



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 (PHA's) 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.

Any questions? Help is available!

CALL: (866) 466-7328

GO ONLINE: AffordableHousing.com/MaineCWL

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

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

Getting Started

Pre-Application Process

1. Complete this application following the instructions below.

- ➔ Answer all questions completely and honestly. The information you provide will be verified. It's a violation of federal and state law to make false statements.
- ➔ Don't leave any question blank.
- ➔ If you need more space, attach additional pages as needed.
- ➔ Unless indicated, each question applies to all household members.

2. Sign the application

The Head of Household must sign and date the application.

3. Attach copies of any required documents

Some questions may ask for additional documents. Send copies as originals may not be returned.

4. Submit your application

Mail your application or hand it in at any of the participating housing authorities.

5. Submit additional documents if requested

We may ask you to provide copies of additional documents (e.g., pay stubs, immigration documents, etc.)

Report Changes

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.

Other Important Facts

If you have limited English, we can provide free interpretation services to help you access our services. If you have a disability, you may be entitled to reasonable accommodations to help you apply.

To request an accommodation:

Contact: Any of the participating housing authorities.

After you submit your application you will receive a receipt containing your application number and date submitted to the waiting list. Participating PHAs cannot give an estimate waiting time or your number on the waiting list.

Reasonable means an accommodation that doesn't present an undue financial and administrative burden and has an identifiable relationship to the person's disability.

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
26 Edison Drive
Augusta, ME 04330
Phone: 207-624-5789
or 1-866-357-4853
Relay Service: 711



Augusta Housing Authority
1 Weston Court, Suite 203B
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
133 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
520 Centre Street
Bath, ME 04530
Phone: 207-443-3116
Relay Service: 711



Portland Housing Authority
970 Baxter Boulevard
Portland, ME 04103
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
P.O. Box 361
86 Lisbon St
Lewiston, ME 04245
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!

PRE-APPLICATION

Tell us about all the person applying (Head of Household).

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').

Protections for Victims of Domestic Violence, Dating Violence, Sexual Assault or Stalking

When should I receive this form? A covered housing provider must provide a copy of the Notice of Occupancy Rights Under The Violence Against Women Act (Form HUD-5380) and the Certification of Domestic Violence, Dating Violence, Sexual Assault, or Stalking (Form HUD-5382) when you are admitted as a tenant, when you receive an eviction or termination notice and prior to termination of tenancy, or when you are denied as an applicant. A covered housing provider may provide these forms at additional times.

What is the Violence Against Women Act (“VAWA”)? This notice describes protections that may apply to you as an applicant or a tenant under a housing program covered by a federal law called the Violence Against Women Act (“VAWA”). VAWA provides housing protections for victims of domestic violence, dating violence, sexual assault or stalking. VAWA protections must be in leases and other program documents, as applicable. VAWA protections may be raised at any time. You do not need to know the type or name of the program you are participating in or applying to in order to seek VAWA protections.

What if I require this information in a language other than English? To read this information in Spanish or another language, please contact **Westbrook Housing at 207-854-9779 or info@westbrookhousing.org**. You can read translated VAWA forms at https://www.hud.gov/program_offices/administration/hudclips/forms/hud5a#4. If you speak or read in a language other than English, your covered housing provider must give you language assistance regarding your VAWA protections (for example, oral interpretation and/or written translation).

What do the words in this notice mean?

- *VAWA violence/abuse* means one or more incidents of domestic violence, dating violence, sexual assault, or stalking.
- *Victim* means any victim of *VAWA violence/abuse*, regardless of actual or perceived sexual orientation, gender identity, sex, or marital status.
- *Affiliated person* means the tenant’s spouse, parent, sibling, or child; or any individual, tenant, or lawful occupant living in the tenant’s household; or anyone for whom the tenant acts as parent/guardian.
- *Covered housing program*¹ includes the following HUD programs:
 - Public Housing
 - Tenant-based vouchers (TBV, also known as Housing Choice Vouchers or HCV) and Project-based Vouchers (PBV) Section 8 programs
 - Section 8 Project-Based Rental Assistance (PBRA)
 - Section 8 Moderate Rehabilitation Single Room Occupancy
 - Section 202 Supportive Housing for the Elderly
 - Section 811 Supportive Housing for Persons with Disabilities
 - Section 221(d)(3)/(d)(5) Multifamily Rental Housing
 - Section 236 Multifamily Rental Housing
 - Housing Opportunities for Persons With AIDS (HOPWA) program
 - HOME Investment Partnerships (HOME) program
 - The Housing Trust Fund
 - Emergency Solutions Grants (ESG) program
 - Continuum of Care program
 - Rural Housing Stability Assistance program
- *Covered housing provider* means the individual or entity under a covered housing program that is responsible for providing or overseeing the VAWA protection in a specific situation. The covered housing provider may be a public housing agency, project sponsor, housing owner, mortgagor, housing manager, State or local government, public agency, or a nonprofit or for-profit organization as the lessor.

What if I am an applicant under a program covered by VAWA? You can’t be denied housing, housing assistance, or homeless assistance covered by VAWA just because you (or a household member) are or were a victim or just because of problems you (or a household member) had as a direct result of being or having been a victim. For example, if you

¹ For information about non-HUD covered housing programs under VAWA, see Interagency Statement on the Violence Against Women Act’s Housing Provisions at <https://www.hud.gov/sites/dfiles/PA/documents/InteragencyVAWAHousingStmnt092024.pdf>.

have a poor rental or credit history or a criminal record, and that history or record is the direct result of you being a victim of VAWA abuse/violence, that history or record cannot be used as a reason to deny you housing or homeless assistance covered by VAWA.

What if I am a tenant under a program covered by VAWA? You cannot lose housing, housing assistance, or homeless assistance covered by VAWA or be evicted just because you (or a household member) are or were a victim of VAWA violence/abuse. You also cannot lose housing, housing assistance, or homeless assistance covered by VAWA or be evicted just because of problems that you (or a household member) have as a direct result of being or having been a victim. For example, if you are a victim of VAWA abuse/violence that directly results in repeated noise complaints and damage to the property, neither the noise complaints nor property damage can be used as a reason for evicting you from housing covered by VAWA. You also cannot be evicted or removed from housing, housing assistance, or homeless assistance covered by VAWA because of someone else's criminal actions that are directly related to VAWA abuse/violence against you, a household member, or another affiliated person.

How can tenants request an emergency transfer? Victims of VAWA violence/abuse have the right to request an emergency transfer from their current unit to another unit for safety reasons related to the VAWA violence/abuse. An emergency transfer cannot be guaranteed, but you can request an emergency transfer when:

1. You (or a household member) are a victim of VAWA violence/abuse;
2. You expressly request the emergency transfer; **AND**
3. **EITHER**
 - a. you reasonably believe that there is a threat of imminent harm from further violence, including trauma, if you (or a household member) stay in the same dwelling unit; **OR**
 - b. if you (or a household member) are a victim of sexual assault, either you reasonably believe that there is a threat of imminent harm from further violence, including trauma, if you (or a household member) were to stay in the unit, or the sexual assault occurred on the premises and you request an emergency transfer within 90 days (including holidays and weekend days) of when that assault occurred.

You can request an emergency transfer even if you are not lease compliant, for example if you owe rent. If you request an emergency transfer, your request, the information you provided to make the request, and your new unit's location must be kept strictly confidential by the covered housing provider. The covered housing provider is required to maintain a VAWA emergency transfer plan and make it available to you upon request. To request an emergency transfer or to read the covered housing provider's VAWA emergency transfer plan, **contact Westbrook Housing at 207-854-9779 or info@westbrookhousing.org**. The VAWA emergency transfer plan includes information about what the covered housing provider does to make sure your address and other relevant information are not disclosed to your perpetrator.

Can the perpetrator be evicted or removed from my lease? Depending on your specific situation, your covered housing provider may be able to divide the lease to evict just the perpetrator. This is called "lease bifurcation."

What happens if the lease bifurcation ends up removing the perpetrator who was the only tenant who qualified for the housing or assistance? In this situation, the covered housing provider must provide you and other remaining household members an opportunity to establish eligibility or to find other housing. If you cannot or don't want to establish eligibility, then the covered housing provider must give you a reasonable time to move or establish eligibility for another covered housing program. This amount of time varies, depending on the covered housing program involved. The table below shows the reasonable time provided under each covered housing programs with HUD. Timeframes for covered housing programs operated by other agencies are determined by those agencies.

Covered Housing Program(s)	Reasonable Time for Remaining Household Members to Continue to Receive Assistance, Establish Eligibility, or Move.
HOME and Housing Trust Fund, Continuum of Care Program (except for permanent supportive housing), ESG program, Section 221(d)(3) Program, Section 221(d)(5) Program, Rural Housing Stability Assistance Program	Because these programs do not provide housing or assistance based on just one person's status or characteristics, the remaining tenant(s), or family member(s) in the CoC program, can keep receiving assistance or living in the assisted housing as applicable.
Permanent supportive housing funded by the Continuum of Care Program	The remaining household member(s) can receive rental assistance until expiration of the lease that is in effect when the qualifying member is evicted.
Housing Choice Voucher, Project-based Voucher, and Public Housing programs (for Special Purpose Vouchers (e.g., HUD-VASH, FUP, FYI, etc.), see also program specific guidance)	<p>If the person removed was the only tenant who established eligible citizenship/immigration status, the remaining household member(s) must be given 30 calendar days from the date of the lease bifurcation to establish program eligibility or find alternative housing.</p> <p>For HUD-VASH, if the veteran is removed, the remaining family member(s) can keep receiving assistance or living in the assisted housing as applicable. If the veteran was the only tenant who established eligible citizenship/immigration status, the remaining household member(s) must be given 30 calendar days to establish program eligibility or find alternative housing.</p>
Section 202/811 PRAC and SPRAC	The remaining household member(s) must be given 90 calendar days from the date of the lease bifurcation or until the lease expires, whichever is first, to establish program eligibility or find alternative housing.
Section 202/8	<p>The remaining household member(s) must be given 90 calendar days from the date of the lease bifurcation or when the lease expires, whichever is first, to establish program eligibility or find alternative housing.</p> <p>If the person removed was the only tenant who established eligible citizenship/immigration status, the remaining household member(s) must be given 30 calendar days from the date of the lease bifurcation to establish program eligibility or find alternative housing.</p>
Section 236 (including RAP); Project-based Section 8 and Mod Rehab/SRO	The remaining household member(s) must be given 30 calendar days from the date of the lease bifurcation to establish program eligibility or find alternative housing.
HOPWA	The remaining household member(s) must be given no less than 90 calendar days, and not more than one year, from the date of the lease bifurcation to establish program eligibility or find alternative housing. The date is set by the HOPWA Grantee or Project Sponsor.

Are there any reasons that I can be evicted or lose assistance? VAWA does not prevent you from being evicted or losing assistance for a lease violation, program violation, or violation of other requirements that are not due to the VAWA violence/abuse committed against you or an affiliated person. However, a covered housing provider cannot be stricter with you than with other tenants, just because you or an affiliated person experienced VAWA abuse/violence. VAWA also will not prevent eviction, termination, or removal if other tenants or housing staff are shown to be in immediate, physical danger that could lead to serious bodily harm or death if you are not evicted or removed from assistance. **But only if no other action can be taken to reduce or eliminate the threat** should a covered housing provider evict you or end your assistance, if the VAWA abuse/violence happens to you or an affiliated person. A covered housing provider must provide a copy of the Notice of Occupancy Rights Under The Violence Against Women Act (Form HUD-5380) and the Certification of Domestic Violence, Dating Violence, Sexual Assault, or Stalking (Form HUD-5382) when you receive an eviction or termination notice and prior to termination of tenancy.

What do I need to document that I am a victim of VAWA abuse/violence? If you ask for VAWA protection, the covered housing provider may request documentation showing that you (or a household member) are a victim. BUT the covered housing provider must make this request in writing and must give you at least 14 business days (weekends and holidays do not count) to respond, and you are free to choose any one of the following:

1. A self-certification form (for example, Form-HUD 5382), which the covered housing provider must give you along with this notice. Either you can fill out the form or someone else can complete it for you;
2. A statement from a victim/survivor service provider, attorney, mental health professional or medical professional who has helped you address incidents of VAWA violence/abuse. The professional must state “under penalty of perjury” that he/she/they believes that the incidents of VAWA violence/abuse are real and covered by VAWA. Both you and the professional must sign the statement;
3. A police, administrative, or court record (such as a protective order) that shows you (or a household member) were a victim of VAWA violence/abuse; **OR**
4. If allowed by your covered housing provider, any other statement or evidence provided by you.

It is your choice which documentation to provide and the covered housing provider must accept any one of the above as documentation. The covered housing provider is prohibited from seeking additional documentation of victim status or requiring more than one of these types of documentation, unless the covered housing provider receives conflicting information about the VAWA violence/abuse.

If you do not provide one of these types of documentation by the deadline, the covered housing provider does not have to provide the VAWA protections you requested. If the documentation received by the covered housing provider contains conflicting information about the VAWA violence/abuse, the covered housing provider may require you to provide additional documentation from the list above, but the covered housing provider must give you another 30 calendar days to do so.

Will my information be kept confidential? If you share information with a covered housing provider about why you need VAWA protections, the covered housing provider must keep the information you share strictly confidential. This information should be securely and separately kept from your other tenant files. No one who works for your covered housing provider will have access to this information, unless there is a reason that specifically calls for them to access this information, your covered housing provider explicitly authorizes their access for that reason, and that authorization is consistent with applicable law.

Your information **will not be disclosed** to anyone else or put in a database shared with anyone else, except in the following situations:

1. If you give the covered housing provider written permission to share the information for a limited time;
2. If the covered housing provider needs to use that information in an eviction proceeding or hearing; or
3. If other applicable law requires the covered housing provider to share the information.

How do other laws apply? VAWA does not limit the covered housing provider's duty to honor court orders about access to or control of the property, or civil protection orders issued to protect a victim of VAWA abuse/violence.

Additionally, VAWA does not limit the covered housing provider's duty to comply with a court order with respect to the distribution or possession of property among household members during a family break up. The covered housing provider must follow all applicable fair housing and civil rights requirements.

Can I request a reasonable accommodation? If you have a disability, your covered housing provider must provide reasonable accommodations to rules, policies, practices, or services that may be necessary to allow you to equally benefit from VAWA protections (for example, giving you more time to submit documents or assistance with filling out forms). You may request a reasonable accommodation at any time, even for the first time during an eviction. If a provider is denying a specific reasonable accommodation because it is not reasonable, your covered housing provider must first engage in the interactive process with you to identify possible alternative accommodations. To request a reasonable accommodation, please contact **Westbrook Housing at (207) 854-9779 or info@westbrookhousing.org**. Your covered housing provider must also ensure effective communication with individuals with disabilities.

Have your protections under VAWA been denied? If you believe that the covered housing provider has violated these rights, you may seek help by contacting:

**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**

. You can also find additional information on filing VAWA complaints at <https://www.hud.gov/VAWA> and https://www.hud.gov/program_offices/fair_housing_equal_opp/VAWA. To file a VAWA complaint, visit <https://www.hud.gov/fairhousing/fileacomplaint>.

Need further help?

- For additional information on VAWA and to find help in your area, visit <https://www.hud.gov/vawa>.
- To talk with a housing advocate, contact **Westbrook Housing 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.**

Public reporting burden for this collection of information is estimated to range from 45 to 90 minutes per each covered housing provider's response, depending on the program. This includes time to print and distribute the form. Comments concerning the accuracy of this burden estimate and any suggestions for reducing this burden can be sent to the Reports Management Officer, QDAM, Department of Housing and Urban Development, 451 7th Street, SW, Washington, D.C. 20410. This notice is required for covered housing programs under section 41411 of VAWA and 24 CFR 5.2003. Covered housing providers must give this notice to applicants and tenants to inform them of the VAWA protections as specified in section 41411(d)(2). This is a model notice, and no information is being collected. A Federal 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.

**CERTIFICATION OF DOMESTIC VIOLENCE, DATING VIOLENCE,
SEXUAL ASSAULT, OR STALKING**

Confidentiality Note: Any personal information you share in this form will be maintained by your covered housing provider according to the confidentiality provisions below.

Purpose of Form: If you are a tenant of or applicant for housing assisted under a covered housing program, or if you are applying for or receiving transitional housing or rental assistance under a covered housing program, and ask for protection under the Violence Against Women Act (“VAWA”), you may use this form to comply with a covered housing provider's request for written documentation of your status as a "victim". This form is accompanied by a "Notice of Occupancy Rights Under the Violence Against Women Act," Form HUD-5380.

VAWA protects individuals and families regardless of a victim’s age or actual or perceived sexual orientation, gender identity, sex, or marital status.

You are not expected **and cannot be asked or required** to claim, document, or prove victim status or VAWA violence/abuse other than as stated in "Notice of Occupancy Rights Under the Violence Against Women Act," Form HUD-5380.

This form is **one of your available options** for responding to a covered housing provider’s written request for documentation of victim status or the incident(s) of VAWA violence/abuse. If you choose, you may submit one of the types of third-party documentation described in Form HUD-5380, in the section titled, “What do I need to document that I am a victim?”. Your covered housing provider must give you at least 14 business days (weekends and holidays do not count) to respond to their written request for this documentation.

Will my information be kept confidential? Whenever you ask for or about VAWA protections, your covered housing provider must keep any information you provide about the VAWA violence/abuse or the fact you (or a household member) are a victim, including the information on this form, strictly confidential. This information should be securely and separately kept from your other tenant files. This information can only be accessed by an employee/agent of your covered housing provider if (1) access is required for a specific reason, (2) your covered housing provider explicitly authorizes that person’s access for that reason, **and** (3) the authorization complies with applicable law. This information will not be given to anyone else or put in a database shared with anyone else, unless your covered housing provider (1) gets your written permission to do so for a limited time, (2) is required to do so as part of an eviction or termination hearing, **or** (3) is required to do so by law.

In addition, your covered housing provider must keep your address strictly confidential to ensure that it is not disclosed to a person who committed or threatened to commit VAWA violence/abuse against you (or a household member).

What if I require this information in a language other than English? To read this in Spanish or another language, please contact **Westbrook Housing at 207-854-9779 or info@westbrookhousing.org**. You can read translated VAWA forms at https://www.hud.gov/program_offices/administration/hudclips/forms/hud5a#4. If you speak or read in a language other than English, your covered housing provider must give you language assistance regarding your VAWA protections (for example, oral interpretation and/or written translation).

Can I request a reasonable accommodation? If you have a disability, your covered housing provider must provide reasonable accommodations to rules, policies, practices, or services that may be necessary to allow you to equally benefit from VAWA protections (for example, giving you more time to submit documents or assistance with filling out forms). You may request a reasonable accommodation at any time, even for the first time during an eviction. If a provider is denying a specific reasonable accommodation because it is not reasonable, your covered housing provider must first engage in the interactive process with you to identify possible alternative accommodations. Your covered housing provider must also ensure effective communication with individuals with disabilities.

Need further help?

For additional information on VAWA and to find help in your area, visit <https://www.hud.gov/vawa>.

To speak with a housing advocate, contact **Westbrook Housing 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.**

TO BE COMPLETED BY OR ON BEHALF OF THE VICTIM OF DOMESTIC VIOLENCE, DATING VIOLENCE, SEXUAL ASSAULT, OR STALKING

1. Name(s) of victim(s): _____

2. Your name (if different from victim’s): _____

3. Name(s) of other member(s) of the household: _____

4. Name of the perpetrator (if known and can be safely disclosed): _____

5. What is the safest and most secure way to contact you? (You may choose more than one.)

If any contact information changes or is no longer a safe contact method, notify your covered housing provider.

Phone Phone Number: _____

Safe to receive a voicemail: Yes No

E-mail E-mail Address: _____

Safe to receive an email: Yes No

Mail Mailing Address: _____

Safe to receive mail from your housing provider: Yes No

Other Please List: _____

6. Anything else your housing provider should know to safely communicate with you?

Applicable definitions of domestic violence, dating violence, sexual assault, or stalking:

Domestic violence includes felony or misdemeanor crimes of violence committed by a current or former spouse or intimate partner of the victim, by a person with whom the victim shares a child in common, by a person who lives with or has lived with the victim as a spouse or intimate partner, by a person similarly situated to a spouse of the victim under the domestic or family violence laws of the jurisdiction, or by any other person against an adult or youth victim who is protected from that person's acts under the domestic or family violence laws of the jurisdiction.

Spouse or intimate partner of the victim includes a person who is or has been in a social relationship of a romantic or intimate nature with the victim, as determined by the length of the relationship, the type of the relationship, and the frequency of interaction between the persons involved in the relationship.

Dating violence means violence committed by a person:

- (1) Who is or has been in a social relationship of a romantic or intimate nature with the victim; **and**
- (2) Where the existence of such a relationship shall be determined based on a consideration of the following factors: (i) The length of the relationship; (ii) The type of relationship; and (iii) The frequency of interaction between the persons involved in the relationship.

Sexual assault means any nonconsensual sexual act proscribed by Federal, tribal, or State law, including when the victim lacks capacity to consent.

Stalking means engaging in a course of conduct directed at a specific person that would cause a reasonable person to:

- (1) Fear for the person's individual safety or the safety of others **or**
- (2) Suffer substantial emotional distress.

Certification of Applicant or Tenant: By signing below, I am certifying that the information provided on this form is true and correct to the best of my knowledge and recollection, and that one or more members of my household is or has been a victim of domestic violence, dating violence, sexual assault, or stalking as described in the applicable definitions above.

Signature

Date

Public Reporting Burden for this collection of information is estimated to average 20 minutes per response. This includes the time for collecting, reviewing, and reporting. Comments concerning the accuracy of this burden estimate and any suggestions for reducing this burden can be sent to the Reports Management Officer, QDAM, Department of Housing and Urban Development, 451 7th Street, SW, Washington, DC 20410. Housing providers in programs covered by VAWA may request certification that the applicant or tenant is a victim of VAWA violence/abuse. A Federal 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.