

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
○

MAINE CENTRALIZED SECTION 8/HCV WAITING LIST

Housing Data Link of Maine, LLC

For Agency Use Only

Date and Time Rec'd

Applicant ID #: _____

PRE-APPLICATION

COMPLETE ALL INFORMATION

1. HEAD OF HOUSEHOLD

First Name: _____ Date of Birth _____
Physical/Home Address: _____ Unit/Apt # _____
City/Town: _____ Zip Code: _____
Social Security or Alien Registration#: _____ Phone: _____ E-Mail: _____
Mailing Address: _____ Unit/Apt # _____ City/
Town: _____ State: _____ Zip Code: _____

2. SPOUSE OR PARTNER

First Name: _____ Last Name: _____ Date of Birth _____
Social Security or Alien Registration#: _____ Phone: _____ E-Mail: _____

3. NUMBER OF PEOPLE WHO WILL LIVE IN THE UNIT (Including yourself):

Adults _____ Minor Children (under 18 years of age) _____

4. ANNUAL HOUSEHOLD INCOME (income before deductions for all family members): Total Amount per YEAR \$ _____

5. RACE AND ETHNICITY – HEAD OF HOUSEHOLD ONLY (Not mandatory. For HUD statistics only)

Check all that apply:

- ☐ White
☐ Black/African American
☐ American Indian/ Alaskan Native
☐ Asian
☐ Native Hawaiian/Other Pacific Islander

Check One:

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

Other:

Nationality: _____

Do you require a translator or interpreter: ☐ Yes ☐ No **If yes, what language:** _____

Do you or a family member require any accommodation to participate fully in this application process? ☐ Yes ☐ No

If yes, describe the accommodation you require: _____

6. PREFERENCES – Qualifying for a preference(s) will affect your position on the waiting list. Please read the attached *Definitions of Preferences* carefully, and indicate whether any of the preferences apply to your household. If any of these preferences change in the future, be sure to update your application by completing a *Change of Information Form*. You will be required to verify any preference(s) you claim when you are selected from the waiting list.

Check all that apply:

- ☐ 1. Disabled (Head or spouse)
☐ 2. Family with minor children or dependents
☐ 3. Veteran
☐ 4. Where do you live? (city/town if in *Maine only*) _____
☐ 5. Elderly (Head or spouse 62 yrs or older)
☐ 6. Displaced by Natural or National Disaster
☐ 7. Chronically Homeless (*please see Definitions of Preferences*)
☐ 8. Where do household members work? (List city(s)/town(s) in *Maine only*) 1. _____ 2. _____ 3. _____
☐ 9. Non-Subsidized (not currently receiving subsidized housing assistance)
☐ 10. Full-Time Student attending school in Auburn, Mechanic Falls, Minot, New Gloucester, Poland or Turner (Head or spouse)
☐ 11. Working (Head or spouse)
☐ 12. Single Person Family who is **Not** Disabled and is **Not** elderly
☐ 13. Tedford Shelter Resident

CONTINUED ON BACK →

7. **CURRENT HOUSING SITUATION** (Checked items are for additional information only. Your waiting list position is not changed in any way.)

Check all that apply:

- ☐ Staying in a shelter
- ☐ Staying with friends or family
- ☐ Have been or are being evicted
- ☐ Living in substandard housing
- ☐ Victim(s) of domestic violence
- ☐ Pay more than 50% of income for rent
- ☐ Other (please explain) _____

I CERTIFY THAT THE INFORMATION PROVIDED IN THIS APPLICATION IS ACCURATE AND COMPLETE. I understand that submission of false information or misrepresentation may result in loss of eligibility to participate in the Housing Choice Voucher program. I understand I am required to notify one of the listed Housing Authorities of any change in information on this application. I understand 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.

Signature of Head of Household: **X** _____ Date: _____

THE FOLLOWING HOUSING AUTHORITIES ARE UTILIZING THIS MAINE CENTRALIZED SECTION 8/HCV WAITING LIST SYSTEM.

- AUBURN HOUSING AUTHORITY**
20 GREAT FALLS PLAZA, P.O. BOX 3037
AUBURN, ME 04212-3037
Phone: 207-784-7351
Relay Service: 711

BATH HOUSING AUTHORITY
80 CONGRESS AVENUE
BATH, ME 04530
Phone: 207-443-3116
Relay Service: 711

PORTLAND HOUSING AUTHORITY
14 BAXTER BOULEVARD
PORTLAND, ME 04101
Phone: 207-773-4753
TDD: 207-447-2570
- SOUTH PORTLAND HOUSING AUTHORITY**
100 WATERMAN DRIVE – SUITE 101
SOUTH PORTLAND, ME 04106
Phone: 207-773-4140
Relay Service: 711

WESTBROOK HOUSING
30 LIZA HARMON DRIVE
WESTBROOK, ME 04092
Phone: 207-854-9779
Relay Service: 711

You may return the completed application to any one of the Housing Authorities listed. Incomplete applications will not be accepted. They will be returned, if possible, for completion. If you have any questions call one of the Housing Authorities listed. Thank you.



MAINE CENTRALIZED SECTION 8/HCV WAITING LIST

Housing Data Link of Maine, LLC

DEFINITIONS OF PREFERENCES

1. **DISABLED** – A family whose head, spouse or sole member has a physical or mental disability. This may require verification from a third party source for eligibility purposes. (For additional information regarding Additional Terms or Exceptions see 5 M.S.R.A 4553-A)

“Physical or mental disability” means:

A. Physical or Mental disability, defined – “Physical or mental disability means:

1. A physical or mental impairment that substantially limits one or more of the major life activities of an individual;
2. Significantly impairs physical or mental health;
3. Requires special education, vocational rehabilitation or related services;

Without regard to severity unless otherwise indicated: absent, artificial or replacement limbs, hands, feet or vital organs; alcoholism; amyotrophic lateral sclerosis; bipolar disorder; blindness or abnormal vision loss; cancer; cerebral palsy; chronic obstructive pulmonary disease; Crohn’s disease; cystic fibrosis; deafness or abnormal hearing loss; diabetes; substantial disfigurement; epilepsy; heart disease; HIV or AIDS; kidney or renal diseases; lupus; major depressive disorder; mastectomy; mental retardation; multiple sclerosis; muscular dystrophy; paralysis; Parkinson’s disease; pervasive developmental disorders; rheumatoid arthritis; schizophrenia; and acquired brain injury.

B. With respect to an individual, having a record of any of the conditions in paragraph A; or

C. With respect to an individual, being regarded as having or likely to develop any of the conditions in paragraph A.

2. **ELDERLY** – A family whose head of household or spouse is sixty-two (62) years of age or older.
3. **FAMILY WITH MINOR CHILDREN OR DEPENDENTS** – At least one member of a family is under eighteen (18) years of age **and** the legal responsibility of an adult member in the family; OR at least one disabled person of any age who is not the head or spouse/partner; OR a person eighteen years of age or older who is claimed as a dependent under IRS rules.
4. **WHERE DO YOU LIVE?** – To receive this preference the family must live in a specific town.
5. **VETERAN** – A person who served in the active military, naval, or air service and who was discharged or released from such service under conditions other than dishonorable.
6. **DISPLACED BY NATURAL or NATIONAL DISASTER** – Persons displaced by natural or national disaster as designated by the Federal Emergency Management Agency and the HA is under the direction of HUD to serve these persons.
7. **CHRONICALLY HOMELESS** – This preference is available to **Chronically Homeless Individuals and Families** who may be eligible for special Voucher Set-Asides provided by certain Housing Authorities. Chronically homeless is defined as an unaccompanied homeless individual with a disabling condition or a family with a member who has a disabling condition and has been continuously homeless for a year or more, or had at least four (4) episodes of homelessness in the past three (3) years. To be considered chronically homeless, a person or family must have been sleeping in a place not meant for human habitation (i.e. living on the streets or in a car, camping, etc) and/or been in an emergency shelter within the area of the Housing Authority during that time.
8. **WHERE DO HOUSEHOLD MEMBERS WORK?** – To receive this preference at least one member of the household must work in a specific town.
9. **NON-SUBSIDIZED** – A family who is not currently residing in subsidized housing or receiving subsidized rental assistance based on their monthly income.
10. **FULL-TIME STUDENT attending school in Auburn, Mechanic Falls, Minot, New Gloucester, Poland or Turner** – To qualify for this preference the head of household or spouse must be attending school full-time within Auburn, Mechanic Falls, Minot, New Gloucester, Poland and Turner.
11. **WORKING** – A family whose head of household or spouse is currently employed.
12. **SINGLE PERSON FAMILY who is *Not* Disabled and *Not* Elderly** – A one-person family, where the sole member is ***not*** Disabled and is ***under*** sixty-two (62) years of age.
13. **TEDFORD SHELTER RESIDENT** – A family that is currently residing at the Tedford Housing Individual or Family Shelter.