

APPLICATION FOR SECTION 8 HOUSING CHOICE VOUCHER



353 Water Street ♦ Augusta, ME 04330-4633

Direct: 207/624-5789 ♦ Voice: 1-866-357-4853 ♦ 711 (Maine Relay) ♦ Fax: 207/624-5713

Equal Access. We are committed to making sure that all of our programs, services and activities are fully accessible to persons regardless of race, color, religion, gender, sexual orientation, national origin, ancestry, age, physical or mental disability, familial status or the receipt of public assistance. If you, or anyone in your family, encounter any type of barrier that prevent you 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: 1-800-669-9777.

Upon request, we will make any reasonable accommodations under our policies and procedures necessary for you and your family to fully utilize our programs or services. Language assistance and other appropriate communication auxiliary aids and services are available, and this application and other program materials will be provided in an alternative language or format upon request.

• Legal Name of Head of Household: Last: _____ First: _____ MI: _____	Gender: _____	SSN: _____	DOB: _____	Age: _____
---	---------------	------------	------------	------------

• OPTIONAL: Race: <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian/Pacific Islander	• OPTIONAL: Ethnicity: <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic
--	---

• Are you interested in applying to the Moderate Rehabilitation Program? Yes No

• PLEASE NOTE THE FOLLOWING:

- ✓ **Incomplete Applications cannot be processed a mailing address is required.**
- ✓ **Applicants must notify MaineHousing (in writing) of any changes in your 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.**

• Please provide your <u>current</u> address:		• EMAIL Address: _____			
Street Address:	_____	City:	State:	Zip:	Phone/Cell: _____
Mailing Address:	_____	City:	State:	Zip:	Phone/Cell: _____

• What other adults will be living in the unit?

Legal Name:	Gender:	Relationship to head:	SSN:	DOB:	Age:	School Name (if applicable):
_____	_____	_____	_____	_____	_____	_____
Legal Name:	Gender:	Relationship to head:	SSN:	DOB:	Age:	School Name (if applicable):
_____	_____	_____	_____	_____	_____	_____
Legal Name:	Gender:	Relationship to head:	SSN:	DOB:	Age:	School Name (if applicable):
_____	_____	_____	_____	_____	_____	_____

• What minors will be living in the unit?

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

PLEASE NOTE: All preferences below will be verified at the time housing subsidy is issued.

Do you or your spouse/co-head qualify for any of the following preferences? Please check (√) those applicable to you:

• I am a United States Military Veteran. Yes No

If Yes, please check Discharge Type: Honorable General(under honorable conditions) Other than Honorable Dishonorable Bad Conduct

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

• Is Head Spouse Co-head disabled? Yes No

If you are homeless or a victim of domestic violence and would like us to send you a list of resources to assist you please check this box Yes, please send this list.

MaineHousing screens all adult household members for drug-related criminal activities, violent criminal activities, sex offenses and sex offender registrations, debts owed to housing agencies, alcohol related crimes and use of illegal drugs including "medical marijuana".

• 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? Yes No

HOUSEHOLD INCOME: Income includes money or contributions from ANY and ALL sources paid to, or on behalf of, a family member. **Sources of Income can include:**

- ✓ 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

- ✓ Child Support
- ✓ TANF
- ✓ Regular Support from family or friends
- ✓ Educational Grants & Scholarships
- ✓ Savings and Checking Account balances
- ✓ Real Estate you own Stocks, bonds, trusts or other investments
- ✓ Life Insurance Policies
- ✓ Assets sold or given away in the past two years

• **Using the list of income sources above**, please provide the sources and amounts of all income (money) expected for the upcoming 12 months for all family members:

Family Member: _____ Monthly Income \$ _____ Source of Income: _____ Employer Name: _____

Family Member: _____ Monthly Income \$ _____ Source of Income: _____ Employer Name: _____

Family Member: _____ Monthly Income \$ _____ Source of Income: _____ Employer Name: _____

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** 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 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.

Signature of (Head of Household)

Date

Signature of - Other Adult, Spouse, or Co-Head

Date