



**The following application is for Westbrook Housing's Project Based Voucher Assistance subsidized apartments. If approved you will pay 30% of monthly gross income for rent. They are located at:**

- **Larrabee Commons** – 27 Liza Harmon Dr., Westbrook ME 04092.
- **Larrabee Village** – 30 Liza Harmon Dr., Westbrook ME 04092. Larrabee Village offers optional services including meals, laundry, housekeeping, and an on-site Resident Attendant from 7am-9pm.
- **Larrabee Woods** – 9 Dottie's Way, Westbrook ME 04092. Please note: Tenant pays utilities.
- **Riverview Terrace** – 21 Knight St, Westbrook ME 04092.
- **Robert L. Harnois Apartments**- 70 Ruth Hunton Ct., Westbrook ME 04092.
- **Lewis H. Emery Apartments**- 67 Ruth Hunton Ct., Westbrook ME 04092.

All properties are **NON SMOKING** and offer amenities such as housekeeping, day trips, on-site laundry and common room access. One small cat or dog is allowed with a \$300 refundable pet deposit.

Larrabee Woods and Riverview Terrace both offer a preference for the following: Homeless: Applicants who are homeless and who live or work in Westbrook.

- Complete this application by filling it out completely and signing where indicated. An incomplete application will be returned to you, which could delay the process.
- After your application has been processed you will receive a letter in the mail confirming it was received.
- Maximum Income limits are as follows (Income limits subject to change):
  - Family of one \$48,700 and a family of two \$55,650
- If you need assistance completing this application, please call 854-6844.
- If you are interested in our other properties or want to apply for a Housing Choice Voucher you will have to complete a separate application. They are available in our office, or to download or print on our website at [www.westbrookhousing.org](http://www.westbrookhousing.org), or to fill out online at <https://online.westbrookhousing.org> and choose applicant login at top at the first page, and >Click here to register on the bottom of the next page.
- **It is extremely important that you keep us updated with any address or telephone changes. If we are unable to contact you when your name comes to the top of the waiting list, your application will be made inactive. Please do not call about your wait list status; we cannot give out your place on the list.**
- When your name nears the top of the waiting list, we will need more information from you. We will notify you when we need them.

**PLEASE KEEP THIS PAGE FOR YOUR RECORDS**





WESTBROOK HOUSING  
30 LIZA HARMON DRIVE, WESTBROOK, MAINE 04092 ~ (P) 207.854.9779 (F) 207.854.0962  
WWW.WESTBROOKHOUSING.ORG ~ INFO@WESTBROOKHOUSING.ORG



**APPLICATION FOR: LARRABEE COMMONS (DR. ARTHUR O. BERRY), LARRABEE VILLAGE, LARRABEE WOODS, RIVERVIEW TERRACE, ROBERT L. HARNOIS, LEWIS H. EMERY**

**DATE:** \_\_\_\_\_ **PHONE NUMBER:** \_\_\_\_\_

**NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**MAILING ADDRESS:** \_\_\_\_\_

**EMAIL ADDRESS:** \_\_\_\_\_

**Please check if the following apply:**

- ☐ Homeless  
☐ Would benefit from accessibility features in the apartment

62+ buildings: All applicants must be 62 or older  
 55+ buildings: At least one applicant must be 55 or older

***Please check all the waiting lists you want to be placed on.***

|                                                                                                                                                                                                       |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Larrabee Commons (aka Dr. Arthur O. Berry) One bedroom, have walk in showers, some are handicap accessible. You must be age 55 or older to qualify for this property.        |
| <input type="checkbox"/> Larrabee Village One bedroom, all units are handicap accessible. You must be age 62 or older to qualify for this property. Meals and some services available.                |
| <input type="checkbox"/> Larrabee Woods <input type="checkbox"/> One Bedroom <input type="checkbox"/> Two Bedroom<br>You must be age 62 or older or declared disabled to qualify for this property    |
| <input type="checkbox"/> Riverview Terrace <input type="checkbox"/> Efficiency <input type="checkbox"/> One Bedroom<br>You must be age 62 or older or declared disabled to qualify for this property. |
| <input type="checkbox"/> Robert L. Harnois One bedroom, all units have walk in showers, some are handicap accessible. You must be age 62 or older to qualify for this property.                       |
| <input type="checkbox"/> Lewis H. Emery One bedroom, all units have walk in showers, some are handicap accessible. You must be age 55 or older to qualify for this property.                          |

| NAME | SEX | DATE OF BIRTH | SOCIAL SECURITY NUMBER | PLACE OF BIRTH |
|------|-----|---------------|------------------------|----------------|
|      |     |               |                        |                |
|      |     |               |                        |                |
|      |     |               |                        |                |



**Race and Ethnicity – Head of Household only. (Not mandatory, for HUD statistics only)**

Check All that Apply:

- ☐ White  
☐ Black/African American  
☐ Asian  
☐ American Indian

Check One:

- ☐ Non-Hispanic or Non-Latino  
☐ Hispanic or Latino

**HOUSEHOLD INCOME:** You must list ALL income for ALL household members, including yourself. Income includes; social security, unemployment, wages, pensions, alimony or any other form of income.

| NAME | SOURCE | AMOUNT | FREQUENCY |
|------|--------|--------|-----------|
|      |        |        |           |
|      |        |        |           |
|      |        |        |           |

**ASSET INFORMATION:** List all bank accounts, real estate, life insurance policies, stocks/bonds, 401K's, etc. for all household members, including yourself.

| NAME | NAME OF BANK/<br>CREDIT UNION | ACCOUNT TYPE<br>(checking, etc.) | CURRENT<br>BALANCE |
|------|-------------------------------|----------------------------------|--------------------|
|      |                               |                                  |                    |
|      |                               |                                  |                    |
|      |                               |                                  |                    |
|      |                               |                                  |                    |

Do you require an accommodation to participate in the application process? Yes \_\_\_\_\_ No \_\_\_\_\_

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

Do you require an interpreter? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, what language \_\_\_\_\_

**In order to qualify you must:**

- Meet the HUD requirements for citizenship or immigration status.
- Not owe any money to a housing authority.
- Sign any authorization forms required to verify eligibility requirements when requested.



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 Westbrook Housing at 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.***

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Applicant Signature

Date

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Co-Head/Spouse/Other Adult Signature

Dat





### 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)<br><input type="checkbox"/> Emergency<br><input type="checkbox"/> Unable to contact you<br><input type="checkbox"/> Termination of rental assistance<br><input type="checkbox"/> Eviction from unit<br><input type="checkbox"/> Late payment of rent                                                    | <input type="checkbox"/> Assistance with Recertification process<br><input type="checkbox"/> Change in terms of lease<br><input type="checkbox"/> Change in house rules<br><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>                                                                                                                                                                                                     |



**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](mailto:info@westbrookhousing.org)**. You can read translated VAWA forms at [https://www.hud.gov/program\\_offices/administration/hudclips/forms/hud5a#4](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*<sup>1</sup> 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

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<sup>1</sup> 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](mailto: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.

| <b>Covered Housing Program(s)</b>                                                                                                                                                                               | <b>Reasonable Time for Remaining Household Members to Continue to Receive Assistance, Establish Eligibility, or Move.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 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](mailto: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](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](mailto: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](mailto:info@westbrookhousing.org)**. You can read translated VAWA forms at [https://www.hud.gov/program\\_offices/administration/hudclips/forms/hud5a#4](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](mailto: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?

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**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.

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**Signature**

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**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.