



- This application is for **Golder Commons** located at **6 Lincoln Street, Westbrook, ME**
- Complete this application by answering every question, printing clearly, and signing the last two pages.
- Incomplete applications will be returned to you unprocessed.
- Use a separate sheet of paper if needed.
- Golder Commons has a community room and off -street parking.
- Heat, water, and sewer are included in rent. tenants pay for electricity.
- If you need assistance completing this application, please call and we will be happy to assist you.
- **SMOKING IS NOT PERMITTED IN ANY OF OUR BUILDINGS.**
- One small pet (cat or dog) is allowed.
- Return completed applications to the address listed below or [info@westbrookhousing.org](mailto:info@westbrookhousing.org).
- There is a waiting list.
- Please visit our website at [www.westbrookhousing.org](http://www.westbrookhousing.org) for additional information about our properties.

If anyone in your household is a person with disabilities who requires accommodation to fully use Westbrook Housing's programs and services, please call (207) 854-9779.

**Questions? Call (207) 854-9779, or email [intake@westbrookhousing.org](mailto:intake@westbrookhousing.org).**

Rev. 10/3/2024



WESTBROOK HOUSING  
30 LIZA HARMON DRIVE, WESTBROOK, MAINE 04092 ~ (P) 207.854.9779 (F) 207.854.0962  
[WWW.WESTBROOKHOUSING.ORG](http://WWW.WESTBROOKHOUSING.ORG) ~ [INFO@WESTBROOKHOUSING.ORG](mailto:INFO@WESTBROOKHOUSING.ORG)



*Section 1001 of title 18 of the United States code makes it a criminal offense to make willful false statements of misrepresentation to any department or agency of the united states government as to any matter within its jurisdiction. I further authorize the housing authority of the City of Westbrook to verify income, and credit references as deemed necessary by the housing authority. I also authorize the housing authority to check and review police reports and criminal records together with the records of federal and state governmental agencies*

*to determine the applicant's and tenant's suitability for housing. We also authorize the housing authority to obtain credit reports and to verify previous landlord references to determine suitability for housing and rent payment history. We also authorize the housing authority to obtain other sources of information determined necessary to verify the accuracy of the foregoing. Pursuant to title 30-a m. r. s. a. § 4706(3), the disclosure of the foregoing information and data constitutes a waiver of the confidentiality provisions of the Maine housing authorities act.*

**PLEASE SELECT THE APPROPRIATE APARTMENT SIZE.**

**This community is SMOKE FREE. Tenants pay for electricity. Heat, water, and sewer are included.**

<p>Vouchers accepted: HCV/Section 8 BRAP, VASH, etc.</p>	<p>Maximum Income by Household Size:</p> <p>1 Person: <b>\$54,060</b></p> <p>2 Person: <b>\$61,740</b></p> <p>3 Person: <b>\$69,480</b></p> <p>4 Person: <b>\$77,160</b></p> <p>5 Person: <b>\$83,340</b></p> <p>6 Person: <b>\$89,520</b></p> <p>7 Person: <b>\$95,700</b></p> <p>8 Person: <b>\$101,880</b></p> <p>Minimum income without subsidy is:</p> <p><b>\$40,850</b></p>	<p>Two Bedrooms</p> <p>Rent Range:</p> <p><b>\$1,361-\$1,651</b></p>	<p>Three Bedrooms</p> <p>Rent Range:</p> <p><b>\$1572-\$1,907</b></p>
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## EMERGENCY CONTACT INFORMATION

Please provide the name and contact information of a family member, friend, or social, health, advocacy, or other 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.

<b>Resident Name:</b>	
<b>Resident Address:</b>	
<b>Resident Phone Number:</b>	<b>Cell Number:</b>
<b>Name of Additional Contact Person or Organization:</b>	
<b>Address:</b>	
<b>Phone Number:</b>	<b>Cell Number:</b>
<b>Email Address:</b>	
<b>Relationship to Household Member:</b>	
<b>Reason for Contact:</b> (check all that apply) <input type="checkbox"/> Emergency <input type="checkbox"/> Unable to contact you <input type="checkbox"/> Termination of rental assistance <input type="checkbox"/> Eviction from unit <input type="checkbox"/> Late payment of rent	<input type="checkbox"/> Assistance with Recertification process <input type="checkbox"/> Change in terms of lease <input type="checkbox"/> Change in house rules <input type="checkbox"/> Other: _____
<b>Name of Emergency Pet Contact:</b>	
<b>Emergency Pet Contact Phone Number:</b>	
Commitment of Owner or Agent: 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.	
<input type="checkbox"/> Check this box if you choose not to provide the contact information	
<b>Signature:</b>	<b>Date:</b>







GENERAL DISCLOSURES: Please **Circle Yes or No** and answer every question *truthfully and completely*.

Do you have a pet? **Yes or No?** If yes, what kind?

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Are you a Full Time Student? **Yes or No?** If yes, where?

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Do you owe money to any Housing Authority or Agency? **Yes or No?** If yes, which one?

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Have you lived in any apartment that was infested with bed bugs/cockroaches in the last 12 months? **Yes or No?**

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Have you, or anyone in your household, **EVER** been **convicted** of **ANY** criminal activity? **Yes or No?**

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

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

Current Landlord: Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_

Date you moved in: \_\_\_\_\_

Previous Landlord(s)

(last five years): Name \_\_\_\_\_

Address \_\_\_\_\_

Phone & email \_\_\_\_\_

Dates you lived there: \_\_\_\_\_

**Victims of Domestic Violence** will **NOT** be denied housing if they have a criminal conviction directly related to a domestic violence situation, which includes assault, dating violence, sexual assault, or stalking.

Please indicate if this applies to any household member: \_\_\_\_\_

Are you or anyone in your household required to report as a Registered Sex Offender in any state? **Yes** **No**

**NOTE: If we cannot reach you, we will drop your name from the waiting list. For that reason, when you change your telephone number or address, you must inform us--preferably in writing or email [info@westbrookhousing.org](mailto:info@westbrookhousing.org).**

Race and Ethnicity – Head of Household only. (Not mandatory, for HUD statistics only) Check All that Apply:

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

Ck one:

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

If you or anyone in your family is a person with disabilities and you require a specific accommodation in order to fully utilize our programs and services, please contact 854-9779.

WARNING! Title 18, Section 1001 of the US Code states that a person who knowingly and willingly makes false or fraudulent statements to any Department or Agency of the US or the Department of Housing and Urban Development is guilty of a felony.

By signing this application, I understand that any misrepresentation of information or failure to disclose information requested on this application may disqualify me from consideration for admission or participation in all Westbrook Housing programs.

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

I hereby authorize Westbrook Housing to process this application and verify the information I have provided with the sources necessary to determine my eligibility. This includes authorizing Westbrook Housing to check and review police reports and criminal records together with the records of federal and state governmental agencies to determine the applicant’s suitability for housing. I also authorize Westbrook Housing to obtain credit reports and to verify previous landlord references to determine suitability for housing and rent payment history. I also authorize Westbrook Housing to obtain other sources of information determined necessary to verify the accuracy of the foregoing. Pursuant to Title 30-AM R.S.A. 4706(3), the disclosure of the foregoing information and data constitutes a waiver of the confidentiality provisions of the Maine Housing Authorities Act.

***I do hereby attest that all the information I provided is true and correct. All over age 18 MUST sign.***

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Head/Spouse/Other Adult Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Head/Spouse/Other Adult Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Head/Spouse/Other Adult Signature

\_\_\_\_\_  
Date

If you need assistance in filling out this application,  
please contact Westbrook Housing at (207) 854-9779