

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

UPDATING PRE-APPLICATION

Tell us about all the person applying.

| | | | |
|--|--|--|--|
| 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 | | | |
| 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? <input type="checkbox"/> Yes <input type="checkbox"/> 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> |

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|--|--|
| 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 |

Complete and return your application update form by one of these options:

- Drop off at the participating PHA office closest to you.
- Fax to: (561) 416-9848
- Email to: mainecwl@affordablehousing.com
(Please note, mail is processed by our partner, AffordableHousing.com, located in Florida).
- Mail it back to: MaineCWL, P.O. Box 272530, Boca Raton, FL 33427

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** _____

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



Auburn Housing Authority
20 Great Falls Plaza
P.O. Box 3037
Auburn, ME 04212-3037
Phone: 207-784-7351
Relay Service: 711



Maine State Housing Authority
353 Water Street
Augusta, ME 04330
Phone: 207-624-5789
or 1-866-357-4853
Relay Service: 711



Augusta Housing Authority
33 Union Street, Suite 3
Augusta, ME 04330
Phone: 207-626-2357
Relay Service: 711



MDI & Ellsworth Housing Authorities
80 Mount Desert Street, P.O. Box 28
Bar Harbor, ME 04609
Phone: 207-288-4770
Relay Service: 711



Bangor Housing Authority
161 Davis Road
Bangor, ME 04401
Phone: 207-942-6365
Relay Service: 711



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



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



Biddeford Housing Authority
22 South Street, P.O. Box 2287
Biddeford, ME 04005
Phone: 207-282-6537
Relay Service: 711



Presque Isle Housing Authority
58 Birch Street
Presque Isle, ME 04769
Phone: 207-768-8231
Relay Service: 711



Brewer Housing Authority
15 Colonial Circle, Suite 1
Brewer, ME 04412
Phone: 207-989-7890
V/TDD: 207-989-9810



Sanford Housing
Authority

Sanford Housing Authority
17 School Street
Sanford, ME 04073
Phone: 207-324-6747
Relay Service: 711



Brunswick Housing Authority
12 Stone Street, P.O. Box A
Brunswick, ME 04011
Phone: 207-725-8711
Relay Service: 711



South Portland Housing Authority
100 Waterman Drive, Suite 101
South Portland, ME 04106
Phone: 207-773-4140
Relay Service: 711



Caribou Housing Agency
25 High Street
Caribou, ME 04736
Phone: 207-493-4324
Relay Service: 711



Waterville Housing Authority
88 Silver Street
Waterville, ME 04901
Phone: 207-873-2155
Relay Service: 711



Fort Fairfield Housing Authority
18 Fields Lane
Fort Fairfield, ME 04742
Phone: 207-476-5771
Relay Service: 711



Westbrook Housing
30 Liza Harmon Drive
Westbrook, ME 04092
Phone: 207-854-9779
Relay Service: 711



Lewiston Housing Authority
1 College Street
Lewiston, ME 04240
Phone: 207-783-1423
Relay Service: 711



Van Buren Housing Authority
130 Champlain Street
Van Buren, Maine 04785
Phone: 207-868-5441
Relay Service: 711

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').