

**For Office Use Only:**

Date & Time Completed Application Received:

\_\_\_\_\_



**Application for Market-Rate Apartments Only: NOT SUBSIDIZED**

Please complete this application and return it to Westbrook Housing at the address listed below or email it to info@westbrookhousing.org. After we receive your completed application, we will send you a letter explaining the next steps. If you have any questions, call our office Monday through Thursday 8:00 a.m.–4:00 p.m. at 207-854-9779.

**Please circle properties you are interested in on the next page.**

***PLEASE COMPLETE FULLY AND SIGN THE LAST TWO PAGES***

**PLEASE NOTE: Smoking is not permitted in any Westbrook Housing properties.**

**HOW DID YOU HEAR ABOUT WESTBROOK HOUSING’S PROPERTIES?**

Website: \_\_\_\_\_

Word-of-mouth: \_\_\_\_\_

Facebook/other: \_\_\_\_\_

Sign—Where? \_\_\_\_\_

Publication Name: \_\_\_\_\_

Westbrook Housing website ([www.westbrookhousing.org](http://www.westbrookhousing.org)): \_\_\_\_\_

**GENERAL INFORMATION**

***Adult Applicant Head of Household:***

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

***Other Adult Applicant Co-Head of Household:***

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

***Other Adult Applicant Co-Head of Household:***

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

***Mailing***

***Address:*** \_\_\_\_\_

Street

Apt.#

City/Town

State

Zip

**CHOOSE A MARKET-RATE APARTMENT: PLEASE CIRCLE ANY OF INTEREST**

<p><b>783/789 Main Street</b>                  783/789 Main Street                  Westbrook, ME 04092  <i>Renovated: 2005</i>  <i>Manager: Brittany Schmidtke</i>                  207-854-6832</p>	<ul style="list-style-type: none"> <li>• Not Age Restricted</li> <li>• 1, 2, &amp; 3 Bedroom Units</li> <li>• On-site storage &amp; parking</li> <li>• Stackable washer/dryer hookups in some units</li> <li>• Smoke Free</li> </ul>	<ul style="list-style-type: none"> <li>• Rents \$1,150-\$1,550</li> <li>• Utilities: Heat and Hot Water are included. Residents pay own electric.</li> </ul>
<p><b>Larrabee Heights</b>                  20 Dotties Way                  Westbrook, ME 04092  <i>Built: 1988</i>  <i>Manager: Erin Malloy</i>                  207-854-6843</p>	<ul style="list-style-type: none"> <li>• 62+ Community</li> <li>• 2 Bedroom Units</li> <li>• Attached One Car Garage</li> <li>• Washer/dryer hookups</li> <li>• Dishwasher</li> <li>• Cat or small dog</li> <li>• Smoke Free</li> </ul>	<ul style="list-style-type: none"> <li>• Rents start at \$1500</li> <li>• Utilities: Water and Sewer are included. Residents pay own electric, heat and hot water. Electric heat.</li> </ul>
<p><b>Mill Brook Estates</b>                  300 East Bridge Street                  Westbrook, ME 04092  <i>Built: Renovated 2024</i>  <i>Manager: Kristen Spiller</i>                  207-854-6812</p>	<ul style="list-style-type: none"> <li>• 55+ Community</li> <li>• 1 Bedroom Units</li> <li>• On-site parking</li> <li>• Exercise Room</li> <li>• Onsite Laundry</li> <li>• Smoke Free</li> <li>• Community Gardens</li> <li>• Patio/Grill area</li> </ul>	<ul style="list-style-type: none"> <li>• Rents currently \$1,195-\$1,563</li> <li>• Included Utilities: Heat, Hot Water and Electricity</li> </ul>

**Rents and income limits subject to change**

**FAMILY/HOUSEHOLD COMPOSITION**

List **ALL** persons, including yourself, who will live in the apartment beginning with the applicant's name. If you need more space, please use a separate sheet of paper.

	<u>Name</u>	<u>M/F</u>	<u>Birthdate</u>	<u>Place of Birth</u>	<u>Social Security #</u>
1:	_____				
2:	_____				
3:	_____				
4:	_____				
5:	_____				
6:	_____				

**Accommodation Needed?**

If you or anyone in your family is a person with disabilities who requires a specific accommodation in order to fully utilize our programs and services, please indicate below.

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**INCOME**

1. What is your **annual** gross household income: \$ \_\_\_\_\_ Will it change soon? **YES NO**
2. What is your **approximate** overall household asset amount (investments, real estate, bank accounts)  
\$ \_\_\_\_\_  
List type here: \_\_\_\_\_
3. Do you have a rental-assistance voucher (Section 8/HCV, BRAP, VASH, etc.)? **YES NO**  
If **YES**, which voucher do you have? \_\_\_\_\_

**REFERENCES**

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

**Previous Landlord(s)**

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

**Use add'l paper** Address \_\_\_\_\_  
Phone & email \_\_\_\_\_  
Dates you lived there: \_\_\_\_\_

Address \_\_\_\_\_  
Phone & email \_\_\_\_\_  
Dates you lived there: \_\_\_\_\_

**OTHER REQUIRED INFORMATION**

1. Parking is provided for one vehicle at some properties. Special arrangements are necessary for more than one vehicle.  
Type/Year/Make/Model \_\_\_\_\_ Plate# \_\_\_\_\_
2. Westbrook Housing permits one small pet per apartment: one cat, one dog (up to 20 pounds), or one small caged animal. **Please note: We require a pet security deposit of \$300.**  
What type of pet do you own? \_\_\_\_\_
3. Do you owe money to this housing authority or any property management company? **YES NO**  
If yes, name of agency/company: \_\_\_\_\_

**DISCLOSURES**

**Criminal Disclosure**

1. Have you or anyone in your household been convicted of a criminal activity? **YES NO**

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

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

3. Are you or anyone in your household required to register as a Life-Time Registered Sex-Offender?

**YES NO**

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

**Bed Bug Disclosure**

Have any premises that you have lived in during the last 12 months had bed bugs? **YES NO**

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

**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 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.

**Signature Applicant:** \_\_\_\_\_

**Date** \_\_\_\_\_

**Signature Other Adult:** \_\_\_\_\_

**Date** \_\_\_\_\_





## 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>

NOTICE OF OCCUPANCY RIGHTS UNDER  
THE VIOLENCE AGAINST WOMEN ACT

## Westbrook Housing

### Notice of Occupancy Rights under the Violence Against Women Act

#### 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. The U.S. Department of Housing and Urban Development (HUD) is the Federal agency that oversees that Section 8 Housing Choice Voucher program and Section 8 Project Based 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 Section 8 Housing Choice Voucher program or Section 8 Project Based 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 Section 8 Housing Choice Voucher program or Section 8 Project Based 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 Section 8 Housing Choice Voucher program or Section 8 Project Based 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.



## Removing the Abuser or Perpetrator from the Household

WH may divide (bifurcate) your lease 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 WH chooses to remove the abuser or perpetrator, WH 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, WH 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, WH must follow Federal, State, and local eviction procedures. In order to divide a lease, WH 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, WH 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, WH 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 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.





WH 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.

WH's emergency transfer plan provides further information on emergency transfers, and WH 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**

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

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

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

### **Confidentiality**

WH 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.

WH must not allow any individual administering assistance or other services on behalf of WH (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.

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

- You give written permission to WH to release the information on a time limited basis.
- WH 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 WH or your landlord to release the information.
  - VAWA does not limit WH'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, WH 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 WH 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 WH can demonstrate the above, WH 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 Jennifer Gordon, Operations Director at Westbrook Housing, (207) 854-9779 or HUD Manchester, New Hampshire Field Office (603) 666-7510.

## 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, Westbrook Housing 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 Provider's Property Manager at 207-854-6832 or Maine State Housing Authority's Asset Management Department at (207) 626-4600, Toll Free (800) 452-4668, TTY Maine Relay 711.

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). You may also contact Family Crisis Services, P.O. Box 704, Portland, ME 04104, <http://familycrisis.org/>.

- 24-hour hotlines: 1-800-537-6066; 207-874-1973
- Administrative Office: 207-767-4952

Persons who are or have been victims of stalking seeking help may visit the National Center for Victims of Crime Stalking Resource Center at <https://www.victimsofcrime.org/our-programs/stalking-resource-center>.

For help regarding sexual assault, you may contact Sexual Response Services of Southern Maine, P.O. Box 1371, Portland, ME 04104, <http://www.sarsonline.org/>.

- 24-hour crisis and support line: 1-800-313-9900
- Administrative office: 207-828-1035

**Attachment:** Certification form HUD-5382

CERTIFICATION OF  
DOMESTIC VIOLENCE,  
DATING VIOLENCE,  
SEXUAL ASSAULT, OR STALKING, AND  
ALTERNATE DOCUMENTATION

U.S. Department of Housing  
and Urban Development

OMB Approval o. 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):

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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.

