

Don't staple the pages of this application together!

1. Some providers *scan* the application, and if you staple, that means removing staples from 1000 applications every week or month.
2. If you include a letter, don't staple that either: providers need to quickly get to your waitlist data and your cover page just gets in the way.

Use #10 double window envelopes. Fold on the line, and addresses will fit in the windows.

Dear _____

I am applying to the following waitlist, which I believe is open:

App Generated: _____

Housing Authority or Management Office Only

Is this waitlist closed? Any other questions or concerns? *Fill in the appropriate circle(s) below and fax this page to HousingWorks at the number below – and we will correct the problem. Hundreds of thousands of applicants check our free website to see what lists are open! Keeping us updated will save you many phone calls, reduces frivolous applications - and takes only 10 minutes a year.*

☐ **This particular waitlist is closed: The only open waitlists we have at present are:**

☐ **This is not the correct application. The correct application is available by/from:**

☐ **Any other info you wish to tell HousingWorks?**

Your position or title at this housing program: _____

Your signature: _____

HousingWorks Fax: **617-536-8516**



○	Head of Household's FIRST Name
	Head of Household's MIDDLE Name
	Head of Household's LAST Name

HoH's SOCIAL SECURITY NUMBER	GENDER	HoH's DATE OF BIRTH
○	○	○

ETHNICITY Also provide your race at right!	RACE: Asian , Black, White, Native American, Pacific Islander, Multi-racial Do <u>NOT</u> write Spanish, Hispanic, Latino here – and do <u>NOT</u> write your country!
○	○

○ YOUR MOTHER'S MAIDEN NAME

YOUR HOME TELEPHONE	SECOND TELEPHONE
○	
YOUR EMAIL ADDRESS	
○	

CURRENT ADDRESS <u>OR</u> LONG-TERM CONTACT ADDRESS
This is:
○
○

SECOND CONTACT ADDRESS
This is:
○
○

TOTAL HOUSEHOLD SIZE	# BEDROOMS	How much money does your family receive in a year?
○ # Adults # Children Total #	○	○ .0 0

INCOME SOURCES
○

MOBILE RENTAL ASSISTANCE, if any
○

REQUESTED ACCOMMODATIONS
○

SPECIAL CIRCUMSTANCES THAT <u>SOME</u> PROGRAMS MAY USE TO ASSIGN PRIORITY OR PREFERENCE
○



20 Great Falls Plaza, P.O. Box 3037,
Auburn, ME 04212-3037
(207)784-7351

PRELIMINARY APPLICATION FOR LOW/MODERATE INCOME HOUSING ASSISTANCE

ELDERLY DEVELOPMENTS (HOUSING FOR ELDERLY, DISABLED, HANDICAPPED)	✓
Auburn Esplanade	
Barker Mill Arms	
Barker Mill Place (1bedroom) FULL MARKET RENTS	
Lake Auburn Towne House – (1 Bedroom)	
Lake Auburn Towne House (Efficiency Units)	
Merrill Estates, Mechanic Falls	
Roak Block	

FAMILY DEVELOPMENTS (MUST QUALIFY FOR AVAILABLE BEDROOM SIZES)	✓
Lincoln School Apartments (2 bedroom units)	
Broadview Acres (2, 3 and 4 bedroom units)	
Family Development (3 and 4 bedroom units)	

Non-Smoking policy: Smoking does not affect your eligibility for a unit operated by the Auburn Housing Authority. AHA prohibits smoking in the apartment, the building or within 25 feet of the building. Persons who cannot abide by this policy should not apply for housing owned by Auburn Housing Authority.

1. Head of Household (HOH)

Full Name: _____

Date of Birth: _____ Age: _____ City/State of Birth: _____ Soc. Sec. No. _____

Physical/Home Address: _____ Unit/Apt#: _____

City/Town: _____ State: _____ Zip Code _____

Mailing Address (If Different): _____ Unit/Apt#: _____

City/Town: _____ State: _____ Zip Code _____

Home Phone #: _____ Cell Phone #: _____ Email: _____

2. Spouse/Partner/Other Adult

Full Name: _____

Date of Birth: _____ Age: _____ City/State of Birth: _____ Soc. Sec. No. _____

3. Other Household Members

Family Member's Full Name (First, MI, Last)	Relationship	Place of Birth (City & State)	Date of Birth	Age	Sex	Social Security Number

4. Income (Wages, Social Security, SSI, SSDI, Pension, 401K, IRA)

Family Member Name	Source of Income	Gross Amount	Weekly (✓)	Bi-Weekly (✓)	Monthly (✓)

☐ Check here if you ran out of space and have attached a separate sheet of paper to provide further information.

5. Asset Information (Savings, IRA 401K, Life Insurance)

Family Member Name	Bank Name	Type of Account	Account Number	Balance

☐ Check here if you ran out of space and have attached a separate sheet of paper to provide further information.

For purposes of determining "household type", is head or spouse disabled?

☐ Yes ☐ No

Will anyone on this application require a handicapped accessible unit?

☐ Yes ☐ No

Are any household members subject to the lifetime sex offender registration

☐ Yes ☐ No

If yes, who? _____

Has anyone in the household resided in another state?

☐ Yes ☐ No

If yes, who and what state(s) _____

Instructions: Please Print. All information on this form must be complete to be processed.

DO NOT LEAVE ANY SECTIONS OR QUESTIONS BLANK OR UNANSWERED

If a question doesn't apply to you write "None" or check the "no" box.

CERTIFICATION OF QUALIFICATION FOR WAITING LIST PREFERENCE

Auburn Housing Authority has established the following local preferences. Please read each one carefully, and indicate whether or not it applies to your household. Qualifying for a preference(s) will affect your position on the waiting list. You will be required to verify any preference(s) you claim prior to selection for assistance, and must continue to qualify for the preference to maintain your position on the waiting list(s).

☐ Yes ☐ No

Auburn Resident: Applicants qualify for this preference if they (Head of Household) reside or work or attend school full-time within Auburn Housing Authority's area of operation which includes Auburn, Mechanic Falls, Minot, New Gloucester, Poland and Turner.

School (HOH) Attending (If applicable): _____

☐ Yes ☐ No

Working Families: Applicants qualify for this preference if the head, spouse or co-head has earned income or if the head, spouse, or co-head is 62 or older or if the head, spouse, or co-head disabled.

☐ Yes ☐ No

Displaced by Fire, Flood/Natural Disaster, or Government Action: Applicants qualify for this preference if the family has had to vacate housing as a result of fire, flood or other natural disaster that has caused the unit to be uninhabitable and the family is not living in standard, permanent replacement housing. Applicants also qualify for this preference if they will be involuntarily displaced within 6 months due to govt. action related to code enforcement, public improvement or development, or due to HUD disposition of a certain project. Applicants qualify for this preference if the displacement was from a residence located within Auburn Housing Authority's area of operation which includes Auburn, Mechanic Falls, Minot, New Gloucester, Poland and Turner. Certification will be required.

Address of Displacement: _____

☐ Yes ☐ No

Subsidized Applicant: Check yes if you are currently receiving rental assistance based upon 30% of your monthly income

For Statistical Use Only, providing the following information is optional:

Race of Head of Household:

Ethnicity of Head of Household

☐ White ☐ American Indian/Alaskan Native
☐ Black ☐ Asian/Pacific Islander

☐ Hispanic
☐ Non-Hispanic

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

Signature of Head: _____

Date: _____

Signature of Other Adult: _____

Date: _____

Fair Housing Law of 1988, Section 504 of the 1973 Rehabilitation Act and Americans with Disabilities Act requires that we reasonably accommodate persons with disabilities. Do you, or any member of your household, request a specific accommodation in order to fully utilize the application process or services of the Auburn Housing Authority?

☐ Yes ☐ No

If you have answered yes, please request a Reasonable Accommodation Request and Verification Form.

The AHA shall not discriminate because of race, color, sex, religion, familial status, disability, national origin, marital status, or sexual orientation in the leasing, rental, or other disposition of housing or related facilities, including land that is part of any project or projects under the AHA's jurisdiction.

Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING

This form is to be provided to each applicant for federally assisted housing

Instructions: Optional Contact Person or Organization: You have the right by law to include as part of your application for housing, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. **You may update, remove, or change the information you provide on this form at any time.** You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form.

Applicant Name:											
Mailing Address:											
Telephone No:	Cell Phone No:										
Name of Additional Contact Person or Organization:											
Address:											
Telephone No:	Cell Phone No:										
E-Mail Address (if applicable):											
Relationship to Applicant:											
Reason for Contact: (Check all that apply) <table border="0"> <tr> <td><input type="checkbox"/> Emergency</td> <td><input type="checkbox"/> Assist with Recertification Process</td> </tr> <tr> <td><input type="checkbox"/> Unable to contact you</td> <td><input type="checkbox"/> Change in lease terms</td> </tr> <tr> <td><input type="checkbox"/> Termination of rental assistance</td> <td><input type="checkbox"/> Change in house rules</td> </tr> <tr> <td><input type="checkbox"/> Eviction from unit</td> <td><input type="checkbox"/> Other: _____</td> </tr> <tr> <td><input type="checkbox"/> Late payment of rent</td> <td></td> </tr> </table>		<input type="checkbox"/> Emergency	<input type="checkbox"/> Assist with Recertification Process	<input type="checkbox"/> Unable to contact you	<input type="checkbox"/> Change in lease terms	<input type="checkbox"/> Termination of rental assistance	<input type="checkbox"/> Change in house rules	<input type="checkbox"/> Eviction from unit	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Late payment of rent	
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<input type="checkbox"/> Eviction from unit	<input type="checkbox"/> Other: _____										
<input type="checkbox"/> Late payment of rent											
Commitment of Housing Authority or Owner: If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.											
Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.											
Legal Notification: Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.											

☐ Check this box if you choose not to provide the contact information.

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Signature of Applicant

The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). The public reporting burden is estimated at 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Section 644 of the Housing and Community Development Act of 1992 (42 U.S.C. 13604) imposed on HUD the obligation to require housing providers participating in HUD's assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend, or person associated with a social, health, advocacy, or similar organization. The objective of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any delivery of services or special care to the tenant and assist with resolving any tenancy issues arising during the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and maintained as confidential information. Providing the information is basic to the operations of the HUD Assisted-Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fraud, waste and mismanagement. In accordance with the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless the collection displays a currently valid OMB control number. **Privacy Statement:** Public Law 102-550, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions.

Form HUD- 92006 (05/09)