

- MaineHousing's Moderate Rehabilitation (Mod Rehab) Program provides project-based rental assistance for low income families.
- Mod Rehab Assistance is different from a Voucher, because the assistance goes with the building.
- This means you can have rental assistance while you are living in the Mod Rehab building but you will lose your rental assistance if you move from the Mod Rehab building.
- When vacancies occur in Mod Rehab projects, MaineHousing refers eligible families for participation in the Mod Rehab program from its waiting list to owner.
- Owners select families for occupancy of a particular unit after screening each family.

Below is a list of Mod Rehab buildings administered by MaineHousing please mark the buildings you are interested in, complete the packet and return to MaineHousing:

- | | |
|--|---|
| <input type="checkbox"/> 1973 Aroostook Rd, Wallagrass | <input type="checkbox"/> 15-18 Scovil St, Mars Hill |
| <input type="checkbox"/> 4 Corinth Rd, Garland | <input type="checkbox"/> 419 Cumberland St, Rumford |
| <input type="checkbox"/> Rt. 160, 68 West Main St, Denmark | <input type="checkbox"/> 186 Main St, Bucksport |



MaineHousing
MAINE STATE HOUSING AUTHORITY



For Owner/Agency Use Only

Date/Time Received: _____

Mod Property: _____

MOD-REHAB PRE-APPLICATION
COMPLETE ALL INFORMATION

1. HEAD OF HOUSEHOLD

First Name		Middle Initial	Last Name		Suffix (Sr./Jr.)
Date of Birth	Gender		Are you Disabled? <input type="checkbox"/> Yes	Social Security Number	
Physical/Home Address (Do not list a P.O. Box)					Unit/Apartment #
City/Town		State		Zip Code	
Home Phone #	Cell Phone #	Email Address (optional)			
Mailing Address					Unit/Apartment #
City/Town		State		Zip Code	

2. SPOUSE/CO-HEAD OF HOUSEHOLD (if applicable)

First Name		Middle Initial	Last Name		Suffix (Sr./Jr.)
Date of Birth	Gender		Spouse/Co-Head Disabled? <input type="checkbox"/>	Social Security Number	
Phone #		Email Address (optional)			

3. TOTAL NUMBER OF PEOPLE WHO WILL LIVE IN THE UNIT (Including yourself):

# of Adults	# of children (under 18)
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4. ANNUAL HOUSEHOLD INCOME (income before deductions for all family members):

Total GROSS Amount per YEAR \$

5. RACE AND ETHNICITY OF HEAD OF HOUSEHOLD (Not Mandatory – For HUD Statistics Only)

Check all that apply: <input type="checkbox"/> White <input type="checkbox"/> Black/African American <input type="checkbox"/> American Indian/ Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian/Other Pacific Islander	
Check One: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Non-Hispanic or Non-Latino	
Nationality: _____	
Do you require a translator or interpreter? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what Language? _____	
Do you or a family member require any accommodation to participate fully in this application process? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe the accommodation you require: _____	

6. I CERTIFY THAT THE INFORMATION PROVIDED IN THIS APPLICATION IS ACCURATE AND COMPLETE.

I understand that submission of false information or misrepresentation may result in loss of eligibility to participate in the Moderate Rehabilitation program. I understand I am required to notify MaineHousing of any change in information on this application. I understand 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.

Signature of Head of Household: _____ **Date:** _____

Equal Access. 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 Moderate Rehabilitation Program, please contact us. You can also contact the Fair Housing and Equal Opportunity National toll-free hot line number: 1-800-669-9777.

Applicants may request a "reasonable accommodation" if they or any other family member has a disability when such an accommodation is necessary to afford persons with disabilities an equal opportunity to use and enjoy their housing. Language assistance and other appropriate communication auxiliary aids and services are available upon request. Please contact MaineHousing if you have questions about your rights to accommodation.

Note: Federal regulations prohibit rental assistance to persons other than United States citizens, nationals, or certain categories of eligible non-U.S. citizens. Families with some eligible family members may be entitled to prorated housing assistance.

Maine State Housing Authority ("MaineHousing") does not discriminate on the basis of protected classes under the applicable federal and state nondiscrimination laws, in the admission or access to, or treatment in, its programs and activities and in employment. 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:

Kelley Stonebraker Maine State Housing Authority
26 Edison Drive, Augusta, Maine 04330-4633,
Telephone Number 1-800-452-4668 (voice), (207) 626-4600 (voice), 711 (Maine Relay), or
EqualAccess@mainehousing.org (email)

Please submit the completed application to MaineHousing, HCV Department, 26 Edison Drive, Augusta, ME 04330

Incomplete applications will not be accepted. They will be returned, if possible, for completion.

If you have any questions, please contact MaineHousing at (207) 624-5789 or section8hcv@mainehousing.org

Revised 7/2025

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) <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <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 </div> <div style="width: 45%;"> <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: _____ </div> </div>	
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.