

**APPLICATION FOR SECTION 8 HOUSING CHOICE VOUCHER
AND MODERATE REHABILITATION PROGRAMS**

CCRM
Date _____
Time _____

MaineHousing (Maine State Housing Authority)
353 Water Street
Augusta, ME 04330
624-5789 Voice, 1-866-357-4853 Voice
1-800-452-4603 TTY

Do you, or anyone in your family, have disabilities requiring a specific accommodation in order 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 have answered **yes**, please contact your housing agent for assistance.

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.

Incomplete applications will not be processed

Print all your answers in your own handwriting. Answer all questions; do not leave any questions blank. If a question does not apply to you, write "NA" as your answer. All Yes/No questions must be checked. Use the full legal name of each person listed on this application as it appears on their social security card. The legal head of household and spouse or other adult (if any) **must sign and date** this application form in order for it to be processed. If you do not have enough space to fill in your answers, attach a sheet of paper to complete the form. If you do not understand a question on this form, please ask your housing agent for assistance.

Name (Head of Household)		Home Phone No.	
Mailing Address	Apt. No.	Head Work No.	
City	State	Zip Code	Spouse Work No.
Street Address	City	Email Address	

List Your Previous Addresses in the last 3 years

Street Address	City	State	Zip	Street Address	City	State	Zip
Street Address	City	State	Zip	Street Address	City	State	Zip

Notify us if you move or your name may be dropped from the Waiting List.

OFFICE USE ONLY		Homeless	Elderly/Disabled	<input type="checkbox"/> Yes <input type="checkbox"/> No
			Consider Mod Rehab	<input type="checkbox"/> Yes <input type="checkbox"/> No
			Outstanding Claim	<input type="checkbox"/> Yes <input type="checkbox"/> No
			Living in Maine Housing jurisdiction	<input type="checkbox"/> Yes <input type="checkbox"/> No
			Family Member Disabled	<input type="checkbox"/> Yes <input type="checkbox"/> No
Date	Bedroom Size	Race of Head of Household		
Time	Yearly Income	Ethnicity of Head of Household		
Address Updated: _____				

Date	New Address	Town	State	

HOUSEHOLD COMPOSITION AND CHARACTERISTICS

List the Head of Household and all other members who will be living in the unit. Give the relationship of each family member to the head. *You must provide the Social Security Number for all household members.* If you do not have a Social Security card you must apply for a duplicate.

If more room is needed to list additional members, please attach another sheet.

Family Member's Full Name	Relationship To Applicant	Birth Date	Age	Sex	Social Security Number
	Head				

To receive assistance you must show you are a citizen of the United States or you have eligible immigration status. Before you receive subsidy you will be asked to verify the citizen status of all members of your household.

1. Do you expect to have any children under the age of six living in the unit within the next year?
 Yes No
2. Does anyone plan to live with you in the future who is not listed above? Yes No
 Explain if you answered yes to either question: _____
3. For purposes of Program Income Deductions:
 - a) Is head of household or spouse disabled?
 Head Yes No
 Spouse Yes No
 - b) Are any other household members disabled? Yes No
4. Have you or any member of your household ever lived in Public Housing?
 Yes No If yes, where? _____
5. Have you or any member of your household ever been evicted from any Federally Assisted Housing?
 Yes No If yes, please give date and place: _____
6. Have you or any member of your household ever participated in the Section 8 Existing Program?
 Yes No If yes, enter address and date(s) of occupancy: _____
7. Do you, or any member of your household, owe money to any Housing Authority?
 Yes No If yes, which Authority? _____
8. Have you or any other household member used any alternate last name, maiden name, or other than the names indicated above?
 Yes No If yes, please explain. _____
9. Do you or any other member of your household 18 years or older attend school full-time or part-time?
 Yes No If yes, list who: _____
 and where (address) _____
10. MaineHousing will screen all adult household members for criminal activities, including drug-related criminal activities, violent criminal activities, sex offenses, including registration as a sex offender, other criminal activities, and for alcohol abuse.
 - a. Have you or any members of your household ever been arrested for drug-related or violent criminal activity? Yes No
 - b. Have you or any member of your household ever been arrested for a sex offense in Maine or any other state? Yes No State: _____
 - c. Have you or any member of your household ever been arrested for any other crime?
 Yes No
 - d. Have you or any member of your household ever been required to register as a sex offender in Maine or any other state? Yes No State: _____
 - e. Has any member of your household ever been convicted of a crime as an adult when he/she was under 18? Yes No
 If you answered yes to a, b, c, d or e, please provide details such as: what, when and where _____

(Include extra paper if necessary.)

INCOME INFORMATION

Please answer each of the following questions. For each "yes," provide details in the chart below. If more room is needed, please put your answer on another sheet of paper with the number of the questions you are answering!

YES NO Does any member of your household:

Yes No 1. Work full-time, part-time or seasonally?
If yes, give name, mailing address, and phone number of employer:

- Yes No 2. Expect to work for any period during the next year?
- Yes No 3. Work for someone who pays you cash?
- Yes No 4. Expect a leave of absence from work due to lay-off, medical, family leave or military leave?
- Yes No 5. Now receive or expect to receive unemployment benefits?
- Yes No 6. Now receive or expect to receive Workman's Compensation?
- Yes No 7. Now receive or expect to receive child support?
- Yes No 8. Entitled to child support that you are not now receiving? (Supply court order.)
- Yes No 9. Now receive or expect to receive alimony?
- Yes No 10. Have an entitlement to receive alimony that is not currently being received?
- Yes No 11. Now receive or expect to receive public assistance (TANF, General Assistance, etc.)?
- Yes No 12. Now receive or expect to receive Social Security benefits?
- Yes No 13. Now receive or expect to receive income from a pension or annuity?
- Yes No 14. Now receive or expect to receive regular contributions from family members, from individuals not living in your unit, or from organizations?
- Yes No 15. Do you receive Food Stamps? If yes, what amount? _____

(Explain all "yes" answers below)

Family Member Name	Gross Weekly Wages	TANF	Child Support Monthly	Social Security Benefit	State of ME	Unemployment Benefit	All Other Income

Employer Name and Address: _____

Child Support Paid Through DHS? Yes No

If Child Support Paid by Provider, give Name and Address of Provider: _____

If you are working OR a full time student and are required to pay child care for children under 13 years of age or disabled, please list below the name(s), complete mailing address and telephone number for your providers.

Daycare Provider Name	Complete Mailing Address	Telephone Number	Amount paid weekly out of your pocket

DISABILITY ASSISTANCE EXPENSES

Do you have any un-reimbursed expenses as a result of your, your spouse's, or your disabled child's disability that enables any family member, 18 years or older, to work? If yes, please list them below.

Please list any expenses you incur as a result of your child's disability (if applicable) that allows you to go to work, seek work or go to school. Please be as specific as possible and use the other side of this paper if you need more room.

ASSET INFORMATION

1. List all checking and savings accounts (including IRAs, Keogh accounts, and Certificates of Deposit) of all household members.

Family Member Name	Bank Name and Full Mailing Address	Type Of Account	Account Number	Balance

2. List the value of all stocks, bonds, trusts, pensions, life insurances or other assets owned by any household member: _____

3. Do you own a home or other real estate? Yes No
 If yes, what? _____
 Where? _____

4. Have you or any member of your household sold or given away real estate property or other assets in the past two years?
 Yes No
 If yes, please describe and state the value: _____

For Elderly or Disabled Only - MEDICAL INFORMATION

Please read the questions below and answer them accurately and to the best of your ability. We can only give you this credit if either you or your spouse is elderly or disabled. **Again, if you or your spouse are NOT elderly or disabled, please DO NOT complete this section.**

1. Do you or your disabled or elderly spouse receive:
 A. Medicare Coverage: _____ Yes _____ No
 If yes, who is covered? _____ Self _____ Spouse

2. Do you or your disabled or elderly spouse receive:
 B. Medicaid Coverage: _____ Yes _____ No
 If yes, who is covered? _____ Self _____ Spouse

3. Do you or your disabled or elderly spouse receive:
 C. Mainecare Coverage: _____ Yes _____ No
 If yes, who is covered? _____ Self _____ Spouse

4. Are you or your disabled or elderly spouse required to buy non-prescription medicines or supplies as required by your doctor? If yes, please provide us with receipts for the items purchased. We can only give you the credit for the items listed on the actual receipts.

NOTE: We can only give you credit for your out-of-pocket expenses that exceed 3% of your gross income. If you do not believe your expenses exceed 3% of your gross income, you do not have to complete this section. (For example, if your yearly income is \$7,000 we can only give you credit for any out-of-pocket expenses that are over \$210.)

List names, addresses and phone numbers of two relatives or friends who generally know how to contact you if we are unable to reach you.

_____	_____
_____	_____
_____	_____

For Statistical Use Only:

Race of Head of Household: (Check one)

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

Ethnicity of Head of Household: (Check one)

- Hispanic
- Non-Hispanic

CERTIFICATION OF QUALIFICATION FOR A PREFERENCE

- Yes No I am in a shelter for the homeless, transitional housing, welfare motel or other place not ordinarily used for or designed for sleeping. (You must be able to provide verification of homelessness at the time subsidy is issued.)
- Yes No I currently live or work in the State of Maine.
- Yes No Are you currently participating in the BRAP Program?
- Yes No Are you currently participating in the RAC Program?

MODERATE REHABILITATION subsidy is different from a Voucher. The difference is the building itself is subsidized rather than the tenant. That means you can have rental assistance while you are living in the building but you will lose your subsidy if you move from there. (You can be on the Moderate Rehabilitation waiting list at the same time you are on the Voucher list. Also, you can refuse a Moderate Rehabilitation unit without losing your placement on the Voucher list and you may remain on the Voucher list if you are living in a Moderate Rehabilitation Unit.)

Do you want to be considered for openings in Moderate Rehabilitation buildings?

- Yes No

PROJECT BASED VOUCHERS

Do you want to be considered for openings in:

- Assisted Living Buildings? Yes No
- Projects designated for victims of domestic violence, homeless youth, or supportive housing? Yes No *19 Pleasant St., Augusta*

APPLICANT CERTIFICATION

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 MaineHousing through their Agent, 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.

Unless disclosed in asset information, I certify that neither I nor any member of my household has disposed of any assets for less than fair market value during the last two years.

Full Name (Head of Household)

Date

Full Name – Other Adults or Spouse

Date

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 MaineHousing through its Agent, MaineHousing, to obtain criminal records, and/or sex offender registration information will automatically disqualify the applicant household from participation in the Housing Choice Voucher Program.

Maine State Housing Authority ("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 document 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: Mary Darling, Maine State Housing Authority, 353 Water Street, Augusta, Maine 04330-4633, Telephone Number (207) 626-4600 or 1-800-452-4668 (voice), or 1-800-452-4603 (TTY). If you have any program questions, please contact Melinda Folsom, MaineHousing, 207-624-5777.