Maine Section 8/HCV Centralized Waiting List
Twenty (20) Participating Housing Authorities
Phone: (866) 466-7328
www.AffordableHousing.com/MaineCWL

EQUAL HOUSING OPPORTUNITY

Housing Programs: Pre-Application for Assistance

Complete this form to apply for the following rental assistance programs:

- Section 8 Housing Choice Voucher Program:
  Assists low-income individuals and families in affording decent, safe, and sanitary housing in the private market by subsidizing a portion of their rent.

  Pre-Applications for the Maine Centralized Section 8/HCV Waiting List, a collaborative effort among 20 public housing authorities (PHA's) in the state of Maine, consolidate the application process for the Section 8 Housing Choice Voucher program. By submitting a single preliminary application to the Centralized Waiting List system, applicants automatically join the waiting list for all 20 participating PHAs, with each PHA subsequently selecting participants based on their individual local policies.

Eligibility for housing assistance

To qualify for assistance, you must:

- Meet income limits established by the U.S. Department of Housing and Urban Development (HUD).
- Meet the HUD requirements for citizenship or immigration status.
- Not owe money to a housing authority.
- Sign any authorization forms required to verify eligibility requirements, when requested.

Any questions? Help is available!

CALL: (866) 466-7328

GO ONLINE: AffordableHousing.com/MaineCWL

VISIT: You can visit any of the twenty (20) participating housing authorities (listed on the next page)

Please note, we've partnered with AffordableHousing.com in managing this waiting list.

Getting Started

Pre-Application Process

1. Complete this application following the instructions below.

- Answer all questions completely and honestly. The information you provide will be verified. It's a violation of federal and state law to make false statements.
- Don't leave any question blank.
- If you need more space, attach additional pages as needed.
- Unless indicated, each question applies to all household members.

2. Sign the application

The Head of Household must sign and date the application.

3. Attach copies of any required documents

Some questions may ask for additional documents. Send copies as originals may not be returned.

4. Submit your application

Mail your application or hand it in at any of the participating housing authorties.

5. Submit additional documents if requested

We may ask you to provide copies of additional documents (e.g., pay stubs, immigration documents, etc.)

Report Changes

The most important thing that you can do, while you wait is to keep your information updated. If you are unable to access your application online, you can submit a change in your application in person at a participating PHA or by mailing a written change to a participating PHA. You will receive an update request by mail if you have not updated your application for over two years. If you do not respond to any correspondence mailed to you, your application will be removed from the waiting list.

Other Important Facts

If you have limited English, we can provide free interpretation services to help you access our services. If you have a disability, you may be entitled to reasonable accommodations to help you apply.

To request an accommodation:
Contact: Any of the participating housing authorities.

After you submit your application you will receive a receipt containing your application number and date submitted to the waiting list. Participating PHAs cannot give an estimate waiting time or your number on the waiting list.

Reasonable means an accommodation that doesn't present an undue financial and administrative burden and has an identifiable relationship to the person's disability.

List of housing authorities participating in The Maine Section 8/HCV Centralized Waiting List:

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

Augusta Housing Authority
1 Weston Court, Suite 203B
Augusta, ME 04330
Phone: 207-626-2357
Relay Service: 711

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

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

Biddeford Housing Authority
22 South Street, P.O. Box 2287
Biddeford, ME 04005
Phone: 207-282-6537
Relay Service: 711

Brewer Housing Authority
15 Colonial Circle, Suite 1
Brewer, ME 04412
Phone: 207-989-7890
V/TDD: 207-989-9810

Brunswick Housing Authority
12 Stone Street, P.O. Box A
Brunswick, ME 04011
Phone: 207-725-8711
Relay Service: 711

Caribou Housing Agency
25 High Street
Caribou, ME 04736
Phone: 207-493-4324
Relay Service: 711

Fort Fairfield Housing Authority
18 Fields Lane
Fort Fairfield, ME 04742
Phone: 207-476-5771
Relay Service: 711

Lewiston Housing Authority
P.O. Box 361
Lewiston, ME 04245Phone: 207-783-1423
Relay Service: 711

Maine State Housing Authority
26 Edison Drive
Augusta, ME 04330
Phone: 207-624-5789
or 1-866-357-4853
Relay Service: 711

MDI & Ellsworth Housing Authorities
80 Mount Desert Street, P.O. Box 28
Bar Harbor, ME 04609
Phone: 207-288-4770
Relay Service: 711

The Housing Authority of the City of Old Town
358 Main Street, P.O. Box 404
Old Town, ME 04468
Phone:207-827-6151
Relay Service: 711

Portland Housing Authority
970 Baxter Boulevard
Portland, ME 054103
Phone: 207-773-4753
TDD: 207-447-2570

Presque Isle Housing Authority
58 Birch Street
Presque Isle, ME 04769
Phone: 207-768-8231
Relay Service: 711

Sanford Housing Authority
17 School Street
Sanford, ME 04073
Phone: 207-324-6747
Relay Service: 711

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

Waterville Housing Authority
88 Silver Street
Waterville, ME 04901
Phone: 207-873-2155
Relay Service: 711

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

Van Buren Housing Authori!:y 130 Champlain Street
Van Buren, Maine 04 785 Phone: 207-868-5441
Relay Service: 711

Please print clearly and answer questions completely and honestly. Thank you!

PRE-APPLICATION

Tell us about all the person applying (Head of Household).

First name, middle initial, last name and suffix (Jr., Sr., 1st, etc)

Date of birth (mm/dd/yyyy)

Social Security number: or Alien ID number

Email: primary contact if supplied

Phone number: where you can be reached

May we contact you via SMS text message?
☐ Yes ☐ No

Current Physical address: street address or PO box, city, state, zip code

Mailing address: (if different from physical address) street address or PO box, city, state, zip code)

Ethnicity: (check one)
☐ Hispanic/ Latino ☐ Non-Hispanic/ Latino

Gender:
☐ M ☐ F

Disabled?
☐ Yes ☐ No

Are you a U. S. Citizen?
☐ Yes ☐ No

Race: (check one)
☐ American Indian/Alaska Native ☐ Asian ☐ Black/ African American ☐ White ☐ Native Hawaiian/Other Pacific Islander ☐ Other

Location of Employer: (city, state, zip)

Monthly Employment Income: $

Other Income:
$ per month

Location of School: (city, state, zip)

Grade Level

Full Time?
☐ Yes ☐ No

What is your (and your household members) current living situation? (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.

Are you at risk of losing your current residence? ☐ Yes ☐ No

VETERAN STATUS

Have you, any household member, any ex-spouse, widow, or widower of a person who has ever served on active duty in the U.S. Armed Forces Reserves, or National Guard excluding periods for which they have not been dishonorably discharged? ☐ Yes ☐ No

If yes, please list their names below and dates served.

Tell us about all the other people who will live in the unit.

Provide details for everyone who will be part of your household in the rental unit. Use extra paper if necessary. Include your name and SSN at the top of every additional page.

OTHER PERSON 1

1. Full name (first, middle initial, last):		2. Disabled? ☐ Yes ☐ No	3. Gender:
4. Date of birth (mm/dd/yyyy):	5. Social Security #: or Alien ID #	6. Relationship to applicant:	
7. Are you a U.S. Citizen? ☐ Yes ☐ No	8. Location of Employer: (city, state, zip)	9. Monthly Employment Income: $	
10. Other Income: $ per month	11. Location of School: (city, state, zip)	12. Grade Level	13. Full Time? ☐ Yes ☐ No

OTHER PERSON 2

1. Full name (first, middle initial, last):		2. Disabled? ☐ Yes ☐ No	3. Gender:
4. Date of birth (mm/dd/yyyy):	5. Social Security #: or Alien ID #	6. Relationship to applicant:	
7. Are you a U.S. Citizen? ☐ Yes ☐ No	8. Location of Employer: (city, state, zip)	9. Monthly Employment Income: $	
10. Other Income: $ per month	11. Location of School: (city, state, zip)	12. Grade Level	13. Full Time? ☐ Yes ☐ No

OTHER PERSON 3

1. Full name (first, middle initial, last):		2. Disabled? ☐ Yes ☐ No	3. Gender:
4. Date of birth (mm/dd/yyyy):	5. Social Security #: or Alien ID #	6. Relationship to applicant:	
7. Are you a U.S. Citizen? ☐ Yes ☐ No	8. Location of Employer: (city, state, zip)	9. Monthly Employment Income: $	
10. Other Income: $ per month	11. Location of School: (city, state, zip)	12. Grade Level	13. Full Time? ☐ Yes ☐ No

OTHER PERSON 4

1. Full name (first, middle initial, last):		2. Disabled? ☐ Yes ☐ No	3. Gender:
4. Date of birth (mm/dd/yyyy):	5. Social Security #: or Alien ID #	6. Relationship to applicant:	
7. Are you a U.S. Citizen? ☐ Yes ☐ No	8. Location of Employer: (city, state, zip)	9. Monthly Employment Income: $	
10. Other Income: $ per month	11. Location of School: (city, state, zip)	12. Grade Level	13. Full Time? ☐ Yes ☐ No

COMPLETE THESE QUESTIONS FOR THE APPLICANT & ALL HOUSEHOLD MEMBERS:

1. Have you or anyone in your household been displaced from your home due to a natural disaster? (Such as a fire or flood, which left your housing unit uninhabitable.) Date of disaster:_____Date displaced or will be displaced:_____ Name of disaster:_____ Location of disaster: _____	☐ Yes ☐ No
2. Is anyone in the household displaced, or at risk of being displaced due to domestic violence?	☐ Yes ☐ No
3. Is anyone in the household displaced, or at risk of being displaced due to a government action?	☐ Yes ☐ No
4. Is anyone in the household currently residing in subsidized housing or receiving subsidized rental assistance? If yes, what type of assistance are you receiving?	☐ Yes ☐ No
5. Are you or any household member disabled and living in an institution that provides a temporary residence, including congregate shelters and transitional housing?	☐ Yes ☐ No
6. Are you any household member disabled and at serious risk of moving into an institution that provides a temporary residence, including congregate shelters and transitional housing?	☐ Yes ☐ No
7. Are you or any household member recently discharged from an institution that provided a temporary residence?	☐ Yes ☐ No
8. Do you currently reside at the Tedford Housing Individual or Family Shelter?	☐ Yes ☐ No
9. Has your household been displaced by municipal development in the City of Lewiston, Maine?	☐ Yes ☐ No
10. Are you exiting the "First Place Program" for chronically homeless youth?	☐ Yes ☐ No
11. 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?	☐ Yes ☐ No

12. Are you a family of a deceased veteran whose death was service-related?	☐ Yes ☐ No
13. Do you have at least 50/50 physical custody of minors in the household?	☐ Yes ☐ No
14. Is any household member pregnant?	☐ Yes ☐ No
15. Do you require a special accommodation to participate in the application process? If yes, please describe what you need.	☐ Yes ☐ No
16. Does any member of the household require a mobility, vision, or hearing unit?	☐ Yes ☐ No
17. Is English your primary spoken language? If no, what is your primary spoken language?	☐ Yes ☐ No
18. Is English your primary written language? If no, what is your primary written language?	☐ Yes ☐ No

Application Submission:
Complete and sign the enclosed pre-application and mail it to ONE of the nearby participating PHAs during regular business hours. Only one application per family is accepted. Upon application submission, you'll receive a receipt with your application number and date on the waiting list. Keep it for your records.

Online Application Management:
Visit www.affordablehousing.com/MaineCWL for participating PHA details, online application, and information on managing your Maine Section 8 Centralized Waiting List application.

SIGN BELOW.
Unsigned applications may be returned.

By signing below, I certify that I understand that:

- ☑ Submitting false, or misrepresenting, information may result in losing my eligibility for the Housing Choice Voucher program.
- ☑ I need to notify the Housing Authorities if any information on this application changes.
- ☑ 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 the information provided is accurate and complete and that I am at least 18 years old or an emancipated minor.

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 _____ Date _____

Application Conditions and Waiting List Preferences

Your eligibility to apply and preferences on a waiting list are determined based on information you provide on your application. It is important that you accurately answer every question and complete every field so that your application can be added to a waiting list and receive any priority that you are eligible for. For more information about eligibility and preferences please refer to the policy for the program or property you are applying to. Please note that not all waiting lists use preferences to prioritize the waiting list.

PRIMARY APPLICANT/ HEAD-OF-HOUSEHOLD
The adult member of the family, or emancipated minor, who is the head of the household for purposes of determining income eligibility and rent and who is responsible for ensuring that the family fulfills all its responsibilities.

DATE OF BIRTH
Used to determine a household member's age and if they are considered a Minor: under 18 years of age; an Adult: at least 18 years of age; or Elderly: at least 62 years of age.

DISABLED
Any condition or characteristic that renders an individual a person with disabilities (handicaps). A PHA may adopt a preference for admission of families that include a person with disabilities or eligibility for admission is dependent on you or a family member in the household being a person with a disability.

SOCIAL SECURITY NUMBER/ ALIEN ID NUMBER
Your Social Security number is used to identify your application and prevent duplicate applications. If you do not have one, you may enter an Alien ID number or request a temporary ID to use in place of a SSN by writing N/A in place of a number. You can update your SSN or Alien ID number later if you receive one.

LIVING IN A PERMANENT RESIDENCE
Currently living in unit with a signed/current lease or you own your home.

LIVING IN A SHELTER OR HOTEL/MOTEL
Living in a shelter that provides temporary living arrangements, for example congregate shelters, transitional housing, and hotels and motels paid for by charitable organizations or by a government program.

LIVING IN A TEMPORARY RESIDENCE OR INSTITUTION
Temporarily staying with family, friends, faith-based or other social networks or institution, including a hospital, substance abuse or mental health treatment facility, or jail/prison.

LIVING IN A PLACE NOT NORMALLY USED FOR HOUSING
Spending most nights living in a car, park, abandoned building, bus or train station, airport, camping ground, or any other place that is not normally used for housing.

AT A RISK OF LOSING CURRENT RESIDENCE/ HOUSING Your household is at risk of losing primary nighttime residence soon and lack sufficient resources or support networks (family, friends, etc.) to prevent moving into a shelter or into other temporary living arrangements.

RENT AND UTILITIES
Rent is defined as the actual monthly amount due under a lease or occupancy agreement between a family and current landlord, plus the monthly amount of tenant supplied utilities.

BEDROOM SIZE
PHA policy that specifies the unit size and number of bedrooms appropriate for different family sizes. Occupancy standards ensure that tenants are treated fairly and consistently and receive adequate housing space.

ATTENDING SCHOOL OR A JOB TRAINING PROGRAM
Enrolled either full-time or part-time at an institution of higher education or is attending an education or training program that is designed to prepare individuals for the job market. Please note that the address of your school or training program may be used to determine residency preference, if applicable.

EMPLOYMENT/EARNED INCOME
Earned income includes all gross income from employment, (before taxes). Examples of earned income are: wages; salaries; tips; and other taxable employee compensation. Earned income also includes net earnings from self-employment. Please note that the address of your employer may be used to determine residency preference.

OTHER INCOME (NON-EMPLOYMENT INCOME)
Includes all other non-employment/earned income. Examples of other income are: pensions and annuities, welfare benefits, unemployment compensation, worker's compensation benefits, social security benefits, Disability Insurance Payments, SSA, SSI Federal, SSI State, Child Support, Alimony, Adoption Subsidy Payments, Education Grants, Stipends, Scholarships, Trade Union Benefits, Unemployment, Public Assistance, and recurring contributions such as: money someone gives you to pay your bills OR gives you as spending money OR the person uses to pay your bills directly.

CO-APPLICANT/CO-HEAD OF HOUSEHOLD
An adult member of the family, or emancipated minor, who is treated the same as a head of the household for purposes of determining income, eligibility, and rent. A Co-Applicant/Co-Head of Household may be the spouse (marriage partner) of the head-of-household or a designated co-head, but not both. A family can have only one co-head (if head-of-household has a spouse, they cannot designate another household member a 'co-head').