf in the matter of contracts.

I certify that the information provided is accurate and complete and that I am at least 18 years old or an emancipated minor.

Signature _____

Date _____

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.

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, 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').

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.

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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.

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

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.