

MAINE CENTRALIZED SECTION 8/HCV WAITING LIST
Housing Data Link of Maine, LLC

FFHA EXISTING APPLICANT
UPDATE/PURGE
For Agency Use Only

PRE-APPLICATION
COMPLETE ALL INFORMATION

Date and Time Rec'd _____
Existing Applicant ID #: _____

1. HEAD OF HOUSEHOLD

First Name		Middle Initial	Last Name		Suffix (Sr./Jr.)
Date of Birth		Social Security Number			Gender
Physical/Home Address (Do not list a P.O. Box)					Unit/Apartment #
City/Town		State	Zip Code		
Email Address (optional)			Phone #		
Mailing Address					Unit/Apartment #
City/Town		State	Zip Code		

2. SPOUSE OR PARTNER

First Name		Middle Initial	Last Name		Suffix (Sr./Jr.)
Date of Birth		Social Security Number			Gender
Email Address (optional)			Phone #		

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. PREFERENCES – Qualifying for a preference(s) will affect your position on the waiting list. Please read the attached Definitions of Preferences carefully, and indicate which preferences apply to your household.

NOTE: Participating housing authorities may or may not use some or all of the preference listed below. These definitions are minimum qualifications; housing authorities may have more specific criteria within a particular preference. You will be required to verify any preference(s) you claim when you are selected from the waiting list.

Check all that apply:

<input type="checkbox"/> 1. Disabled (<i>Head of Household or Spouse</i>)
<input type="checkbox"/> 2. Family with minor children or dependents
<input type="checkbox"/> 3. Veteran
<input type="checkbox"/> 4. Where do you Live? (city/town if in MAINE only) _____
<input type="checkbox"/> 5. Elderly (<i>Head or Spouse is 62 years or older</i>)
<input type="checkbox"/> 6. Displaced by Natural or National Disaster
<input type="checkbox"/> 7. Chronically Homeless (<i>Please see definition of preferences</i>)
<input type="checkbox"/> 8. Where do household members Work? (List city(s)/town(s) in MAINE only) 1. _____ 2. _____ 3. _____
<input type="checkbox"/> 9. Non-Subsidized (not currently receiving housing assistance)
<input type="checkbox"/> 10. Full-Time Student attending school in Auburn, Mechanic Falls, Minot, New Gloucester, Poland or Turner (<i>Head or Spouse</i>)
<input type="checkbox"/> 11. Working/Employed (<i>Head or Spouse</i>)
<input type="checkbox"/> 12. Single-Person Family, whose sole member is not Disabled and is not Elderly
<input type="checkbox"/> 13. Tedford Shelter Resident
<input type="checkbox"/> 14. Attending School in Augusta Housing's jurisdiction: Augusta, Belgrade, Chelsea, China, Coopers Mills, Farmingdale, Gardiner, Hallowell, Manchester, Monmouth, Mt. Vernon, Pittston, Randolph, Readfield, Vassalboro, Whitefield, Windsor or Winthrop
<input type="checkbox"/> 15. Paying more than 30% of income for rent
<input type="checkbox"/> 16. Paying more than 50% of income for rent
<input type="checkbox"/> 17. Elderly, Disabled, or Family of two (2) or more AND Lives or Works in Maine
<input type="checkbox"/> 18. Single-Person Family, whose sole member is not Disabled and is not Elderly AND Lives or Works in Maine
<input type="checkbox"/> 19. Elderly, Disabled, or Family of two (2) or more AND Does NOT Live or Work in Maine
<input type="checkbox"/> 20. Full-Time Student attending school in Waterville, Winslow, Sidney or Oakland (<i>Head or Spouse</i>)
<input type="checkbox"/> 21. Retired from Working in Waterville, Winslow, Sidney or Oakland (<i>Head or Spouse</i>)
<input type="checkbox"/> 22. Family of two or more persons
<input type="checkbox"/> 23. Serviceman OR Family of Deceased Veteran whose Death was Service-Related
<input type="checkbox"/> 24. Displaced by Municipal Development in the City of Lewiston
<input type="checkbox"/> 25. Displaced by Domestic Violence OR Living in a Domestic Violence Situation
<input type="checkbox"/> 26. Displaced by Government Action
<input type="checkbox"/> 27. Homeless Family with Dependent Children
<input type="checkbox"/> 28. Enrolled in an Aroostook County Institution of Higher Education
<input type="checkbox"/> 29. Live or Work in Aroostook County
<input type="checkbox"/> 30. Full-Time Student in Presque Isle, Mapleton, Castle Hill, Chapman, Washburn, Westfield or Eaton (<i>Head or Spouse</i>)
<input type="checkbox"/> 31. Participating in an Education or Training Program to prepare individual for the job market.

7. **CURRENT HOUSING SITUATION** (Checked items are for additional information only. Your waiting list position is not changed in any way.)

Check all that apply:

- ☐ Staying in a shelter ☐ Staying with friends or family ☐ Have been or are being evicted
☐ Living in substandard housing ☐ Victim of domestic violence ☐ Pay more than 50% of income for rent
☐ Other (please explain) _____

8. **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 Housing Choice Voucher program. I understand I am required to notify one of the listed Housing Authorities 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: **X** _____ Date: _____

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 a participating housing authority. 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 call any of the Participating Housing Authorities 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.

Participating housing authorities may have separate waiting lists for project-based vouchers or other housing programs. Please contact participating housing authorities directly to request information on other housing options that may be available.

Please submit the completed application to the participating Housing Authority NEAREST YOU. Incomplete applications will not be accepted. They will be returned, if possible, for completion. If you have any questions, please contact one of the Participating Housing Authorities.



<http://MaineSection8CentralWaitlist.org>



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) <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Emergency <input type="checkbox"/> Unable to contact you <input type="checkbox"/> Assist with Application Process <input type="checkbox"/> Termination of rental assistance <input type="checkbox"/> Eviction from unit </td> <td style="width: 50%; vertical-align: top;"> <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: _____ </td> </tr> </table>		<input type="checkbox"/> Emergency <input type="checkbox"/> Unable to contact you <input type="checkbox"/> Assist with Application Process <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: _____
<input type="checkbox"/> Emergency <input type="checkbox"/> Unable to contact you <input type="checkbox"/> Assist with Application Process <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: _____		
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.

MAINE CENTRALIZED SECTION 8/HCV WAITING LIST

Housing Data Link of Maine, LLC

DEFINITIONS OF PREFERENCES

NOTE: Participating housing authorities may or may not use some or all of the preferences listed below. These definitions are minimum qualifications; housing authorities may have more specific criteria within a particular preference. A housing authority will request documentation of preferences at the time you reach the top of the waiting list and are selected for final determination.

1. **DISABLED** – A family whose head, spouse or sole member has a physical or mental disability. This may require verification from a third party source for eligibility purposes. (For additional information regarding Additional Terms or Exceptions see 5 M.R.S.A 4553-A)

“Physical or mental disability” means:

- A. Physical or Mental disability, defined – “Physical or mental disability means:

1. A physical or mental impairment that substantially limits one or more of the major life activities of an individual;
2. Significantly impairs physical or mental health;
3. Requires special education, vocational rehabilitation or related services;

Without regard to severity unless otherwise indicated: absent, artificial or replacement limbs, hands, feet or vital organs; alcoholism; amyotrophic lateral sclerosis; bipolar disorder; blindness or abnormal vision loss; cancer; cerebral palsy; chronic obstructive pulmonary disease; Crohn's disease; cystic fibrosis; deafness or abnormal hearing loss; diabetes; substantial disfigurement; epilepsy; heart disease; HIV or AIDS; kidney or renal diseases; lupus; major depressive disorder; mastectomy; intellectual disability; multiple sclerosis; muscular dystrophy; paralysis; Parkinson's disease; pervasive developmental disorders; rheumatoid arthritis; schizophrenia; and acquired brain injury.

- B. With respect to an individual, having a record of any of the conditions in paragraph A; or
- C. With respect to an individual, being regarded as having or likely to develop any of the conditions in paragraph A.

2. **FAMILY WITH MINOR CHILDREN OR DEPENDENTS** – At least one member of a family is under eighteen (18) years of age and the legal responsibility of an adult member in the family; OR at least one disabled person of any age who is not the head or spouse/partner; OR a person eighteen years of age or older who is claimed as a dependent under IRS rules.
3. **VETERAN** – A person who served in the active military, naval, or air service and who was discharged or released from such service under conditions other than dishonorable.
4. **WHERE DO YOU LIVE?** – To receive this preference the family must live in a specific town.
5. **ELDERLY** – A family whose head of household or spouse is sixty-two (62) years of age or older.
6. **DISPLACED BY NATURAL or NATIONAL DISASTER** – Persons displaced by natural or national disaster.
7. **CHRONICALLY HOMELESS** – This preference is available to **Chronically Homeless Individuals and Families** who may be eligible for special Voucher Set-Asides provided by certain Housing Authorities. Chronically homeless is defined as an unaccompanied homeless individual with a disabling condition or a family with a member who has a disabling condition and has been continuously homeless for a year or more, or had at least four (4) episodes of homelessness in the past three (3) years. To be considered chronically homeless, a person or family must have been sleeping in a place not meant for human habitation (i.e. living on the streets or in a car, camping, etc) and/or been in an emergency shelter within the area of the Housing Authority during that time.
8. **WHERE DO HOUSEHOLD MEMBERS WORK?** – To receive this preference at least one member of the household must work, or be hired to work, in a specific town.
9. **NON-SUBSIDIZED** – A family who is not currently residing in subsidized housing or receiving subsidized rental assistance based on their monthly income.
10. **FULL-TIME STUDENT attending school in Auburn, Mechanic Falls, Minot, New Gloucester, Poland or Turner** – To qualify for this preference the head of household or spouse must be attending school full-time within Auburn, Mechanic Falls, Minot, New Gloucester, Poland and Turner.
11. **WORKING/EMPLOYED** – A family whose head of household or spouse is currently employed.
12. **SINGLE-PERSON FAMILY** – A one-person family, where the sole member is **not** Disabled and is **under** sixty-two (62) years of age.
13. **TEDFORD SHELTER RESIDENT** – A family that is currently residing at the Tedford Housing Individual or Family Shelter.

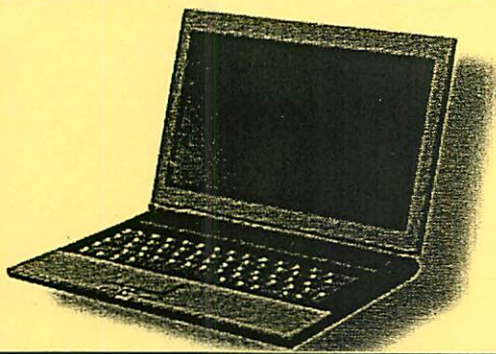
14. **ATTENDING SCHOOL IN AUGUSTA HOUSING'S JURISDICTION** – At least one family member must be attending school in one of the following towns to qualify for this preference: Augusta, Belgrade, Chelsea, China, Coopers Mills, Farmingdale, Gardiner, Hallowell, Manchester, Monmouth, Mt. Vernon, Pittston, Randolph, Readfield, Vassalboro, Whitefield, Windsor or Winthrop.
15. **PAYING MORE THAN 30% INCOME FOR RENT** – Rent is defined as the actual amount due under a lease or occupancy agreement calculated on a monthly basis, plus the monthly amount of tenant supplied utilities.
16. **PAYING MORE THAN 50% INCOME FOR RENT** – Rent is defined as the actual amount due under a lease or occupancy agreement calculated on a monthly basis, plus the monthly amount of tenant supplied utilities.
17. **ELDERLY, DISABLED, OR FAMILY OF TWO (2) OR MORE AND LIVES OR WORKS IN MAINE** – Families that meet the definition of Elderly or Disabled, or that consists of Two (2) or more Persons AND also Lives or Work in the State of Maine.
18. **SINGLE-PERSON FAMILY AND LIVES OR WORKS IN MAINE** – A one-person family, where the sole member is *not* Disabled, is *under* sixty-two (62) years of age, AND also Lives or Works in the State of Maine.
19. **ELDERLY, DISABLED, OR FAMILY OF TWO (2) OR MORE AND DOES NOT LIVE OR WORK IN MAINE** – Families that meet the definition of Elderly or Disabled, or that consists of Two (2) or more Persons AND does not Live or Work in the State of Maine.
20. **FULL-TIME STUDENT attending school in Waterville, Winslow, Sidney or Oakland** – To qualify for this preference the head of household or spouse must be attending school full-time within Waterville, Winslow, Sidney or Oakland
21. **RETIRED FROM WORKING in Waterville, Winslow, Sidney or Oakland** – To qualify for this preference the head of household or spouse must be retired and must have been working in Waterville, Winslow, Sidney or Oakland at the time of retirement.
22. **FAMILY OF TWO OR MORE** – A family consisting of two or more persons.
23. **SERVICEMAN OR FAMILY OF DECEASED VETERAN WHOSE DEATH WAS SERVICE-RELATED** – A person currently serving in the active U.S. Military; OR a Family of a deceased veteran whose death was service-related, as determined by the U.S. Veterans Administration.
24. **DISPLACED BY MUNICIPAL DEVELOPMENT IN THE CITY OF LEWISTON** – A family which will be, or has been within the three year period ending on the date of application, displaced by any low-rent housing project, public slum-clearance project or public redevelopment project, in the City of Lewiston.
25. **DISPLACED BY DOMESTIC VIOLENCE OR LIVING IN A DOMESTIC VIOLENCE SITUATION** – The family has vacated or been displaced as a result of fleeing domestic violence in the home; OR the family is currently living in a situation where they are being subjected to or victimized by domestic violence in the home. "Domestic violence" means actual or threatened physical violence directed against one or more members of the applicant family by a spouse or other member of the applicant's household.
26. **DISPLACED BY GOVERNMENT ACTION** – Unit is uninhabitable due to activities carried out by an agency of the United States or by any state or local governmental body or agency in connection with code enforcement, public improvements or development program.
27. **HOMELESS FAMILY WITH DEPENDENT CHILDREN** – A family with dependent children who lacks a fixed, regular and adequate nighttime residence and who has a primary nighttime residence defined as a supervised public or privately operated shelter designated to provide temporary living accommodations. Includes welfare, hotels, congregate shelters and transitional housing; an institution that provides temporary residence for individuals intended to be institutionalized – *not incarcerated (i.e. jails and prisons)*; a place not designated or normally used as a regular sleeping place for humans.
28. **ENROLLED IN AROOSTOOK COUNTY INSTITUTION OF HIGHER EDUCATION** – At least one adult household member is enrolled in an Aroostook County institution of higher education.
29. **LIVE OR WORK IN AROOSTOOK COUNTY** – A family that lives in Aroostook County or at least one household member works or has been hired to work in Aroostook County.
30. **FULL-TIME STUDENT attending school in Presque Isle, Mapleton, Castle Hill, Chapman, Washburn, Westfield or Eaton** – To qualify for this preference the head of household or spouse must be attending school full-time within Presque Isle, Mapleton, Castle Hill, Chapman, Washburn, Westfield or Eaton.
31. **EDUCATION / JOB TRAINING** – Actively participating in an education or training program designed to prepare individuals for the job market.





MAINE CENTRALIZED SECTION 8/HCV WAITING LIST

<http://MaineSection8CentralWaitlist.org>



You can now apply online to the *Maine Centralized Section 8/HCV Waiting List* from your home, a library or any other location with an internet connection.

All you need is your own unique email address!

The Maine Centralized Section 8/HCV Waiting List is a combined Section 8 waiting list that is sorted differently by each participating housing authority. Applicants only need to apply for the program once, and are automatically placed on the list and available for selection by all *participating agencies*. Housing Authorities then select eligible Section 8/HCV recipients from this list, using their own program preferences and priorities.

From the Centralized Waiting List (CWL) Website you can:

- | | |
|----------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> Learn More about Section 8 and the CWL | <input checked="" type="checkbox"/> View the List of Participating Housing Authorities |
| <input checked="" type="checkbox"/> View the List of Local Preferences and Definitions | <input checked="" type="checkbox"/> Get Answers to Frequently Asked Questions |
| <input checked="" type="checkbox"/> Download an Application or Change Form | <input checked="" type="checkbox"/> Register for Access to the CWL Applicant Portal |

By Registering for access to the CWL Applicant Portal you can:

- | | |
|--------------------------------------------------------------------------------|--------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> Complete an Online Application | <input checked="" type="checkbox"/> Check the Status of Your Application |
| <input checked="" type="checkbox"/> Update the Information on Your Application | <input checked="" type="checkbox"/> Print an Application Receipt |
| <input checked="" type="checkbox"/> View Your Application Activity | <input checked="" type="checkbox"/> View Important News and Updates |

<http://MaineSection8CentralWaitlist.org>



EQUAL HOUSING
OPPORTUNITY

Authorization for the Release of Information

<p>Organization Requesting Release of Information</p> <p>Fort Fairfield Housing Authority (FFHA) 18 Fields Lane Fort Fairfield, ME 04742 (207) 476-5771</p>	<p><u>Information that may be obtained</u></p> <p>Child Care Expenses Credit History Drug/Alcohol Abuse Family Composition Employment, Income, Pensions, and Assets Federal, State, Tribal, or Local Benefits Handicapped Assistance Expenses Identity and Marital Status Medical Expenses Social Security Numbers Residences and Rental History</p>
<p><u>Purpose</u></p> <p>The FFHA may use this authorization and the information obtained with it to administer and enforce program rules and policies</p>	<p><u>Individual/Organizations that may Release Information</u></p> <p>Banks and Financial Institutions Courts Law Enforcement Agencies Credit Bureaus Employers, Past & Present Land/Tenants Businesses and Individuals Providers of: Alimony Child Care Child Support Credit Handicapped Assistance Medical Care Pensions/Annuities Schools/Colleges U.S. Department of Veteran's Affairs Utility Companies Welfare Agencies</p>
<p><u>Authorization</u></p> <p>I authorize the release of any information (including documentation and other materials) pertinent to eligibility for or participation under any of the following programs</p> <ul style="list-style-type: none"> Low-Income Rental Indian Housing Low-Income Rental Public Housing Rental Assistance Program (RAP) Rent Supplement Section 8 Housing Assistance Payments Program Section 23 and 10 © leased Housing Section 23 Housing Assistance Payments Section 202 Section 221 (d) (3) Below Market Interest Rate Turnkey III Home Ownership Opportunities Program <p>I authorize the above named organization to obtain information about me or my family that is pertinent to Eligibility for or participation in assisted housing programs. I authorize only the FFHA to obtain information on wages or unemployment from State Employment Securities Agencies</p>	
<p>_____</p> <p>Signature, Printed Name of Date Adult Member of the Household</p>	
<p>X</p> <p>Original is retained by the requesting organization.</p>	<p><u>Conditions</u></p> <p>I agree that photocopies of this authorization may be used for the purposes stated above.</p> <p>If I do not sign this authorization I also understand that my housing assistance may be denied or terminated.</p> <p>_____</p> <p>Signature, Printed Name of Other Adult member of the Household:</p>

Original is retained by the requesting organization.

THIS STATEMENT OF RELEASE SHALL BE VALID FOR 15 MONTHS