



One-Page Preliminary Application Form

Accessible format available upon request (See reverse side).

Incomplete Applications will not be processed

Legal Name of Head of Household Last: _____ First: _____ MI: _____	Sex: _____	SSN: _____	DOB: _____	Age: _____	Monthly Income: \$ _____
Income Sources (See reverse side for more information): _____					

Race: White Black American Indian/Alaskan Native Asian/Pacific Islander Ethnicity: Hispanic Non-Hispanic

Which housing programs do you want to apply to? Section 8 Voucher Moderate Rehabilitation VASH
 Project Based Voucher for: Assisted Living Victims of Domestic Violence/Homeless Youth/Supportive Housing

What is your current address? **EMAIL ADDRESS:**

Street Address: _____	City: _____	State: _____	Zip: _____	Phone/Cell: _____
Mailing Address: _____	City: _____	State: _____	Zip: _____	Phone/Cell: _____
Name of Emergency Contact: _____	City: _____	State: _____	Zip: _____	Phone/Cell: _____

What other adults will be living in the unit?

Legal Name: _____	Sex: _____	Relationship to head: _____	SSN: _____	DOB: _____	Age: _____	Employer or School Name: _____	Monthly Income: \$ _____
Legal Name: _____	Sex: _____	Relationship to head: _____	SSN: _____	DOB: _____	Age: _____	Employer or School Name: _____	Monthly Income: \$ _____
Legal Name: _____	Sex: _____	Relationship to head: _____	SSN: _____	DOB: _____	Age: _____	Employer or School Name: _____	Monthly Income: \$ _____

What minors will be living in the unit?

Legal Name: _____	Sex: _____	Relationship to head: _____	SSN: _____	DOB: _____	Age: _____	School Name: _____
Legal Name: _____	Sex: _____	Relationship to head: _____	SSN: _____	DOB: _____	Age: _____	School Name: _____
Legal Name: _____	Sex: _____	Relationship to head: _____	SSN: _____	DOB: _____	Age: _____	School Name: _____
Legal Name: _____	Sex: _____	Relationship to head: _____	SSN: _____	DOB: _____	Age: _____	School Name: _____

Do you qualify for any of the local preferences?

Yes No I currently live or work in the State of Maine.

Yes No Is head of household or spouse disabled? Head Spouse

Yes No I am in a homeless shelter, transitional housing, welfare motel or other place not ordinarily used/designed for sleeping.

NOTE: Homelessness will be verified at the time subsidy is issued.

Yes No Are you currently participating in the BRAP Program under a homeless preference?

Yes No Are you currently participating in the RAC+ Program?

Yes No Have you or anyone in your household been arrested or evicted for drug-related or violent criminal activity within the past 3 years?

Yes No Do you or anyone in your household owe money to a housing authority?

Yes No Have you or anyone in your household ever been required to register as a sex offender in Maine or any other State?

NOTICE: You are required to notify the housing agency (in writing) of any change of address. If we cannot contact you, your name will be removed from the waiting list, and you will have to re-apply to the Program.

Do you, or anyone in your family, require any modifications or accommodations to fully utilize our forms, programs or services? Yes No
 Is anyone in your family, including yourself, limited in their ability to read, write, speak or understand English in order to fully utilize our forms, programs or services? Yes No If you answered **YES to these questions**, please contact your housing agent for assistance:



Avesta Housing – for Cumberland and York Counties

30 South Street ≈ Saco, ME 04072

Voice/TTY: 1-888-294-3551 or Direct: 207/282-0032 Fax: 207/283-8671

The Fair Housing Law of 1988, Section 504 of the 1973 Rehabilitation Act; and Americans With Disabilities Act. We need your help to ensure all of our programs, services and activities are fully accessible to persons with disabilities. If you, or anyone in your family, encounters any type of barrier that prevents them from receiving the full benefit of the Section 8 Housing Choice Voucher Program, please contact us. You can also contact the Fair Housing and Equal Opportunity National toll-free hot line number: **1-800-424-8590.**

Note to Applicant:

Placement on the voucher waiting list based on this initial preliminary application does not ensure eligibility for a voucher. An applicant household that is offered a voucher will be subject to screening for income eligibility, criminal activity, including but not limited to, drug-related criminal activity, violent criminal activity, sex offenses including registration as a sex offender, and other criminal activity related to alcohol abuse and other matters. Depending upon the results of the screening, the applicant and their household members may be denied a voucher. A refusal by applicant or any adult household member to submit a signed consent form allowing **Avesta Housing, Agent for MaineHousing** to obtain criminal records, and/or sex offender registry information will automatically disqualify the applicant household from participation in the Housing Choice Voucher Program.

Warning:

Title 18, Section 101 of the United States Code states that a Person is guilty of felony for knowingly and willingly making false or fraudulent statements to any Department or Agency of the United States, and shall be fined not more than \$10,000, or imprisoned for not more than 5 years, or both.

I certify that the information given to **Avesta Housing, Agent for MaineHousing**, regarding my household family members, income, assets, allowances and deductions is accurate and complete to the best of my knowledge and belief. I understand that false statements or information are punishable under Federal Law. I also understand that false statements or information are grounds for termination of housing assistance and termination of tenancy.

_____ _____
 Full Name (Head of Household) Date

_____ _____
 Full Name – Other Adult, Spouse, or Co-Head Date

INFORMATION ABOUT HOUSEHOLD INCOME:

Income includes money or contributions from ANY and ALL sources paid to, or on behalf of, a family member. *Please provide the sources and amounts of all Income (money) expected for the coming 12 months for all family members.* **Sources of Income can include:**

- | | |
|--|--|
| <ul style="list-style-type: none"> ✓ Employment wage income including tips, commissions, profit-sharing programs ✓ Self-employment income ✓ Income from business you own ✓ Unemployment compensation ✓ Social Security and Supplemental Social Security Benefits ✓ Pensions; retirement accounts ✓ Disability Income ✓ Alimony | <ul style="list-style-type: none"> ✓ Child Support ✓ TANF ✓ Regular Support from family or friends ✓ Savings and Checking Account balances ✓ Real Estate you own ✓ Stocks, bonds, trusts or other investments ✓ Life Insurance Policies ✓ Educational Grants & Scholarships ✓ Assets sold or given away in the past two years |
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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)	
<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	
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

Date

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.

RENTAL HOUSING IN MAINE FAIR HOUSING AND HOUSING-RELATED SERVICES

Fair Housing

You have a right to fair housing. Fair housing means landlords cannot refuse to show or rent property or impose different terms or conditions on the basis of race, color, religion, gender, sexual orientation, national origin, ancestry, age, physical or mental disability, familial status or the receipt of any kind of public assistance. This applies to all housing offered for rent, including apartments, single-family homes and other dwellings, except certain owner-occupied dwellings and dwellings rented by a religious organization to its members unless the discrimination is based on race, color or national origin.

Landlords can restrict the number of occupants in a dwelling based on the size of the dwelling so long as the restriction is consistent with all federal, state and local requirements.

Generally, landlords cannot ask tenants or housing applicants about their race, color, religion, gender, sexual orientation, national origin, ancestry, age or whether they have or the nature of their disability. Some exceptions apply with respect to persons with disabilities and housing specifically designated for persons who are elderly.

If you want more information about fair housing or feel you have been discriminated against, please contact:

Office of Fair Housing and Equal Opportunity
United States Department of Housing and
Urban Development
10 Causeway Street, Room 321
Boston, Massachusetts 02222-1092
617-994-8300 (voice), 1-800-827-5005 (voice) or
617-565-5453 (TTY)
www.hud.gov/offices/fheo/

Maine Human Rights Commission
State House Station 51
Augusta, Maine 04333
207-624-6050 (voice) or
1-888-577-6690 (TTY)
www.maine.gov/mhrc/

Information and Assistance for Persons with Disabilities

Landlords cannot discriminate against persons with disabilities. However, housing can be limited to persons with disabilities.

A landlord must make reasonable accommodations in rules, policies, practices or services as necessary to give a person with a disability equal opportunity to use and enjoy a dwelling. A person with disabilities or someone on the person's behalf must request the reasonable accommodation. The landlord can ask a person to provide verification that the person has a disability if the disability is not obvious and to provide verification that the accommodation requested is needed because of the person's disability. A landlord can refuse to make an accommodation that causes an undue financial burden or administrative burden.

Learn more about reasonable accommodations at www.hud.gov/offices/fheo/library/huddojstatement.pdf

Landlords must allow a person with a disability to make reasonable modifications to the person's dwelling to fully enjoy the dwelling. The tenant must pay for the modification, the maintenance and repair of the modification and can be required to restore the dwelling to its original condition before the modification when the tenant vacates the dwelling. The landlord must pay these costs if the dwelling is federally-assisted unless the modification will cause an undue financial burden or administrative burden.

Learn more about reasonable modifications at www.hud.gov/offices/fheo/disabilities/reasonable_modifications_mar08.pdf

Landlords must allow a person with a disability to have a service animal unless the service animal is unsafe or overly disruptive. The landlord can ask the person to provide verification of the person's disability and need for the service animal unless it is obvious and to provide evidence that the service animal has been prescribed or trained. This requirement does not apply to two-family dwellings if one of the units is occupied by the owner.

Generally, rental housing with five or more dwelling units must be constructed in accordance with certain accessibility standards.

For more information and resources, go to:

www.maine.gov/mhrc/ to learn more about State disability rights laws and accessibility standards

<http://www.hud.gov/offices/fheo/disabilities/pwd.cfm> to learn more about the Federal Fair Housing Act relating to all housing and programs

www.access-board.gov/ to learn more about the Architectural Barriers Act of 1968 relating to federally-assisted housing and programs

www.hud.gov/offices/fheo/disabilities/sect504.cfm to learn more about Section 504 of the Rehabilitation Act of 1973 relating to federally-assisted housing and programs

www.ada.gov/ to learn more about the Americans with Disabilities Act of 1990 (ADA) and www.ada.gov/publicat.htm for a list of ADA publications

www.ada.gov/t2hlt95.htm for ADA Title II requirements relating to programs, services and activities provided or made possible by State and local governments

www.ada.gov/t3hilt.htm for ADA Title III requirements relating to public accommodations

www.ada.gov/cguide.htm (Department of Justice) and
www.drcme.org/publication_full.asp?pubid=27 (Disability Rights Center of Maine)
for consumer guides to disability rights laws

www.disabilityinfo.gov/ for the Federal government's website on disability-related
information and resources

www.maine.gov/portal/family/disability.html. for the State's website on disability-
related information and resources

Alpha One at www.alpha-one.org/ or
South Portland 207-767-2189 (voice), 1-800-640-7200 (voice), 207-767-5387 (TTY)
or 1-866-906-5375 (TTY)
Bangor 207-941-6553 (voice) or 1-877-229-8954 (TTY)

Disability Rights Center of Maine at www.drcme.org/ or 1-800-452-1948
(voice/TTY)

Access Maine at www.accessmaine.org/

Limited English Proficiency

Landlords of federally-assisted housing must make reasonable efforts to provide language assistance to tenants and housing applicants with Limited English Proficiency to ensure they have meaningful access to housing. Persons with Limited English Proficiency are persons who, as a result of national origin, do not speak English as their primary language and who have a limited ability to speak, read, write or understand English. The term LEP does not refer to people who are bilingual.

For more information and services, contact:

www.hud.gov/offices/fheo/promotingfh/lep.cfm to learn more about Federal LEP
requirements

State's Office of Multicultural Affairs at
www.maine.gov/dhhs/oma/MulticulturalResource/index.html
or 207-287-4272 (voice) or 1-800-606-0215 (TTY)

Assistance for Seniors

For information and services for seniors, contact Maine Agencies on Aging at
www/maine.gov/ddhs/beaas/resource/aaa.htm or 1-877-353-3771

Legal Resources

Pine Tree Legal Assistance:
www.ptla.org

Augusta, 39 Green Street
Tel: 207-622-4731 or 207-623-7777
or 207-623-7770 (TTY)

Bangor, 61 Main Street
Tel: 207-942-8241 or 207-942-1060 (TTY)

Lewiston, 37 Park Street, Suite 401
Tel: 207-784-1558

Machias, Route 1 and Old County Road
Tel: 207-255-8656 or 207-255-6179 (TTY)

Portland, 88 Federal Street
Tel: 207-774-8211 or 207-828-2308 (TTY)

Presque Isle, 373 Main Street
Tel: 207-764-4349 or 207-764-2453 (TTY)

Farmworker & Native American Units
Bangor
Tel: 207-942-0673

Multi-lingual Language Line
Tel: 207-774-8211

Disability Rights Center
www.drcme.org
1-800-452-1948 (voice/tty)

Maine Volunteer Lawyers Project
www.vlp.org
1-800-442-4293

Maine Equal Justice Project
www.mejp.org
207-626-7058

Immigrant Legal Advocacy Project
www.ilapmaine.org
207-780-1593 or 1-800-497-8505

Legal Services for the Elderly
www.mainelse.org
1-800-750-5353

HelpMELaw
www.helpmelaw.org

Community Mediation Services
207-621-6848 or 1-800-381-0609

Lawyer Referral and Information Services
www.mainebar.org/lawyer_need.asp
207-622-1460 or 1-800-860-1460

MaineHousing's Nondiscrimination Policy

MaineHousing does not discriminate on the basis of race, color, religion, sex, sexual orientation, national origin, ancestry, age, physical or mental disability, or familial status in the admission or access to, or treatment or employment in, its programs, and activities. MaineHousing will provide appropriate communication auxiliary aids and services upon sufficient notice. MaineHousing will also provide this information in alternative formats upon sufficient notice. MaineHousing has designated the following person responsible for coordinating compliance with applicable federal and state nondiscrimination requirements and addressing grievances: Louise Patenaude, Maine State Housing Authority, 353 Water Street, Augusta, Maine 04330-4633, Telephone Number 1-800-452-4668 (voice in state only), (207) 626-4600 (voice), 1-800-452-4603 (TTY in state only), or (207) 623-2985 (TTY).