

## MAINE CENTRALIZED SECTION 8/HCV WAITING LIST

Housing Data Link of Maine, LLC

### ***WHAT YOU NEED TO KNOW WHEN YOU APPLY***

If you already applied for this program online or with one of the participating Housing Authorities, and are currently on the waiting list, **you do not need to complete another application.** If you are not sure, you may contact one of the participating Housing Authorities and they can check for you.

#### **HOW TO APPLY ONLINE**

**To complete an online application, please visit our website at <http://MaineSection8CentralWaitlist.org>.** From our website, you can get more information about the Section 8 Housing Choice Voucher Program and the Maine Centralized Section 8/HCV Waiting List. You can also access our Applicant Portal to complete an online application, update your application, check your waiting list status, and even print an Application Receipt.

To access the Applicant Portal from the website, click on “Applicant Log In” under the Quick Links on the right side of the screen. The first time you login to the Maine CWL Applicant Portal, you will need to register for access. To do this, you must have your own email address. Your email address will be your Username.

#### **CAN'T APPLY ONLINE?**

If you are unable to complete an online application, you can download an application directly from our website, or you can pick up or call for an application from any of the participating Housing Authorities. Please fill out the entire application, sign it and return it to **ONE** of the participating Housing Authorities **nearest you.** Each participating Housing Authority accepts applications via mail or in person during normal business hours. Only ONE application per family will be accepted. **There is no need to go to more than one participating agency to submit an application.** When the application is received, it will be checked and if any corrections are needed the application will be sent back to you. Once the corrected application is received your name will be placed on the Waiting List for the Section 8 Housing Choice Voucher program.

#### **WHERE AM I ON THE WAITING LIST?**

We cannot tell where you stand on the Wait List or estimate the length of time before you are chosen from the Wait List for a Voucher. A lot of factors determine how names are selected from the list. Funding from HUD determines how many vouchers each of the Housing Authorities can issue. Some vouchers which come available can only be issued to persons with disabilities; veterans; or homeless persons for example.

#### **REMEMBER TO KEEP YOUR APPLICATION UP-TO-DATE!**

The most important thing that you can do, while you wait for a Voucher, is keep your information updated. You can update your application through the Applicant Portal at <http://MaineSection8CentralWaitlist.org>. If you are unable to access your application online, you can fill out the Change Form to report a new home address or mailing address, phone number, or change a Preference. This form can be downloaded from our website, picked up at or be mailed to you by any participating Housing Authority. Write down the change and get it back to the Housing Authority.

**If the Housing Authority can't reach you by mail when your name comes up, your application will be made inactive, and you will have to apply again.**



Equal Housing Opportunity

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### ***PARTICIPATING HOUSING AUTHORITIES***

#### **Auburn Housing Authority**

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

#### **Biddeford Housing Authority**

P.O. Box 2287  
Biddeford, ME 04005  
Phone: 207-282-6537  
Relay Service: 711

#### **Augusta Housing Authority**

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

#### **Portland Housing Authority**

14 Baxter Boulevard  
Portland, ME 04101  
Phone: 207-773-4753  
TDD: 207-447-2570

#### **Bangor Housing Authority**

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

#### **South Portland Housing Authority**

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

#### **Bath Housing Authority**

80 Congress Avenue  
Bath, ME 04530  
Phone: 207-443-3116  
Relay Service: 711

#### **Westbrook Housing**

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



Equal Housing Opportunity

**MAINE CENTRALIZED SECTION 8/HCV WAITING LIST**

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**For Agency Use Only**

Date and Time Rec'd  
Applicant ID #: \_\_\_\_\_

**PRE-APPLICATION**  
**COMPLETE ALL INFORMATION**

**1. HEAD OF HOUSEHOLD**

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Social Security or Alien Registration #: \_\_\_\_\_

Physical/Home Address: \_\_\_\_\_ Unit/Apt # \_\_\_\_\_  
City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

**Note: Please do not list P.O. Box information as the Physical/Home Address above.**

Mailing Address: \_\_\_\_\_ Unit/Apt # \_\_\_\_\_  
City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**2. SPOUSE OR PARTNER**

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Social Security or Alien Registration #: \_\_\_\_\_  
Phone: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

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

# of Adults \_\_\_\_\_ # of Minor Children (under 18 years of age) \_\_\_\_\_

**4. ANNUAL HOUSEHOLD INCOME (income before deductions for all family members):**

Total Amount per YEAR \$ \_\_\_\_\_

**5. RACE AND ETHNICITY – HEAD OF HOUSEHOLD ONLY (Not mandatory. For HUD statistics only)**

**Check all that apply:**

- White
- Black/African American
- American Indian/ Alaskan Native
- Asian
- Native Hawaiian/Other Pacific Islander

**Check One:**

- Hispanic or Latino
- Non-Hispanic or Non-Latino

**OTHER:**

Nationality: \_\_\_\_\_

Do you require a translator or interpreter:  Yes  No If yes, what language: \_\_\_\_\_

Do you or a family member require any accommodation to participate fully in this application process?

Yes  No If yes, describe the accommodation you require: \_\_\_\_\_

CONTINUED ON BACK —>

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 whether any of the preferences apply to your household. If any of these preferences change in the future, be sure to update your application by completing a *Change of Information Form* (which can be requested from any participating housing authority) or updating your application online through the Applicant Portal.

\*\*\*You will be required to verify any preference(s) you claim when you are selected from the waiting list\*\*\*

**Check all that apply:**

- 1. Disabled (*Head of household or spouse*)
- 2. Family with minor children or dependents
- 3. Veteran
- 4. Where do you live? (city/town if in *Maine only*) \_\_\_\_\_
- 5. Elderly (*Head of household or spouse 62 yrs. or older*)
- 6. Displaced by Natural or National Disaster
- 7. Chronically Homeless (***please see Definitions of Preferences***)
- 8. Where do household members work? (List city(s)/town(s) in *Maine only*)  
1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_
- 9. Non-Subsidized (not currently receiving subsidized housing assistance)
- 10. Full-Time Student (Head of Household or spouse) attending school in Auburn, Mechanic Falls, Minot, New Gloucester, Poland or Turner
- 11. Working/Employed (*Head of household or spouse*)
- 12. Single Person Family who is **Not** Disabled and is **Not** Elderly
- 13. Tedford Shelter Resident
- 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

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(s) of domestic violence                       Pay more than 50% of income for rent
- Other (*please explain*) \_\_\_\_\_

**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:** \_\_\_\_\_

**You may return the completed application to any one of the participating Housing Authorities.** 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. Thank you.



<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.

<b>Applicant Name:</b>	
<b>Mailing Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>Name of Additional Contact Person or Organization:</b>	
<b>Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>E-Mail Address (if applicable):</b>	
<b>Relationship to Applicant:</b>	
<b>Reason for Contact:</b> (Check all that apply)	
<input type="checkbox"/> Emergency	<input type="checkbox"/> Late payment of rent
<input type="checkbox"/> Unable to contact you	<input type="checkbox"/> Assist with Recertification Process
<input type="checkbox"/> Assist with Application Process	<input type="checkbox"/> Change in lease terms
<input type="checkbox"/> Termination of rental assistance	<input type="checkbox"/> Change in house rules
<input type="checkbox"/> Eviction from unit	<input type="checkbox"/> Other: _____
<b>Commitment of Housing Authority or Owner:</b> 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.	
<b>Confidentiality Statement:</b> The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
<b>Legal Notification:</b> 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.

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## DEFINITIONS OF PREFERENCES

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.S.R.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; mental retardation; 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. **ELDERLY** – A family whose head of household or spouse is sixty-two (62) years of age or older.
3. **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.
4. **WHERE DO YOU LIVE?** – To receive this preference the family must live in a specific town.
5. **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.
6. **DISPLACED BY NATURAL or NATIONAL DISASTER** – Persons displaced by natural or national disaster as designated by the Federal Emergency Management Agency.
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 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 who is *Not* Disabled and *Not* Elderly** – 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.