



Housing Eligibility Questionnaire

Office Use Only
Time/Date Received:

INSTRUCTIONS: This information will be used to determine your household eligibility for Avesta Housing communities. **Please answer all questions completely and accurately. If any questions are unanswered, the questionnaire will be considered incomplete and mailed back to you.** *Once your questionnaire has been reviewed, you will receive a preliminary application with a list of the communities for which your household is eligible. You must return the preliminary application to complete the process of being added to any waitlist(s)*.* Final eligibility will be determined based upon a full application. Please return this completed questionnaire via email to info@avestahousing.org or via the U.S. Postal Service to Avesta Housing, 307 Cumberland Ave, Portland, Maine, 04101. Please allow 10-15 business days for processing. **RETURN TO AVESTA HOUSING NO LATER THAN FEBRUARY 28, 2019**

Please complete the following for the Head of Household and Co-Head of Household (if applicable):

<u>Name (First and Last)</u>	<u>Social Security Number</u>	<u>Homeless or Displaced</u>	<u>Birthdate</u>

Please complete the following for any additional people who will be living in the apartment with you. Providing the dates of birth of these additional household members is OPTIONAL. Please note, if the dates of birth are not provided for additional household members, your household will NOT be considered eligible for those communities which require that ALL household members be 55 or older, or 62 or older. Additionally, if the dates of birth are not provided for additional household members, they will be considered dependents and your household will be assumed eligible for communities funded by Rural Development. Final eligibility will be determined based verification of the information on a full application.

<u>Name (First and Last)</u>	<u>Social Security Number</u>	<u>Birthdate (OPTIONAL)</u>

Email: _____ Phone Number: () _____

Mailing Address: _____ City _____ State _____ Zip _____

It is extremely important to provide us with a valid mailing address to receive the preliminary application with the list of properties for which you are eligible. You will need to return the preliminary application to us to be placed on any waitlist(s).

- For some properties, a qualifying factor is whether the head or co-head of household is disabled. Disclosure of this information is voluntary. Do you wish to be considered for such a property? _____Yes _____No

2. The handicapped accessible units at the properties have a preference for applicants with a household member who needs handicapped accessible features. Do you wish to be considered for this preference? _____ Yes _____ No

At the time of being considered for a handicapped accessible unit, your household will be required to provide supporting documentation/verification as to the need for the handicapped accessible features, unless the need is obvious.

Some properties have a preference for applicants who have a rental assistance voucher, or are on a waitlist for a rental assistance voucher or public housing. **In order to be considered for the rental assistance preference, you must provide written proof that you have a voucher or are on a waitlist for a voucher or public housing. Questionnaires submitted without this written proof will be considered ineligible for the preference.**

3. Do you have a rental assistance voucher (Section 8/HCV, HFA, Shelter +, BRAP, VASH, etc)? _____ Yes _____ No

If Yes, please provide written proof.

4. Are you on a waitlist for rental assistance? _____ Yes _____ No

If Yes, please provide written proof.

5. Are you on a waitlist for public housing? _____ Yes _____ No

If Yes, please provide written proof.

6. What is your household’s annual gross income (yearly before taxes)? \$_____ (please include all sources of income for every household member including employment, social security benefits, pensions, SSI/SSDI, TANF, child support, alimony, worker’s compensation, unemployment, etc. *Please do not include General Assistance or food stamps.*)

7. What is your household’s total annual out of pocket medical expenses? \$_____ (expenses not covered by health insurance such as insurance premiums, doctor or hospital bills, medications).

8. What is your household’s total annual disability assistance expense which enables a disabled household member to be employed? \$_____

9. What is the household’s total annual child care expenses paid out in order for the Head of Co-Head of Household to work, search for work, or go to school? \$_____

10. Is any member of your household required to register under any sex offender registration program? _____ Yes _____ No

If Yes, name(s) of household member(s): _____

Please read the following statement carefully before signing:

I certify that all above answers are complete and accurate. I understand that: 1.) it is an illegal act to make false statements to obtain federal housing assistance, which could lead to the cancellation of an application or termination of tenancy, 2.) occupancy is contingent upon meeting Avesta Housing’s resident selection criteria and housing program requirements, and I expressly authorize Avesta Housing and its agents to perform credit, criminal, sex offender and landlord reference checks and to verify all information provided above, 3.) it is my responsibility to notify Avesta Housing of changes to the information in this questionnaire, including contact information, and 4.) all adult persons named above as part of the household are permitted to obtain information from Avesta Housing related to this questionnaire. Avesta Housing does not discriminate on the basis of disability status in the admission or access to its federally assisted programs and activities. Individuals with disabilities may contact Avesta Housing to request a reasonable accommodation. **All members of the household who are 18 years of age or older must sign below.**

Signature of Head of Household Date

Signature of Co-Head of Household Date

Signature of Additional Adult Member Date

Signature of Additional Adult Member Date

In accordance with State and Federal Law and USDA Policy, this institution is prohibited from discriminating on the basis of race, color, religion, ancestry, familial status, national origin, sex, sexual orientation, sexual preference, gender identification, age, mental or physical disability or receipt of public assistance (not all prohibited bases apply to all programs). The responsible person designated to coordinate compliance with the nondiscrimination requirements is our 504 Coordinator. To file a complaint of discrimination, write to: USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Avenue, SW, Washington, D.C., 20250-9410, or call 1-800-795-3272 (voice) or 202-720-6382 (TDD). USDA is an equal opportunity provider and employer. Complaints under the Maine Human Rights Act may be filed with the Maine Human Rights Commission, #51 State House Station Augusta, ME 04333; Phone: (207)624.6290; Fax: (207)624.8729; Maine Relay 711.



All household members age 18 or older must sign below. Please read the following statement carefully before signing.

AUTHORIZATION FOR RELEASE OF INFORMATION

I, _____; and _____
_____; and _____

do hereby authorize individuals, agencies, offices, groups, organizations or business firms to release to Avesta Housing Management Corporation, information or materials which are deemed necessary to complete my application for housing or recertification of program eligibility. These contacts are to include, but are not limited to: credit bureau, financial institutions, child support payers, State Agencies including employment security commissions, past or present employers, past and present landlords, Social Security Administration, utility companies, workmen's compensation payers, public and private retirement systems, law enforcement agencies (public records and criminal backgrounds), attorneys; social service agencies, medical care providers, pharmacies, and realtors. This authorization shall continue from the date of signature and until such time as Avesta Housing Management Corporation is notified in writing that the authorization is canceled. I also understand that a photocopy is as valid as the original.

Signature

Social Security Number

Address

City State Zip

Date

Signature

Social Security Number

Address

City State Zip

Date

Signature

Social Security Number

Address

City State Zip

Date

Signature

Social Security Number

Address

City State Zip

Date

In accordance with State and Federal Law, this institution is prohibited from discriminating on the basis of race, color, religion, familial status, ancestry, national origin, sex, age, sexual orientation, or disability or status as a recipient of public assistance (not all prohibited bases apply to all programs). The responsible person designated to coordinate compliance requirements is our 504 Coordinator.

DISCLOSURE STATEMENT

Please read the following statement carefully before signing:

I understand that: 1.) it is an illegal act to make false statements to obtain federal housing assistance, which could lead to the cancellation of an application or termination of tenancy, 2.) occupancy is contingent upon meeting Avesta Housing’s resident selection criteria and housing program requirements, and I expressly authorize Avesta Housing and its agents to perform credit, criminal, sex offender and landlord reference checks and to verify all information provided above, and 3.) it is my responsibility to notify Avesta Housing of changes to the information submitted on the Housing Eligibility Questionnaire, including contact information. Avesta Housing does not discriminate on the basis of disability status in the admission or access to its federally assisted programs and activities. Individuals with disabilities may contact Avesta Housing to request a reasonable accommodation.

Signature of Head of Household Date

Signature of Co-Head of Household Date

RACE/NATIONAL ORIGIN/GENDER INFORMATION

The information regarding race, ethnicity, and sex designation solicited on this application is requested in order to assure the Federal Government, acting through the Rural Housing Service that the Federal laws prohibiting discrimination against tenant applications on the basis of race, color, national origin, religion, sex, familial status, age, and disability are complied with. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However, if you choose not to furnish it, the owner is required to note the race, ethnicity, and sex of individual applicants on the basis of visual observation or surname.

Gender:

Male ___ Female ___

Race: (Mark one or more)

- 1. American Indian/Alaska Native ___
- 2. Asian ___
- 3. Black or African American ___
- 4. Native Hawaiian or Other Pacific Islander ___
- 5. White ___

Ethnicity:

- 1. Hispanic or Latino ___
- 2. Not Hispanic or Latino ___

In accordance with State and Federal Law and USDA Policy, this institution is prohibited from discriminating on the basis of race, color, religion, ancestry, familial status, national origin, sex, sexual orientation, sexual preference, gender identification, age, mental or physical disability or receipt of public assistance (not all prohibited bases apply to all programs). The responsible person designated to coordinate compliance with the nondiscrimination requirements is our 504 Coordinator. To file a complaint of discrimination, write to: USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Avenue, SW, Washington, D.C., 20250-9410, or call 1-800-795-3272 (voice) or 202-720-6382 (TDD). USDA is an equal opportunity provider and employer. Complaints under the Maine Human Rights Act may be filed with the Maine Human Rights Commission, #51 State House Station Augusta, ME 04333; Phone: (207)624.6290; Fax: (207)624.8729; Maine Relay 711.

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.