



## Maine Section 8/HCV Centralized Waiting List

Twenty (20) Participating Housing Authorities

Phone: (866) 466-7328

[www.AffordableHousing.com/MaineCWL](http://www.AffordableHousing.com/MaineCWL)



# Housing Programs: Pre-Application for Assistance

Complete this form to apply for the following rental assistance programs:

## ➔ Section 8 Housing Choice Voucher Program:

Assists low-income individuals and families in affording decent, safe, and sanitary housing in the private market by subsidizing a portion of their rent.

Pre-Applications for the Maine Centralized Section 8/HCV Waiting List, a collaborative effort among 20 public housing authorities (PHA's) in the state of Maine, consolidate the application process for the Section 8 Housing Choice Voucher program. By submitting a single preliminary application to the Centralized Waiting List system, applicants automatically join the waiting list for all 20 participating PHAs, with each PHA subsequently selecting participants based on their individual local policies.

## Eligibility for housing assistance

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To qualify for assistance, you must:

- ➔ Meet income limits established by the U.S. Department of Housing and Urban Development (HUD).
- ➔ Meet the HUD requirements for citizenship or immigration status.
- ➔ Not owe money to a housing authority.
- ➔ Sign any authorization forms required to verify eligibility requirements, when requested.

## Any questions? Help is available!

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**CALL:** (866) 466-7328

**GO ONLINE:** [AffordableHousing.com/MaineCWL](http://AffordableHousing.com/MaineCWL)

**VISIT:** You can visit any of the twenty (20) participating housing authorities (listed on the next page)

**Please note, we've partnered with [AffordableHousing.com](http://AffordableHousing.com) in managing this waiting list.**

# Getting Started

## Full-Application Process

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### 1. Complete this application following the instructions below.

- ➔ Answer all questions completely and honestly. The information you provide will be verified. It's a violation of federal and state law to make false statements.
- ➔ Don't leave any question blank.
- ➔ If you need more space, attach additional pages as needed.
- ➔ Unless indicated, each question applies to all household members.

### 2. Sign the application

The Head of Household must sign and date the application.

### 3. Attach copies of any required documents

Some questions may ask for additional documents. Send copies as originals may not be returned.

### 4. Submit your application

Mail your application or hand it in at any of the participating housing authorities.

### 5. Submit additional documents if requested

We may ask you to provide copies of additional documents (e.g., pay stubs, immigration documents, etc.)

## Report Changes

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The most important thing that you can do, while you wait is to keep your information updated. If you are unable to access your application online, you can submit a change in your application in person at a participating PHA or by mailing a written change to a participating PHA. You will receive an update request by mail if you have not updated your application for over two years. If you do not respond to any correspondence mailed to you, your application will be removed from the waiting list.

## Other Important Facts

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If you have limited English, we can provide free interpretation services to help you access our services. If you have a disability, you may be entitled to reasonable accommodations to help you apply.

To request an accommodation:

**Contact:** Any of the participating housing authorities.

After you submit your application you will receive a receipt containing your application number and date submitted to the waiting list. Participating PHAs cannot give an estimate waiting time or your number on the waiting list.

Reasonable means an accommodation that doesn't present an undue financial and administrative burden and has an identifiable relationship to the person's disability.

List of housing authorities participating in The Maine Section 8/HCV Centralized Waiting List:

	<p>Auburn Housing Authority 20 Great Falls Plaza P.O. Box 3037 Auburn, ME 04212-3037 Phone: 207-784-7351 Relay Service: 711</p>		<p>Maine State Housing Authority 353 Water Street Augusta, ME 04330 Phone: 207-624-5789 or 1-866-357-4853 Relay Service: 711</p>
	<p>Augusta Housing Authority 33 Union Street, Suite 3 Augusta, ME 04330 Phone: 207-626-2357 Relay Service: 711</p>		<p>MDI &amp; Ellsworth Housing Authorities 80 Mount Desert Street, P.O. Box 28 Bar Harbor, ME 04609 Phone: 207-288-4770 Relay Service: 711</p>
	<p>Bangor Housing Authority 161 Davis Road Bangor, ME 04401 Phone: 207-942-6365 Relay Service: 711</p>		<p>The Housing Authority of the City of Old Town 358 Main Street, P.O. Box 404 Old Town, ME 04468 Phone: 207-827-6151 Relay Service: 711</p>
	<p>Bath Housing Authority 80 Congress Avenue Bath, ME 04530 Phone: 207-443-3116 Relay Service: 711</p>		<p>Portland Housing Authority 14 Baxter Boulevard Portland, ME 04101 Phone: 207-773-4753 TDD: 207-447-2570</p>
	<p>Biddeford Housing Authority 22 South Street, P.O. Box 2287 Biddeford, ME 04005 Phone: 207-282-6537 Relay Service: 711</p>		<p>Presque Isle Housing Authority 58 Birch Street Presque Isle, ME 04769 Phone: 207-768-8231 Relay Service: 711</p>
	<p>Brewer Housing Authority 15 Colonial Circle, Suite 1 Brewer, ME 04412 Phone: 207-989-7890 V/TDD: 207-989-9810</p>		<p>Sanford Housing Authority 17 School Street Sanford, ME 04073 Phone: 207-324-6747 Relay Service: 711</p>
	<p>Brunswick Housing Authority 12 Stone Street, P.O. Box A Brunswick, ME 04011 Phone: 207-725-8711 Relay Service: 711</p>		<p>South Portland Housing Authority 100 Waterman Drive, Suite 101 South Portland, ME 04106 Phone: 207-773-4140 Relay Service: 711</p>
	<p>Caribou Housing Agency 25 High Street Caribou, ME 04736 Phone: 207-493-4324 Relay Service: 711</p>		<p>Waterville Housing Authority 88 Silver Street Waterville, ME 04901 Phone: 207-873-2155 Relay Service: 711</p>
	<p>Fort Fairfield Housing Authority 18 Fields Lane Fort Fairfield, ME 04742 Phone: 207-476-5771 Relay Service: 711</p>		<p>Westbrook Housing 30 Liza Harmon Drive Westbrook, ME 04092 Phone: 207-854-9779 Relay Service: 711</p>
	<p>Lewiston Housing Authority 1 College Street Lewiston, ME 04240 Phone: 207-783-1423 Relay Service: 711</p>		<p>Van Buren Housing Authority 130 Champlain Street Van Buren, Maine 04785 Phone: 207-868-5441 Relay Service: 711</p>

Please print clearly and answer questions completely and honestly. Thank you!

## PRE-APPLICATION

### Tell us about all the person applying (Head of Household).

First name, middle initial, last name and suffix (Jr., Sr., 1st, etc)		Date of birth (mm/dd/yyyy)	
Social Security number: or Alien ID number		Email: primary contact if supplied	
Phone number: where you can be reached		May we contact you via SMS text message? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Current Physical address: street address or PO box, city, state, zip code			
Mailing address: (if different from physical address) street address or PO box, city, state, zip code			
Ethnicity: (check one) <input type="checkbox"/> Hispanic/ Latino <input type="checkbox"/> Non-Hispanic/ Latino	Gender: <input type="checkbox"/> M <input type="checkbox"/> F	Disabled? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you a U. S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No
Race: (check one) <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/ African American <input type="checkbox"/> White <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> Other			
Location of Employer: (city, state, zip)	Monthly Employment Income: \$	Other Income: \$ per month	
Location of School: (city, state, zip)	Grade Level	Full Time? <input type="checkbox"/> Yes <input type="checkbox"/> No	
What is your (and your household members) current living situation? (Select one)			
<input type="checkbox"/> Living in a permanent residence.			
<input type="checkbox"/> Living in a temporary residence.			
<input type="checkbox"/> Living in a shelter or hotel/motel.			
<input type="checkbox"/> Living in a place that is not normally used for housing.			
Are you at risk of losing your current residence? <input type="checkbox"/> Yes <input type="checkbox"/> No			

## VETERAN STATUS

Have you, any household member, any ex-spouse, widow, or widower of a person who has ever served on active duty in the U.S. Armed Forces Reserves, or National Guard excluding periods for which they have not been dishonorably discharged?  Yes  No

If yes, please list their names below and dates served.

**Tell us about all the other people who will live in the unit.**

Provide details for everyone who will be part of your household in the rental unit. Use extra paper if necessary. Include your name and SSN at the top of every additional page.

OTHER PERSON 1

1. Full name (first, middle initial, last):		2. Disabled? <input type="checkbox"/> Yes <input type="checkbox"/> No	3. Gender:
4. Date of birth (mm/dd/yyyy):	5. Social Security #: or Alien ID #		6. Relationship to applicant:
7. Are you a U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No		8. Location of Employer: (city, state, zip)	9. Monthly Employment Income: \$
10. Other Income: \$ _____ per month	11. Location of School: (city, state, zip)	12. Grade Level	13. Full Time? <input type="checkbox"/> Yes <input type="checkbox"/> No

OTHER PERSON 2

1. Full name (first, middle initial, last):		2. Disabled? <input type="checkbox"/> Yes <input type="checkbox"/> No	3. Gender:
4. Date of birth (mm/dd/yyyy):	5. Social Security #: or Alien ID #		6. Relationship to applicant:
7. Are you a U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No		8. Location of Employer: (city, state, zip)	9. Monthly Employment Income: \$
10. Other Income: \$ _____ per month	11. Location of School: (city, state, zip)	12. Grade Level	13. Full Time? <input type="checkbox"/> Yes <input type="checkbox"/> No

OTHER PERSON 3

1. Full name (first, middle initial, last):		2. Disabled? <input type="checkbox"/> Yes <input type="checkbox"/> No	3. Gender:
4. Date of birth (mm/dd/yyyy):	5. Social Security #: or Alien ID #		6. Relationship to applicant:
7. Are you a U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No		8. Location of Employer: (city, state, zip)	9. Monthly Employment Income: \$
10. Other Income: \$ _____ per month	11. Location of School: (city, state, zip)	12. Grade Level	13. Full Time? <input type="checkbox"/> Yes <input type="checkbox"/> No

OTHER PERSON 4

1. Full name (first, middle initial, last):		2. Disabled? <input type="checkbox"/> Yes <input type="checkbox"/> No	3. Gender:
4. Date of birth (mm/dd/yyyy):	5. Social Security #: or Alien ID #		6. Relationship to applicant:
7. Are you a U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No		8. Location of Employer: (city, state, zip)	9. Monthly Employment Income: \$
10. Other Income: \$ _____ per month	11. Location of School: (city, state, zip)	12. Grade Level	13. Full Time? <input type="checkbox"/> Yes <input type="checkbox"/> No

**COMPLETE THESE QUESTIONS FOR THE APPLICANT & ALL HOUSEHOLD MEMBERS:**

<p>1. Have you or anyone in your household been displaced from your home due to a natural disaster? (Such as a fire or flood, which left your housing unit uninhabitable.)</p> <p>Date of disaster: _____ Date displaced or will be displaced: _____</p> <p>Name of disaster: _____</p> <p>Location of disaster: _____</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>2. Is anyone in the household displaced, or at risk of being displaced due to domestic violence?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>3. Is anyone in the household displaced, or at risk of being displaced due to a government action?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>4. Is anyone in the household currently residing in subsidized housing or receiving subsidized rental assistance? If yes, what type of assistance are you receiving?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>5. Are you or any household member disabled and living in an institution that provides a temporary residence, including congregate shelters and transitional housing?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>6. Are you any household member disabled and at serious risk of moving into an institution that provides a temporary residence, including congregate shelters and transitional housing?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>7. Are you or any household member recently discharged from an institution that provided a temporary residence?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>8. Do you currently reside at the Tedford Housing Individual or Family Shelter?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>9. Is the head of your household or their spouse retired from working in Waterville, Winslow, Sidney, or Oakland?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>10. Has your household been displaced by municipal development in the City of Lewiston, Maine?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>11. Are you exiting the "First Place Program" for chronically homeless youth?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>12. Is there anyone in the household with a disabling condition that has been continuously homeless for a year or more, or had at least four (4) episodes of homelessness in the past three (3) years?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>13. Do you qualify for the Foster Youth to Independence (FYI) Initiative?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>

14. Are you a family of a deceased veteran whose death was service-related?	<input type="checkbox"/> Yes <input type="checkbox"/> No
15. Do you have at least 50/50 physical custody of minors in the household?	<input type="checkbox"/> Yes <input type="checkbox"/> No
16. Is any household member pregnant?	<input type="checkbox"/> Yes <input type="checkbox"/> No
17. Do you require a special accommodation to participate in the application process? If yes, please describe what you need.	<input type="checkbox"/> Yes <input type="checkbox"/> No
18. Does any member of the household require a mobility, vision, or hearing unit?	<input type="checkbox"/> Yes <input type="checkbox"/> No
19. Is English your primary spoken language? If no, what is your primary spoken language?	<input type="checkbox"/> Yes <input type="checkbox"/> No
20. Is English your primary written language? If no, what is your primary written language?	<input type="checkbox"/> Yes <input type="checkbox"/> No

**Application Submission:**

Complete and sign the enclosed pre-application and mail it to ONE of the nearby participating PHAs during regular business hours. Only one application per family is accepted. Upon application submission, you'll receive a receipt with your application number and date on the waiting list. Keep it for your records.

**Online Application Management:**

Visit [www.affordablehousing.com/MaineCWL](http://www.affordablehousing.com/MaineCWL) for participating PHA details, online application, and information on managing your Maine Section 8 Centralized Waiting List application.

**SIGN BELOW.**

**Unsigned applications may be returned.**

By signing below, I certify that I understand that:

- Submitting false, or misrepresenting, information may result in losing my eligibility for the Housing Choice Voucher program.
- I need to notify the Housing Authorities if any information on this application changes.
- 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.

I certify that the information provided is accurate and complete and that I am at least 18 years old or an emancipated minor.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

# Application Conditions and Waiting List Preferences

Your eligibility to apply and preferences on a waiting list are determined based on information you provide on your application. It is important that you accurately answer every question and complete every field so that your application can be added to a waiting list and receive any priority that you are eligible for. For more information about eligibility and preferences please refer to the policy for the program or property you are applying to. Please note that not all waiting lists use preferences to prioritize the waiting list.

## **PRIMARY APPLICANT/ HEAD-OF-HOUSEHOLD**

The adult member of the family, or emancipated minor, who is the head of the household for purposes of determining income eligibility and rent and who is responsible for ensuring that the family fulfills all its responsibilities.

## **DATE OF BIRTH**

Used to determine a household member's age and if they are considered a Minor: under 18 years of age; an Adult: at least 18 years of age; or Elderly: at least 62 years of age.

## **DISABLED**

Any condition or characteristic that renders an individual a person with disabilities (handicaps). A PHA may adopt a preference for admission of families that include a person with disabilities or eligibility for admission is dependent on you or a family member in the household being a person with a disability.

## **SOCIAL SECURITY NUMBER/ ALIEN ID NUMBER**

Your Social Security number is used to identify your application and prevent duplicate applications. If you do not have one, you may enter an Alien ID number or request a temporary ID to use in place of a SSN by writing N/A in place of a number. You can update your SSN or Alien ID number later if you receive one.

## **LIVING IN A PERMANENT RESIDENCE**

Currently living in unit with a signed/current lease or you own your home.

## **LIVING IN A SHELTER OR HOTEL/MOTEL**

Living in a shelter that provides temporary living arrangements, for example congregate shelters, transitional housing, and hotels and motels paid for by charitable organizations or by a government program.

## **LIVING IN A TEMPORARY RESIDENCE OR INSTITUTION**

Temporarily staying with family, friends, faith-based or other social networks or institution, including a hospital, substance abuse or mental health treatment facility, or jail/prison.

## **LIVING IN A PLACE NOT NORMALLY USED FOR HOUSING**

Spending most nights living in a car, park, abandoned building, bus or train station, airport, camping ground, or any other place that is not normally used for housing.

**AT A RISK OF LOSING CURRENT RESIDENCE/ HOUSING** Your household is at risk of losing primary nighttime residence soon and lack sufficient resources or support networks (family, friends, etc.) to prevent moving into a shelter or into other temporary living arrangements.

## **RENT AND UTILITIES**

Rent is defined as the actual monthly amount due under a lease or occupancy agreement between a family and current landlord, plus the monthly amount of tenant supplied utilities.

## **BEDROOM SIZE**

PHA policy that specifies the unit size and number of bedrooms appropriate for different family sizes. Occupancy standards ensure that tenants are treated fairly and consistently and receive adequate housing space.

## **ATTENDING SCHOOL OR A JOB TRAINING PROGRAM**

Enrolled either full-time or part-time at an institution of higher education or is attending an education or training program that is designed to prepare individuals for the job market. Please note that the address of your school or training program may be used to determine residency preference, if applicable.

## **EMPLOYMENT/EARNED INCOME**

Earned income includes all gross income from employment, (before taxes). Examples of earned income are: wages; salaries; tips; and other taxable employee compensation. Earned income also includes net earnings from self-employment. Please note that the address of your employer may be used to determine residency preference.

## **OTHER INCOME (NON-EMPLOYMENT INCOME)**

Includes all other non-employment/earned income. Examples of other income are: pensions and annuities, welfare benefits, unemployment compensation, worker's compensation benefits, social security benefits, Disability Insurance Payments, SSA, SSI Federal, SSI State, Child Support, Alimony, Adoption Subsidy Payments, Education Grants, Stipends, Scholarships, Trade Union Benefits, Unemployment, Public Assistance, and recurring contributions such as: money someone gives you to pay your bills OR gives you as spending money OR the person uses to pay your bills directly.

## **CO-APPLICANT/CO-HEAD OF HOUSEHOLD**

An adult member of the family, or emancipated minor, who is treated the same as a head of the household for purposes of determining income, eligibility, and rent. A Co-Applicant/Co-Head of Household may be the spouse (marriage partner) of the head-of-household or a designated co-head, but not both. A family can have only one co-head (if head-of-household has a spouse, they cannot designate another household member a 'co-head').



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.

<b>Applicant Name:</b>	
<b>Mailing Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>Name of Additional Contact Person or Organization:</b>	
<b>Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>E-Mail Address (if applicable):</b>	
<b>Relationship to Applicant:</b>	
<b>Reason for Contact: (Check all that apply)</b> <input type="checkbox"/> Emergency <input type="checkbox"/> Unable to contact you <input type="checkbox"/> Termination of rental assistance <input type="checkbox"/> Eviction from unit <input type="checkbox"/> Late payment of rent <input type="checkbox"/> Assist with Recertification Process <input type="checkbox"/> Change in lease terms <input type="checkbox"/> Change in house rules <input type="checkbox"/> Other: _____	
<b>Commitment of Housing Authority or Owner:</b> 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.	
<b>Confidentiality Statement:</b> The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
<b>Legal Notification:</b> 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.

<b>Signature of Applicant</b>	<b>Date</b>

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.