

1 Primary Applicant/ Head-of-Household ⓘ

Name: _____
First Middle Initial Last

Phone: _____ May we send text messages to this number? Yes No

Email: _____

Date of Birth (MM/DD/YYYY): ⓘ ____ / ____ / ____ Gender: _____

Are you a U.S. Citizen? Yes No Are you disabled? ⓘ Yes No

Social Security Number (SSN) or Alien ID Number: ⓘ ____ - ____ - ____

Primary spoken language: _____ Primary written language: _____

Current Living Situation: Please select one:

- Living in a permanent residence. ⓘ
- Living in a temporary residence. ⓘ
- Living in a shelter or hotel/motel. ⓘ
- Living in a place that is not normally used for housing. ⓘ

Is your household at risk of losing the current residence? ⓘ Yes No

What is your current monthly rent/mortgage payment? \$ _____

What is your total monthly out of pocket cost for utilities (heat/electricity)? \$ _____

How much of your monthly total household income do you use to pay for rent and utilities? ⓘ

- Less than 30%
- 30%-40%
- 40%-50%
- 50% or Greater

How many people live in your household? _____ How many bedrooms does your household require? ⓘ _____

Current Address:

Your current address is where you currently live or is your primary nighttime residence. If you do not have a street address, you may provide the city/town, state, and zip code of the place you spend most nights. Please note that your current address may be used to determine local residency preference, if applicable.

Street City State Zip Code

Mailing Address:

If you have no current address or would like mail sent to a different address you can enter an alternate address to send any mail correspondence about your application.

Street City State Zip Code

Emergency Contact (Optional):

You may provide contact information of a person or organization that may be able to help in resolving any issues that may arise during the application process or to assist in providing any special care or services you require.

Name of contact person: _____

Phone: _____ Relationship to applicant: Parent Child Sibling Other

Primary Applicant/ Head-of-Household Income:

Are you currently employed or have you been hired for a job? Yes No

If yes, please give information on all of your employment. If you have more than two jobs, please add employment information on a separate page.

1. Where is your employer/job located? _____
City State Zip Code

Total income before taxes from this job: \$ _____ Monthly Annually

2. Where is your employer/job located? _____
City State Zip Code

Total income before taxes from this job: \$ _____ Monthly Annually

What is your total income from ALL OTHER sources (not including income from a job): \$ _____ Monthly Annually

Primary Applicant/ Head-of-Household School and Job Training:

Are you attending school or enrolled in a training program? Yes No

If yes, please give information on all of your schools/training programs. If you have more than one, please add information on a separate page.

Are you attending full time or part time (as determined by your school/training program)?

Full time Part Time

What level are you currently enrolled in?

Kindergarten Elementary(K-6) Middle(6-8) High(9-12) College/University Training

School Name: _____

Where is this school located?

_____ Street City State Zip Code

Primary Applicant/ Head of Household Veteran Status:

Have you ever served on active duty in the U. S. armed forces, reserves, or National Guard and, if no longer serving, were discharged under conditions other than dishonorable? Yes No

If yes, what years did you serve? _____

Are you a widow/widower (surviving spouse) of a person who served on active duty in the U.S. armed forces, reserves, or National Guard and was discharged under conditions other than dishonorable? Yes No

If yes, what years did your spouse serve? _____

Head-of-Household Race and Ethnicity: (Optional. Asked for HUD reporting purposes.)

Race: White Black or African American Alaska Native or Native American
 Asian Pacific Islander Other

Ethnicity: Hispanic or Latino Non Hispanic or Latino

2 Household Member (Skip if there are no other household members)

Name: _____
First Middle Initial Last

Relationship to the Head of Household:

Spouse Partner Parent Child Sibling Foster Child Live in Aid Other

Date of Birth (MM/DD/YYYY): (i) ____ / ____ / ____ Gender: _____

Is this household member a U.S. Citizen? (i) Yes No Is this household member disabled? (i) Yes No

Social Security Number (SSN) or Alien ID Number: (i) ____ - ____ - ____

Is this household member the co-head of household? (i) Yes No

Household Member 2 Income:

Is this Household Member currently employed or have you been hired for a job? (i) Yes No

If yes, please give information on all of their employment. If they have more than two jobs, please add employment information on a separate page.

1. Where is the employer/job located? _____
City State Zip Code

Total income before taxes from this job: (i) \$ _____ Monthly Annually

2. Where is the employer/job located? _____
City State Zip Code

Total income before taxes from this job: (i) \$ _____ Monthly Annually

What is the total income from ALL OTHER sources (not including income from a job): (i) \$ _____ Monthly Annually

Household Member 2 School and Job Training:

Is this Household Member in school or enrolled in a training program? (i) Yes No

If yes, please give information on all of your schools/training programs. If they have more than one, please add information on a separate page.

If yes, are they attending full or part time/ what level are they currently enrolled in? Please pick one for each question:

Full time Part Time

What level are they currently enrolled in?

Kindergarten Elementary(K-6) Middle(6-8) High(9-12) College/University Training

School Name: _____

Where is this school located?

_____ Street City State Zip Code

Household Member 2 Veteran Status:

Has this Household Member ever served on active duty in the U. S. armed forces, reserves, or National Guard and, if no longer serving, were discharged under conditions other than dishonorable? Yes No

If yes, what years did you serve? _____

Is this Household Member a widow/widower (surviving spouse) of a person who served on active duty in the U.S. armed forces, reserves, or National Guard and was discharged under conditions other than dishonorable? Yes No

If yes, what years did your spouse serve? _____

3 Household Member (Skip if there are no other household members)

Name: _____
First Middle Initial Last

Relationship to the Head of Household:

Spouse Partner Parent Child Sibling Foster Child Live in Aid Other

Date of Birth (MM/DD/YYYY): (i) ____/____/____ Gender: _____

Is this household member a U.S. Citizen? (i) Yes No Is this household member disabled? (i) Yes No

Social Security Number (SSN) or Alien ID Number: (i) _____ - _____ - _____

Is this household member the co-head of household? (i) Yes No

Household Member 3 Income:

Is this Household Member currently employed or have you been hired for a job? (i) Yes No

If yes, please give information on all of their employment. If they have more than two jobs, please add employment information on a separate page.

1. Where is the employer/job located? _____
City State Zip Code

Total income before taxes from this job: (i) \$ _____ Monthly Annually

2. Where is the employer/job located? _____
City State Zip Code

Total income before taxes from this job: (i) \$ _____ Monthly Annually

What is the total income from ALL OTHER sources (not including income from a job): (i) \$ _____ Monthly Annually

Household Member 3 School and Job Training:

Is this Household Member in school or enrolled in a training program? (i) Yes No

If yes, please give information on all of your schools/training programs. If they have more than one, please add information on a separate page.

If yes, are they attending full or part time/ what level are they currently enrolled in? Please pick one for each question:

Full time Part Time

What level are they currently enrolled in?

Kindergarten Elementary(K-6) Middle(6-8) High(9-12) College/University Training

School Name: _____

Where is this school located?

_____ Street City State Zip Code

Household Member 3 Veteran Status:

Has this Household Member ever served on active duty in the U. S. armed forces, reserves, or National Guard and, if no longer serving, were discharged under conditions other than dishonorable? Yes No

If yes, what years did you serve? _____

Is this Household Member a widow/widower (surviving spouse) of a person who served on active duty in the U.S. armed forces, reserves, or National Guard and was discharged under conditions other than dishonorable? Yes No

If yes, what years did your spouse serve? _____

4 Household Member (Skip if there are no other household members)

Name: _____
First Middle Initial Last

Relationship to the Head of Household:

- Spouse Partner Parent Child Sibling Foster Child Live in Aid Other

Date of Birth (MM/DD/YYYY): (i) ____/____/____ Gender: _____

Is this household member a U.S. Citizen? (i) Yes No Is this household member disabled? (i) Yes No

Social Security Number (SSN) or Alien ID Number: (i) _____

Is this household member the co-head of household? (i) Yes No

Household Member 4 Income:

Is this Household Member currently employed or have you been hired for a job? (i) Yes No

If yes, please give information on all of their employment. If they have more than two jobs, please add employment information on a separate page.

1. Where is the employer/job located? _____
City State Zip Code

Total income before taxes from this job: (i) \$ _____ Monthly Annually

2. Where is the employer/job located? _____
City State Zip Code

Total income before taxes from this job: (i) \$ _____ Monthly Annually

What is the total income from ALL OTHER sources (not including income from a job): (i) \$ _____ Monthly Annually

Household Member 4 School and Job Training:

Is this Household Member in school or enrolled in a training program? (i) Yes No

If yes, please give information on all of your schools/training programs. If they have more than one, please add information on a separate page.

If yes, are they attending full or part time/ what level are they currently enrolled in? Please pick one for each question:

- Full time Part Time

What level are they currently enrolled in?

- Kindergarten Elementary(K-6) Middle(6-8) High(9-12) College/University Training

School Name: _____

Where is this school located?

Street City State Zip Code

Household Member 4 Veteran Status:

Has this Household Member ever served on active duty in the U. S. armed forces, reserves, or National Guard and, if no longer serving, were discharged under conditions other than dishonorable? Yes No

If yes, what years did you serve? _____

Is this Household Member a widow/widower (surviving spouse) of a person who served on active duty in the U.S. armed forces, reserves, or National Guard and was discharged under conditions other than dishonorable? Yes No

If yes, what years did your spouse serve? _____

Use the Additional Household Member Form to add more household members to your application.

Household Conditions

Have you or anyone in your household been displaced or is at risk of being displaced from their home due to any of these household conditions? Check the box next to any conditions that apply.

A Natural Disaster

Such as a fire or flood, which left your housing unit uninhabitable.

Name of Disaster: _____

Date of Disaster: ____/____/____ Date Displaced or will be Displaced: ____/____/____

Location of Disaster: _____

Action of a Housing Owner

Forced you to vacate your unit for a reason you were unable to prevent.

Domestic Violence

Actual or threatened physical violence directed against one or more members of your family by another member of the household which occurred recently or of a continuing nature.

Hate Crimes

Actual or threatened physical violence or intimidation that is directed against a person or his or her property based on the person's race, color, religion, sex, national origin, handicap, or familial status which occurred recently or is of a continuing nature.

A Government Action

Activity carried out by an agency of the United States or by any State or local governmental body or agency in connection with code enforcement or a public improvement or development program.

Inaccessibility of a Unit or Severe Medical Emergency

Household member with mobility, or other impairment that made them unable to use critical elements of the housing unit or is suffering from severe medical emergency, illness, or injury which is life-threatening and has been caused by the lack of suitable housing or the lack of such suitable housing is a substantial impediment to treatment or recovery.

Witness Protection or to Avoid Reprisals

Household member(s) providing information on criminal activities to a law enforcement agency and based on a threat assessment, a law enforcement agency recommends rehousing your family avoid or minimize a risk of violence against family members to avoid reprisal for providing such information.

Are you or any household member:

Fleeing home due to dangerous conditions

Fleeing or attempting to flee domestic violence, dating violence, sexual assault, stalking, or other dangerous or life-threatening conditions that relate to violence against the individual or a family member, including a child.

Living in substandard housing

Does not provide safe and adequate shelter and endangers the health, safety, or well-being of family; or has one or more critical defects or combination of intermediate defects in sufficient number, in need of considerable repair or rebuilding.

Are you or any household member who is an individual with a disability:

Living in an institution that provides a temporary residence

Congregate settings populated exclusively or primarily with individuals with disabilities.

At serious risk of moving into an institution that provides a temporary residence

Experiencing lack of access to supportive services for independent living.

Recently discharged from an institution that provided a temporary residence

Including a hospital, substance abuse or mental health treatment facility, or jail/prison, where he/she stayed for 90 days or less and was living in an emergency shelter or place not meant for human habitation immediately before entering the institution.

Sign and Submit

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 or our partners, AffordableHousing.com, at 866-466-7328.

Applicant's Certification:

I understand that this preliminary application is not an offer of housing or housing assistance. I understand that before an offer for housing or housing assistance is offered, I must provide written documentation, upon request, that verifies my circumstances. I understand that it is my responsibility to keep my application current with any changes in contact information, household composition, income or any other information on my preliminary application at all times. I understand that if I do not respond to requests for information or updates, my preliminary application will be removed from the waiting list. I certify that the information I have given in this preliminary application is true and correct to the best of my knowledge and belief. I understand that any false statement or misrepresentation may result in the denial of my preliminary application.

X _____

Signature of Primary Applicant/ Head-of-Household

Date



Additional Questions

Do you currently reside at the Tedford Housing Individual or Family Shelter? Yes No

Is the head of your household or their spouse retired from working in Waterville, Winslow, Sidney, or Oakland?
(The head of household or spouse must be retired and must have been working in Waterville, ME; Winslow, ME; Sidney, ME; or Oakland, ME at the time of retirement.) Yes No

Has your household been displaced by municipal development in the City of Lewiston, Maine?
(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.) Yes No

Are you exiting the "First Place Program" for chronically homeless youth?
(First Place offers an Enhanced Services curriculum, which offers life skills assessments, workshops in housing independence and life skills, and assistance in working toward housing goals.) Yes No

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?
(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.) Yes No

Do you qualify for the Foster Youth to Independence (FYI) Initiative?
(Youth at least 18 years and not more than 24 years of age (have not reached their 25th birthday) who left foster care, or will leave foster care within 90 days, in accordance with a transition plan described in Section 475(5)(H) of the Social Security Act and are homeless or are at risk of becoming homeless at age 16 or older.) Yes No

Are you a family of a deceased veteran whose death was service-related?
(As determined by the U.S. Veterans Administration.) Yes No

Do you have at least 50/50 custody of minors in the household?
(Dependents that are subject to a joint custody arrangement will be considered a member of the family, if they live with the applicant or participant family 50 percent or more of the time.) Yes No

Is any household member pregnant?
(Expecting a child within the next 9 months.) Yes No

Do you require a special accommodation to participate in the application process? Yes No
If YES, please describe what you need:

Does any member of the household require a mobility, vision, or hearing unit? Yes No

Additional Household Member Form

Name: _____
First Middle Initial Last

Relationship to the Head of Household:

- Spouse Partner Parent Child Sibling Foster Child Live in Aid Other

Date of Birth (MM/DD/YYYY): (i) ____/____/____ Gender: _____

Is this household member a U.S. Citizen? (i) Yes No Is this household member disabled? (i) Yes No

Social Security Number (SSN) or Alien ID Number: (i) _____

Is this household member the co-head of household? (i) Yes No

Household Member _ Income:

Is this Household Member currently employed or have you been hired for a job? (i) Yes No

If yes, please give information on all of their employment. If they have more than two jobs, please add employment information on a separate page.

1. Where is the employer/job located? _____
City State Zip Code

Total income before taxes from this job: (i) \$ _____ Monthly Annually

2. Where is the employer/job located? _____
City State Zip Code

Total income before taxes from this job: (i) \$ _____ Monthly Annually

What is the total income from ALL OTHER sources (not including income from a job): (i) \$ _____ Monthly Annually

Household Member _ School and Job Training:

Is this Household Member in school or enrolled in a training program? (i) Yes No

If yes, please give information on all of your schools/training programs. If they have more than one, please add information on a separate page.

If yes, are they attending full or part time/ what level are they currently enrolled in? Please pick one for each question:

- Full time Part Time

What level are they currently enrolled in?

- Kindergarten Elementary(K-6) Middle(6-8) High(9-12) College/University Training

School Name: _____

Where is this school located?

_____ Street City State Zip Code

Household Member _ Veteran Status:

Has this Household Member ever served on active duty in the U. S. armed forces, reserves, or National Guard and, if no longer serving, were discharged under conditions other than dishonorable? Yes No

If yes, what years did you serve? _____

Is this Household Member a widow/widower (surviving spouse) of a person who served on active duty in the U.S. armed forces, reserves, or National Guard and was discharged under conditions other than dishonorable? Yes No

If yes, what years did your spouse serve? _____

Authorization for the Release of Information/Privacy Act Notice to the U.S. Department of Housing and Urban Development and the Housing Agency/Authority (HA)

U.S. Department of Housing and Urban Development, Office of Public and Indian Housing

PHA or IHA requesting release of information (full address, name of contact person, and date):

Fort Fairfield Housing Authority
18 Fields Lane
Fort Fairfield, ME 04742

Authority: Section 904 of the Stewart B. McKinney Homeless Assistance Amendments Act of 1988, as amended by Section 903 of the Housing and Community Development Act of 1992 and Section 3003 of the Omnibus Budget Reconciliation Act of 1993. This law is found at 42 U.S.C. 3544. This law requires you to sign a consent form authorizing: (1) HUD, and the Housing Agency/Authority (HA) to request verification of salary and wages from current or previous employers; (2) HUD and the HA to request wage and unemployment compensation claim information from the state agency responsible for keeping that information; and (3) HUD to request certain tax return information from the U.S. Social Security Administration and the U.S. Internal Revenue Service.

Section 104 of the Housing Opportunity and Modernization Act of 2016. The relevant provisions are found at 42 U.S.C. 1437n . This law requires you to sign a consent form authorizing the HA to request verification of any financial record from any financial institutions as defined in the Right to Financial Privacy Act (12 U.S.C. 3401)), whenever the HA determines the record is needed to determine an applicant's or participant's eligibility for assistance or level of benefits.

Purpose: In signing this consent form, you are authorizing HUD and the above-named HA to request income information from the sources listed on the form. HUD and the HA need this information to verify your household's income, in order to ensure that you are eligible for assisted housing benefits and that these benefits are set at the correct level. HUD and the HA may participate in computer matching programs with these sources in order to verify your eligibility and level of benefits.

Uses of Information to be Obtained: HUD is required to protect the income information it obtains in accordance with the Privacy Act of 1974, 5 U.S.C. 552a. HUD may disclose information (other than tax return information) for certain routine uses, such as to other government agencies for law enforcement purposes, to Federal agencies for employment suitability purposes and to HAs for the purpose of determining housing assistance. The HA is also required to protect the income information it obtains in accordance with any applicable State privacy law. HUD and HA employees may be subject to penalties for unauthorized disclosures or improper uses of the income information that is obtained based on the consent form.
Private owners may not request or receive information authorized by this form.

Who Must Sign the Consent Form: Each member of your family who is 18 years of age or older must sign the consent form. Additional signatures must be obtained from new adult members joining the family or whenever members of the family become 18 years of age.

Persons who apply for or receive assistance under the following programs are required to sign this consent form:

Public Housing
Housing Choice Voucher
Section 8 Moderate Rehabilitation

Failure to Sign Consent Form: Your failure to sign the consent form may result in the denial of eligibility or termination of assisted housing benefits, or both. Denial of eligibility or termination of benefits is subject to the HA's grievance procedures and Section 8 informal hearing procedures.

Revocation of consent: If you revoke consent, the PHA will be unable to verify your information, although the data matches between HUD and other agencies will continue to automatically occur in the Enterprise Income Verification (EIV) System if the family is not terminated from the program.

Sources of Information to be Obtained

State Wage Information Collection Agencies. (This consent is limited to wages and unemployment compensation I have received when I have received assisted housing benefits.)

U.S. Social Security Administration (HUD only) (This consent is limited to the wage and self-employment information and payments of retirement income as referenced at Section 6103(l)(7)(A) of the Internal Revenue Code.)

U.S. Internal Revenue Service (HUD only) (This consent is limited to unearned income [i.e., interest and dividends].)

Information may also be obtained directly from: (a) current and former employers concerning salary and wages; and (b) financial institutions as defined in the Right to Financial Privacy Act (12 U.S.C. 3401), whenever the HA determines the record is needed to determine an applicant's or participant's eligibility for assistance or level of benefits. I understand that income information obtained from these sources will be used to verify information that I provide in determining eligibility for assisted housing programs and the level of benefits. Therefore, this consent form only authorizes release directly from employers and financial institutions of information.