

### HTS/EHV Application Checklist

Head of Household: \_\_\_\_\_ Number of Household Members: \_\_\_\_\_

Referral Agency \_\_\_\_\_ Navigator/Contact \_\_\_\_\_

ZIP Code \_\_\_\_\_ (at time of application)

Name of Document	Present & Complete:
Household Information Form  <b>*EHV – Income, Asset and Expense verification may be accepted by self-certification via household information form</b>	
MaineHousing General Authorization to Release Information <b>(signed by all adults)</b>	
HUD Form 9886 Release <b>(signed by all adults)</b>	
HUD Form 92006 Optional Contact <b>(signed by head of household)</b>	
What You Should Know About EIV <b>(signed by all adults)</b>	
HUD 52675 Debts Owed <b>(signed by all adults)</b>  <b>*EHV – form not required</b>	
Consent to Screen for Criminal Activity <b>( signed by all adults)</b>	
Declaration of Section 214 Status <b>(completed for all household members)</b>	
Valid Photo ID/Birth Certificate <b>(all household members)</b>  <b>*EHV – must provide within 90 days of lease-up</b>	
Social Security Card <b>(All household members- Original(s) viewed by referral contact and dated)</b>  <b>*EHV – must provide within 180 days of lease-up</b>	
DV Application addendum  <b>(If applicable – signed by all household members)</b>	

Referral Contact Initials & Date: \_\_\_\_\_

Received by MaineHousing: \_\_\_\_\_



Date & Time Received:

## HOUSEHOLD INFORMATION FORM

HOUSING CHOICE VOUCHER & MODERATE REHABILITATION PROGRAMS

MaineHousing ◊ 26 Edison Drive ◊ Augusta, ME 04330-4633

Direct: 207/624-5789 ◊ Toll-Free: 1-866-357-4853 ◊ 711 (Maine Relay) ◊ Fax: 207/624-5713 ◊ Email: section8hcv@mainehousing.org

**HEAD OF HOUSEHOLD NAME:**

**Maine State Housing Authority (“MaineHousing”)** does not discriminate on the basis of race, color, religion, sex, sexual orientation, national origin, ancestry, physical or mental disability, age, familial status or receipt of public assistance in the admission or access to or treatment in its programs and activities. In employment, MaineHousing does not discriminate on the basis of race, color, religion, sex, sexual orientation, national origin, ancestry, age, physical or mental disability or genetic information. MaineHousing will provide appropriate communication auxiliary aids and services upon sufficient notice. MaineHousing will also provide this document in alternative formats upon sufficient notice. MaineHousing has designated the following person responsible for coordinating compliance with applicable federal and state nondiscrimination requirements and addressing grievances:

*Lauren Bustard, Maine State Housing Authority  
26 Edison Drive, Augusta, Maine 04330-4633,*

*Telephone Number 1-800-452-4668 (voice), (207) 626-4600 (voice) or 711 (Maine Relay)*

**Fair Housing Law of 1988, Section 504 of the 1973 Rehabilitation Act; and Americans with Disabilities Act.**

We need your help to ensure all of our programs, services and activities are fully accessible to persons with disabilities. If you, or anyone in your family, encounters any type of barrier that prevents them from receiving the full benefit of the Section 8 Housing Choice Voucher Program, please contact us. You can also contact the Fair Housing and Equal Opportunity National toll-free hot line number: 1-800-669-9777.

**Please check any that apply:**

A member of this household has disabilities requiring a specific accommodation in order to fully utilize MaineHousing forms, programs, or services.

A member of this household is limited in their ability to read, write, speak or understand English in order to fully utilize MaineHousing forms, programs or services.

## Part 1 - Head of Household Information

<b>Full Name:</b>			
	<i>Last</i>	<i>First</i>	<i>MI</i>
<b>Current Address:</b>			
	<i>Street</i>	<i>Apt</i>	
<b>Mailing Address:</b>	<i>City</i>	<i>State</i>	<i>Zip</i>
	<i>Street</i>	<i>Apt</i>	
	<i>City</i>	<i>State</i>	<i>Zip</i>
<b>Home Phone:</b>	(      )		
<b>Cell Phone:</b>	(      )		
<b>Work Phone:</b>	(      )		
<b>Email:</b>			
<b>Social Security Number:</b>	-	-	
<b>Date of Birth:</b>	/	/	
<b>Race:</b>	<input type="checkbox"/> White	<input type="checkbox"/> American India Alaskan Native	<input type="checkbox"/> Black <input type="checkbox"/> Asian Pacific Islander
<b>Gender:</b>	<input type="checkbox"/> Male <input type="checkbox"/> Female		
<b>Are you a US Citizen?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Are you a person with Disabilities?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Ethnicity:</b>	<input type="checkbox"/> Hispanic <input type="checkbox"/> Non - Hispanic		
<b>Are you a Veteran?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Are you a Full Time Student?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <b>If Yes School:</b>		

**Do you have additional Adult Household Members?**  
**If yes, read the information below and complete Part 2**  
**If no, go to Part 3**

**Relationship to Head of Household**

**A “Spouse”** is an individual who is equally responsible for the lease with the head of household and is legally married to the Head of Household.

**A “Co-head”** is an individual who is equally responsible for the lease with the head of household, but is not a spouse.

**An “Other Adult”** is a family member, other than the head, spouse, or co-head, who is 18 years of age or older.

**A “Live-in aide”** is a person who: (1) is determined to be essential to the care and well-being of a household member, (2) is not obligated for the support of the household member, and (3) would not be living in the unit except to provide the necessary supportive services. MaineHousing must approve a live-in aide if needed as a reasonable accommodation.

**If you require more space to list household members, please provide the required information for each individual on a separate sheet of paper.**

## Part 2 - Adult Household Member Information

<b>Adult Household Member Name:</b>			
	<i>Last</i>	<i>First</i>	<i>MI</i>
<b>Cell Phone:</b>	(      )		
<b>Work Phone:</b>	(      )		
<b>Email:</b>			
<b>Social Security Number:</b>	-      -		
<b>Date of Birth:</b>	/      /		
<b>Relationship to Head of Household:</b>	<input type="checkbox"/> Spouse <input type="checkbox"/> Co-Head <input type="checkbox"/> Other Adult <input type="checkbox"/> Live in Aide <input type="checkbox"/> Foster Adult		
<b>Race:</b>	<input type="checkbox"/> White <input type="checkbox"/> American Indian Alaskan Native <input type="checkbox"/> Black <input type="checkbox"/> Asian Pacific Islander		
<b>Gender:</b>	<input type="checkbox"/> Male <input type="checkbox"/> Female		
<b>Are you a US Citizen?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Are you a person with Disabilities?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Ethnicity:</b>	<input type="checkbox"/> Hispanic <input type="checkbox"/> Non - Hispanic		
<b>Are you a Full Time Student?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No    If Yes School:		
<b>Adult Household Member Name:</b>			
	<i>Last</i>	<i>First</i>	<i>MI</i>
<b>Cell Phone:</b>	(      )		
<b>Work Phone:</b>	(      )		
<b>Email:</b>			
<b>Social Security Number:</b>	-      -		
<b>Date of Birth:</b>	/      /		
<b>Relationship to Head of Household:</b>	<input type="checkbox"/> Spouse <input type="checkbox"/> Co-Head <input type="checkbox"/> Other Adult <input type="checkbox"/> Live in Aide <input type="checkbox"/> Foster Adult		
<b>Race:</b>	<input type="checkbox"/> White <input type="checkbox"/> American Indian Alaskan Native <input type="checkbox"/> Black <input type="checkbox"/> Asian Pacific Islander		
<b>Gender:</b>	<input type="checkbox"/> Male <input type="checkbox"/> Female		
<b>Are you a US Citizen?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Are you a person with Disabilities?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Ethnicity:</b>	<input type="checkbox"/> Hispanic <input type="checkbox"/> Non - Hispanic		
<b>Are you a Full Time Student?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No    If Yes School:		

<b>Adult Household Member Name:</b>			
	<i>Last</i>	<i>First</i>	<i>MI</i>
<b>Cell Phone:</b>	(      )		
<b>Work Phone:</b>	(      )		
<b>Email:</b>			
<b>Social Security Number:</b>	-	-	
<b>Date of Birth:</b>	/	/	
<b>Relationship to Head of Household:</b>	<input type="checkbox"/> Spouse	<input type="checkbox"/> Co-Head	<input type="checkbox"/> Other Adult
	<input type="checkbox"/> Live in Aide	<input type="checkbox"/> Foster Adult	
<b>Race:</b>	<input type="checkbox"/> White	<input type="checkbox"/> American Indian Alaskan Native	<input type="checkbox"/> Black
	<input type="checkbox"/> Asian	<input type="checkbox"/> Pacific Islander	
<b>Gender:</b>	<input type="checkbox"/> Male	<input type="checkbox"/> Female	
<b>Are you a US Citizen?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
<b>Are you a person with Disabilities?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
<b>Ethnicity:</b>	<input type="checkbox"/> Hispanic	<input type="checkbox"/> Non - Hispanic	
<b>Are you a Full Time Student?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes School:		
<b>Do you have Minor/Child Household Members?</b>			
<b>If yes, you must now complete Part 3</b>			
<b>If no, you must now complete Part 4</b>			

<b>Part 3 - Minor/Child Household Member Information</b>			
<b>If you do not have minor/child household members go to Part 4</b>			
<b>Minor Household Member Name:</b>			
	<i>Last</i>	<i>First</i>	<i>MI</i>
<b>Social Security Number:</b>	-	-	
<b>Date of Birth:</b>	/	/	
<b>Relationship to Head of Household:</b>	<input type="checkbox"/> Youth under 18	<input type="checkbox"/> Foster Child	<input type="checkbox"/> Grandchild
<b>Race:</b>	<input type="checkbox"/> White	<input type="checkbox"/> American Indian Alaskan Native	<input type="checkbox"/> Black
	<input type="checkbox"/> Asian	<input type="checkbox"/> Pacific Islander	
<b>Gender:</b>	<input type="checkbox"/> Male	<input type="checkbox"/> Female	
<b>Are you a US Citizen?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
<b>Are you a person with Disabilities?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
<b>Ethnicity:</b>	<input type="checkbox"/> Hispanic	<input type="checkbox"/> Non - Hispanic	

<b>Minor Household Member Name:</b>					
	<i>Last</i>	<i>First</i>	<i>MI</i>		
	<b>Social Security Number:</b>	-	-		
	<b>Date of Birth:</b>	/	/		
	<b>Relationship to Head of Household:</b>	<input type="checkbox"/> Youth under 18	<input type="checkbox"/> Foster Child	<input type="checkbox"/> Grandchild	
	<b>Race:</b>	<input type="checkbox"/> White	<input type="checkbox"/> American Indian Alaskan Native	<input type="checkbox"/> Black	<input type="checkbox"/> Asian Pacific Islander
	<b>Gender:</b>	<input type="checkbox"/> Male	<input type="checkbox"/> Female		
	<b>Are you a US Citizen?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
	<b>Are you a person with Disabilities?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
	<b>Ethnicity:</b>	<input type="checkbox"/> Hispanic	<input type="checkbox"/> Non - Hispanic		
<b>Minor Household Member Name:</b>					
	<i>Last</i>	<i>First</i>	<i>MI</i>		
	<b>Social Security Number:</b>	-	-		
	<b>Date of Birth:</b>	/	/		
	<b>Relationship to Head of Household:</b>	<input type="checkbox"/> Youth under 18	<input type="checkbox"/> Foster Child	<input type="checkbox"/> Grandchild	
	<b>Race:</b>	<input type="checkbox"/> White	<input type="checkbox"/> American Indian Alaskan Native	<input type="checkbox"/> Black	<input type="checkbox"/> Asian Pacific Islander
	<b>Gender:</b>	<input type="checkbox"/> Male	<input type="checkbox"/> Female		
	<b>Are you a US Citizen?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
	<b>Are you a person with Disabilities?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
	<b>Ethnicity:</b>	<input type="checkbox"/> Hispanic	<input type="checkbox"/> Non - Hispanic		
<b>Minor Household Member Name:</b>					
	<i>Last</i>	<i>First</i>	<i>MI</i>		
	<b>Social Security Number:</b>	-	-		
	<b>Date of Birth:</b>	/	/		
	<b>Relationship to Head of Household:</b>	<input type="checkbox"/> Youth under 18	<input type="checkbox"/> Foster Child	<input type="checkbox"/> Grandchild	
	<b>Race:</b>	<input type="checkbox"/> White	<input type="checkbox"/> American Indian Alaskan Native	<input type="checkbox"/> Black	<input type="checkbox"/> Asian Pacific Islander
	<b>Gender:</b>	<input type="checkbox"/> Male	<input type="checkbox"/> Female		
	<b>Are you a US Citizen?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
	<b>Are you a person with Disabilities?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
	<b>Ethnicity:</b>	<input type="checkbox"/> Hispanic	<input type="checkbox"/> Non - Hispanic		
<b>You must now complete Part 4</b>					

### Part 4 - Household Screening

MaineHousing screens all **adult household members** for drug-related criminal activities, violent criminal activities, sex offenses and sex offender registrations, debts owed to housing agencies, alcohol related crimes and use of illegal drugs including “medical marijuana”.

**Have any household members been arrested for drug-related or violent criminal activity?**

<input type="checkbox"/> Yes	<input type="checkbox"/> No	<i>If your answer is “Yes”:</i>
		Household Member Name?
		What was the crime?
		Where did the crime occur?
		When did the crime occur?

**Are any household members now or previously incarcerated or on probation in the last 3 years?**

<input type="checkbox"/> Yes	<input type="checkbox"/> No	<i>If your answer is “Yes”:</i>
		Household Member Name?
		Release Date?
		What was the crime?

**Are any household members Lifetime registrants on a state sex offender registration program?**

<input type="checkbox"/> Yes	<input type="checkbox"/> No	<i>If your answer is “Yes”:</i>
		Household Member Name?
		What was the crime?
		Where did the crime occur?
		When did the crime occur?

**Do any household members currently use, cultivate, possess illegal drugs including “Medical Marijuana”?**

<input type="checkbox"/> Yes	<input type="checkbox"/> No	<i>If your answer is “Yes”:</i>
		Household Member Name?

**Have any household members ever been evicted from any Federally Assisted Housing? (including Section 8, Public Housing, or Rural Development)**

<input type="checkbox"/> Yes	<input type="checkbox"/> No	<i>If your answer is “Yes”:</i>
		Household Member Name?
		Location/State?
		Eviction Date?

**Do any household members owe money to a Housing Authority?**

<input type="checkbox"/> Yes	<input type="checkbox"/> No	<i>If your answer is “Yes”:</i>
		Household Member Name?
		Housing Authority?
		Amount Owed?

**Have you, or any member of your household, sold or given away real estate property or other assets in the past two years?**

<input type="checkbox"/> Yes	<input type="checkbox"/> No	<i>If your answer is “Yes”:</i>
		What was it?
		Amount?

**Have any adult household members lived in a state other than Maine in the last 3 years?**

<input type="checkbox"/> Yes	<input type="checkbox"/> No	<i>If your answer is “Yes”:</i>
		Household Member Name?
		Location/State?

**You must now complete Part 5**

**Part 5 - Household Income/Assets**

**Income** is money or contributions paid to or for, a family member. Please provide the income expected for the coming 12 months for all family members, **using the lists below** of income and asset sources to help you.

**SOME EXAMPLES OF INCOME SOURCES:**

- Employment wages, including tips
- State Supplement from DHHS
- Child Support payments
- TANF from DHHS
- Self-Employment Income, Income from a business you own
- Alimony payments
- Support from family or friends
- Educational Grants & Scholarships
- Disability Income
- Pensions, retirement accounts
- General Assistance payments
- Unemployment compensation

**My household currently has no source of income**

<b>Household Member:</b>				
<b>Name of Income Source:</b>				
<b>Contact Information:</b>				
<b>Amount Earned:</b>	\$	<input type="checkbox"/> Weekly	<input type="checkbox"/> Bi-Weekly	<input type="checkbox"/> Monthly
<b>Household Member:</b>				
<b>Name of Income Source:</b>				
<b>Contact Information:</b>				
<b>Amount Earned:</b>	\$	<input type="checkbox"/> Weekly	<input type="checkbox"/> Bi-Weekly	<input type="checkbox"/> Monthly
<b>Household Member:</b>				
<b>Name of Income Source:</b>				
<b>Contact Information:</b>				
<b>Amount Earned:</b>	\$	<input type="checkbox"/> Weekly	<input type="checkbox"/> Bi-Weekly	<input type="checkbox"/> Monthly
<b>Household Member:</b>				
<b>Name of Income Source:</b>				
<b>Contact Information:</b>				
<b>Amount Earned:</b>	\$	<input type="checkbox"/> Weekly	<input type="checkbox"/> Bi-Weekly	<input type="checkbox"/> Monthly

**SOME EXAMPLES OF ASSET SOURCES:**

- Bank statements reflecting Savings and Checking account balances
- Assets valuing more than \$5000 that have been sold or given away in the past two years
- Real Estate property that you own. Please provide current year property tax statement
- Investment statements for Stocks, bonds, trusts, IRAs and other investments
- Life insurance policies

<b>Household Member:</b>				
<b>Type of Asset:</b>				
<b>Contact Information:</b>				
<b>Balance:</b>	\$			
<b>Household Member:</b>				
<b>Type of Asset:</b>				
<b>Contact Information:</b>				
<b>Amount Earned:</b>	\$	<input type="checkbox"/> Weekly	<input type="checkbox"/> Bi-Weekly	<input type="checkbox"/> Monthly
<b>Household Member:</b>				
<b>Type of Asset:</b>				
<b>Contact Information:</b>				
<b>Amount Earned:</b>	\$	<input type="checkbox"/> Weekly	<input type="checkbox"/> Bi-Weekly	<input type="checkbox"/> Monthly

**You must now complete Part 6**



**Part 6 - Household Expenses**

**If you do not have Household Expenses to list go to Part 7**

**CHILD CARE EXPENSES**

If your household has adult household member(s) who are working, or Full-Time Student(s), and are required to pay child care for children under 13 years of age, please complete section below:

<b>Household Member who is working or FT Student:</b>				
<b>Name of Daycare Provider:</b>				
<b>Contact Information:</b>				
<b>Amount Paid:</b>	\$	<input type="checkbox"/> Weekly	<input type="checkbox"/> Bi-Weekly	<input type="checkbox"/> Monthly

**\*\*\*DO NOT FILL OUT THE NEXT SECTION unless your household is\*\*\***

- Elderly: The Head, Spouse or Co-Head is at least 62 years of age.
- Disabled: The Head, Spouse or Co-Head is a person with disabilities.

**MEDICAL EXPENSES**

- ✓ ALL members of a disabled or elderly household are eligible for medical deductions
- ✓ For Pharmacy Expenses have your pharmacy print a copy of your past year's purchases
- ✓ Out of Pocket medical expenses must exceed 3% of your annual gross income
- ✓ MaineHousing follows IRS Publication 502 guidelines of qualified, allowable medical expenses

**SOME EXAMPLES OF MEDICAL EXPENSES:**

- Medical expenses not covered by insurance
- Doctor or health professional services.
- Health care facilities services.
- Medicines prescribed by a physician (prescription and/or non-prescription).
- Costs related to transportation to treatment.
- Dental, eye glasses, or hearing aids.
  - ✓ Live-In Aide, attendant care or periodic medical assistance.
  - ✓ Auxiliary Apparatus (wheelchairs, ramps, vehicle adaptations, special equipment to enable the blind to read or write, vet and/or food bills for assistance animals.

<b>Household Member:</b>			
<b>Medical Expense:</b>			
<b>Contact Information:</b>			
<b>Monthly Amount:</b>	\$		
<b>Household Member:</b>			
<b>Medical Expense:</b>			
<b>Contact Information:</b>			
<b>Monthly Amount:</b>	\$		
<b>Household Member:</b>			
<b>Medical Expense:</b>			
<b>Contact Information:</b>			
<b>Monthly Amount:</b>	\$		
<b>Household Member:</b>			
<b>Medical Expense:</b>			
<b>Contact Information:</b>			
<b>Monthly Amount:</b>	\$		

**You must now complete Part 7**

### Part 7 Household Certification

Warning: Title 18, Section 101 of the United States Code states that a Person is guilty of felony for knowingly and willingly making false or fraudulent statements to any Department or Agency of the United States, and shall be fined not more than \$10,000, or imprisoned for not more than 5 years, or both.

Check Off (✓) each of the following statements listed below, after having read and understood each statement. Please contact MaineHousing if you have any questions:

<input type="checkbox"/>	I certify that the information given to MaineHousing regarding my household family members, income, assets, allowances and deductions is accurate and complete to the best of my knowledge and belief.
<input type="checkbox"/>	I certify all answers to criminal screening questions are accurate and current.
<input type="checkbox"/>	I understand that <b>I must report all changes</b> in household income, assets, or family composition in <u>writing</u> to MaineHousing <u>within 14 calendar days of the change</u> .
<input type="checkbox"/>	I understand that <b>BEFORE I add an adult to my household</b> I must obtain <u>written permission</u> from my landlord and must receive <u>prior approval</u> from MaineHousing.
<input type="checkbox"/>	I understand that false statements or information are punishable under Federal Law. I also understand that false statements or information are grounds for termination of housing assistance and termination of tenancy.
<input type="checkbox"/>	Unless disclosed in asset information, I certify that neither I nor any member of my household has disposed of any assets for less than fair market value during the last two years.

**In signing this form, the undersigned certifies that the information presented on this form is true and accurate to the best of their knowledge. The undersigned further understand that providing false, misleading or incomplete information may result in the termination of housing assistance.**

<b>Head of Household Signature:</b>	<b>Date:</b>
<b>Other Adult Household Member Signature:</b>	<b>Date:</b>
<b>Other Adult Household Member Signature:</b>	<b>Date:</b>
<b>Other Adult Household Member Signature:</b>	<b>Date:</b>

**If you wish to share other information with us please feel free to complete Part 8 on the next page.**

**Part 8 Additional Information**

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## GENERAL AUTHORIZATION TO RELEASE INFORMATION

Head of Household: \_\_\_\_\_

Address: \_\_\_\_\_  
 \_\_\_\_\_

I am an applicant/tenant for a federally subsidized housing assistance program. The information being requested on the attached form is for the purpose of determining my eligibility for rental assistance.

**RELEASE FOR:**

- |                          |                           |
|--------------------------|---------------------------|
| Employment               | Pensions                  |
| Child care expenses      | Financial Institutions    |
| Utility companies        | Financial aid information |
| Full-time student status | Social Service agencies   |

**I hereby give my permission to release information to MaineHousing from the above named sources, including but not limited to other Public Housing Authorities (PHAs).**

I further understand this information will be kept in strict confidence, and used for program purposes only.

I would appreciate your prompt attention in supplying the requested information. Please return this information to MaineHousing within five (5) days of request.

I understand that a photocopy of this release is as valid as the original, and this release will remain valid for 15 months from date of signature.

**AUTHORIZATION FOR RELEASE OF INFORMATION:**

Signature of Head of Household	Printed Name	Date
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Signature of Other Adult	Printed Name	Date
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Signature of Other Adult	Printed Name	Date
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**Consent: I consent to allow HUD or the HA to request and obtain income information from the sources listed on this form for the purpose of verifying my eligibility and level of benefits under HUD's assisted housing programs. I understand that HAs that receive income information under this consent form cannot use it to deny, reduce or terminate assistance without first independently verifying what the amount was, whether I actually had access to the funds and when the funds were received. In addition, I must be given an opportunity to contest those determinations.**

This consent form expires 15 months after signed.

Signatures:

_____	_____		
Head of Household	Date		
_____		_____	_____
Social Security Number (if any) of Head of Household		Other Family Member over age 18	Date
_____	_____	_____	_____
Spouse	Date	Other Family Member over age 18	Date
_____	_____	_____	_____
Other Family Member over age 18	Date	Other Family Member over age 18	Date
_____	_____	_____	_____
Other Family Member over age 18	Date	Other Family Member over age 18	Date

**Privacy Act Notice.** Authority: The Department of Housing and Urban Development (HUD) is authorized to collect this information by the U.S. Housing Act of 1937 (42 U.S.C. 1437 et. seq.), Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d), and by the Fair Housing Act (42 U.S.C. 3601-19). The Housing and Community Development Act of 1987 (42 U.S.C. 3543) requires applicants and participants to submit the Social Security Number of each household member who is six years old or older. Purpose: Your income and other information are being collected by HUD to determine your eligibility, the appropriate bedroom size, and the amount your family will pay toward rent and utilities. Other Uses: HUD uses your family income and other information to assist in managing and monitoring HUD-assisted housing programs, to protect the Government's financial interest, and to verify the accuracy of the information you provide. This information may be released to appropriate Federal, State, and local agencies, when relevant, and to civil, criminal, or regulatory investigators and prosecutors. However, the information will not be otherwise disclosed or released outside of HUD, except as permitted or required by law. Penalty: You must provide all of the information requested by the HA, including all Social Security Numbers you, and all other household members age six years and older, have and use. Giving the Social Security Numbers of all household members six years of age and older is mandatory, and not providing the Social Security Numbers will affect your eligibility. Failure to provide any of the requested information may result in a delay or rejection of your eligibility approval.

**Penalties for Misusing this Consent:**

HUD, the HA and any owner (or any employee of HUD, the HA or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form.

Use of the information collected based on the form HUD 9886 is restricted to the purposes cited on the form HUD 9886. Any person who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000.

Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD, the HA or the owner responsible for the unauthorized disclosure or improper use.

# Authorization for the Release of Information/ Privacy Act Notice

to the U.S. Department of Housing and Urban Development (HUD)  
and the Housing Agency/Authority (HA)

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

OMB CONTROL NUMBER: 2501-0014

exp. 07/31/2021

PHA requesting release of information; **(Cross out space if none)**  
(Full address, name of contact person, and date)

IHA requesting release of information; **(Cross out space if none)**  
(Full address, name of contact person, and date)

**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 that you 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; (3) HUD to request certain tax return information from the U.S. Social Security Administration and the U.S. Internal Revenue Service. The law also requires independent verification of income information. Therefore, HUD or the HA may request information from financial institutions to verify your eligibility and 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 household who is 18 years of age or older must sign the consent form. Additional signatures must be obtained from new adult members joining the household or whenever members of the household become 18 years of age.

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

- PHA-owned rental public housing
- Turnkey III Homeownership Opportunities
- Mutual Help Homeownership Opportunity
- Section 23 and 19(c) leased housing
- Section 23 Housing Assistance Payments
- HA-owned rental Indian housing
- Section 8 Rental Certificate
- Section 8 Rental 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.

### Sources of Information To Be Obtained

State Wage Information Collection Agencies. (This consent is limited to wages and unemployment compensation I have received during period(s) within the last 5 years 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 concerning unearned income (i.e., interest and dividends). 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 regarding any period(s) within the last 5 years when I have received assisted housing benefits.

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"/> Assist with Recertification Process
<input type="checkbox"/> Unable to contact you	<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: _____
<input type="checkbox"/> Late payment of rent	
<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.

--	--

**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.



U.S. Department of Housing and Urban Development

Office of Public and Indian Housing (PIH)



## ***What You Should Know About EIV***

### **A Guide for Applicants & Tenants of Public Housing & Section 8 Programs**

#### **What is EIV?**

The Enterprise Income Verification (EIV) system is a web-based computer system that contains employment and income information of individuals who participate in HUD rental assistance programs. All Public Housing Agencies (PHAs) are required to use HUD's EIV system.

#### **What information is in EIV and where does it come from?**

HUD obtains information about you from your local PHA, the Social Security Administration (SSA), and U.S. Department of Health and Human Services (HHS).

HHS provides HUD with wage and employment information as reported by employers; and unemployment compensation information as reported by the State Workforce Agency (SWA).

SSA provides HUD with death, Social Security (SS) and Supplemental Security Income (SSI) information.

#### **What is the EIV information used for?**

Primarily, the information is used by PHAs (and management agents hired by PHAs) for the following purposes to:

1. Confirm your name, date of birth (DOB), and Social Security Number (SSN) with SSA.
2. Verify your reported income sources and amounts.
3. Confirm your participation in only one HUD rental assistance program.
4. Confirm if you owe an outstanding debt to any PHA.
5. Confirm any negative status if you moved out of a subsidized unit (in the past) under the Public Housing or Section 8 program.
6. Follow up with you, other adult household members, or your listed emergency contact regarding deceased household members.

EIV will alert your PHA if you or anyone in your household has used a false SSN, failed to report complete and accurate income information, or is receiving rental assistance at another address. **Remember, you may receive rental assistance at only one home!**

EIV will also alert PHAs if you owe an outstanding debt to any PHA (in any state or U.S. territory) and any negative status when you voluntarily or involuntarily moved out of a subsidized unit under the Public Housing or Section 8 program. This information is used to determine your eligibility for rental assistance at the time of application.

The information in EIV is also used by HUD, HUD's Office of Inspector General (OIG), and auditors to ensure that your family and PHAs comply with HUD rules.

Overall, the purpose of EIV is to identify and prevent fraud within HUD rental assistance programs, so that limited taxpayer's dollars can assist as many eligible families as possible. EIV will help to improve the integrity of HUD rental assistance programs.

#### **Is my consent required in order for information to be obtained about me?**

Yes, your consent is required in order for HUD or the PHA to obtain information about you. By law, you are required to sign one or more consent forms. When you sign a form HUD-9886 (*Federal Privacy Act Notice and Authorization for Release of Information*) or a PHA consent form (which meets HUD standards), you are giving HUD and the PHA your consent for them to obtain information about you for the purpose of determining your eligibility and amount of rental assistance. The information collected about you will be used only to determine your eligibility for the program, unless you consent in writing to authorize additional uses of the information by the PHA.

***Note:*** *If you or any of your adult household members refuse to sign a consent form, your request for initial or continued rental assistance may be denied. You may also be terminated from the HUD rental assistance program.*

#### **What are my responsibilities?**

As a tenant (participant) of a HUD rental assistance program, you and each adult household member must disclose complete and accurate information to the PHA, including full name, SSN, and DOB; income information; and certify that your reported household composition (household members), income, and expense information is true to the best of your knowledge.

**February 2010**



Remember, you must notify your PHA if a household member dies or moves out. You must also obtain the PHA's approval to allow additional family members or friends to move in your home prior to them moving in.

### **What are the penalties for providing false information?**

Knowingly providing false, inaccurate, or incomplete information is **FRAUD** and a **CRIME**.

If you commit fraud, you and your family may be subject to any of the following penalties:

1. Eviction
2. Termination of assistance
3. Repayment of rent that you should have paid had you reported your income correctly
4. Prohibited from receiving future rental assistance for a period of up to 10 years
5. Prosecution by the local, state, or Federal prosecutor, which may result in you being fined up to \$10,000 and/or serving time in jail.

**Protect yourself by following HUD reporting requirements.** When completing applications and reexaminations, you must include all sources of income you or any member of your household receives.

If you have any questions on whether money received should be counted as income or how your rent is determined, ask your PHA. When changes occur in your household income, contact your PHA immediately to determine if this will affect your rental assistance.

### **What do I do if the EIV information is incorrect?**

Sometimes the source of EIV information may make an error when submitting or reporting information about you. If you do not agree with the EIV information, let your PHA know.

If necessary, your PHA will contact the source of the information directly to verify disputed income information. Below are the procedures you and the PHA should follow regarding incorrect EIV information.

**Debts owed to PHAs and termination information** reported in EIV originates from the PHA who provided you assistance in the past. If you dispute this information, contact your former PHA directly in writing to dispute this information and provide any documentation that supports your dispute. If the PHA determines that the disputed information is incorrect, the PHA will update or delete the record from EIV.

**Employment and wage information** reported in EIV originates from the employer. If you dispute this information, contact the employer in writing to dispute and request correction of the disputed employment and/or wage information. Provide your PHA with a copy of the letter that you sent to the employer. If you are unable to get the employer to correct the information, you should contact the SWA for assistance.

**Unemployment benefit information** reported in EIV originates from the SWA. If you dispute this information, contact the SWA in writing to dispute and request correction of the disputed unemployment benefit information. Provide your PHA with a copy of the letter that you sent to the SWA.

**Death, SS and SSI benefit information** reported in EIV originates from the SSA. If you dispute this information, contact the SSA at (800) 772-1213, or visit their website at: [www.socialsecurity.gov](http://www.socialsecurity.gov). You may need to visit your local SSA office to have disputed death information corrected.

**Additional Verification.** The PHA, with your consent, may submit a third party verification form to the provider (or reporter) of your income for completion and submission to the PHA.

You may also provide the PHA with third party documents (i.e. pay stubs, benefit award letters, bank statements, etc.) which you may have in your possession.

**Identity Theft.** Unknown EIV information to you can be a sign of identity theft. Sometimes someone else may use your SSN, either on purpose or by accident. So, if you suspect someone is using your SSN, you should check your Social Security records to ensure your income is calculated correctly (call SSA at (800) 772-1213); file an identity theft complaint with your local police department or the Federal Trade Commission (call FTC at (877) 438-4338, or you may visit their website at: <http://www.ftc.gov>). Provide your PHA with a copy of your identity theft complaint.

### **Where can I obtain more information on EIV and the income verification process?**

Your PHA can provide you with additional information on EIV and the income verification process. You may also read more about EIV and the income verification process on HUD's Public and Indian Housing EIV web pages at: <http://www.hud.gov/offices/pih/programs/pih/thiip/iv.cfm>.

**The information in this Guide pertains to applicants and participants (tenants) of the following HUD-PIH rental assistance programs:**

1. Public Housing (24 CFR 960); and
2. Section 8 Housing Choice Voucher (HCV), (24 CFR 982); and
3. Section 8 Moderate Rehabilitation (24 CFR 882); and
4. Project-Based Voucher (24 CFR 983)

**My signature below is confirmation that I have received this Guide.**

Signature

Date

## CONSENT TO SCREEN FOR CRIMINAL ACTIVITY

I, \_\_\_\_\_, SSN: \_\_\_\_\_, Date of Birth: \_\_\_\_\_

Telephone Number(s): \_\_\_\_\_

- Have lived in the following **State(s) & County(s)** in the past 3 years:

\_\_\_\_\_ / \_\_\_\_\_; \_\_\_\_\_ / \_\_\_\_\_; \_\_\_\_\_ / \_\_\_\_\_;  
**State / County                      State / County                      State / County**

- Have you used any alternate last name, maiden name, or other than the names indicated above?  **Yes**  **No**

*If Yes*, please list names

**Choose ONE of the following:**  
\_\_\_ I am an **Applicant**, applying for housing assistance *or*,  
\_\_\_ I am a current program **Participant** *or*,  
\_\_\_ I am a member of the **Applicant** household of \_\_\_\_\_ *or*,  
\_\_\_ I wish to become a member of the **Participant** household of \_\_\_\_\_ .

**Please Note: "Adult" is defined here as an individual who is 18 years old or older, or an individual who is under 18 years old, but who has been convicted of a crime as an adult or emancipated minors considered as adults.**

- **I understand**, as an "adult" member of this household, that a criminal history record check or "screening" for drug-related criminal activity, violent criminal activity, sex offense, registration as a sex offender, and other criminal activity must be performed to determine this household's eligibility for admission to, or participation in these programs. I understand, in some circumstances, this household can be denied if I, or an adult member of this household, have engaged in such activities or abuses.
- **By signing below**, I agree to the release of criminal history records and sex offender registration information about me to MaineHousing to screen this household for participation in the programs, and I agree to release any law enforcement agency providing records or information from any liability for that release. I agree that this consent will remain in effect for **15 months** from the signature date below. I understand that if I, or any adult member of this household, refuses release of this information, or who is not truthful in the statements made on this form, this household will be disqualified from admission to, or participation in these programs.
- **I understand** that MaineHousing may obtain information from other available sources concerning criminal activity that did not result in a conviction, information concerning alcohol abuse, and information on other matters in screening me and my household members for admission to these programs.
- **I am not currently** using any illegal drugs or engaging in any drug-related criminal activity or any other criminal activity and, to the best of my knowledge; none of the adult members of this household are currently using any illegal drugs or engaging in any drug-related criminal activity or any other criminal activity. I have not been charged with any crime in the past three years involving drugs, alcohol, weapons, violence or the threat of violence, and, to the best of my knowledge no adult member of this household has been arrested and charged with any crime in the past three years involving drugs, alcohol, weapons, violence or the threat of violence.

**Please contact MaineHousing at (207) 624-5789 or 1-866-357-4853 if you have any questions about the statements above.**

**I hereby authorize the release of criminal history information requested directly to MaineHousing. I understand that this information is certified to be true, and that willful misrepresentation on the form is grounds for denial and/or termination.**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Office Use Only:**      \_\_\_ **APPROVAL EMAIL ATTACHED**      \_\_\_ **VASH VOUCHER HOLDER**

**DECLARATION OF SECTION 214 STATUS**

**Notice to applicants and tenants:** In order to be eligible to receive the housing assistance sought, each applicant for, or recipient of, housing assistance must be lawfully within the U.S. Please read the Declaration statement carefully and sign and return to the Housing Authority's Admissions Office. Please feel free to consult with an immigration lawyer or other immigration expert of your choosing.

**Instructions to Family Member For Completing Form:** Fill out separate form for each family member. Print or type first name, middle initial(s), and last name. Place an "X" or "✓" in the box below the signature if the signature is by the adult residing in the unit who is responsible for Child.

I, \_\_\_\_\_, certify, under penalty of perjury, <sup>1</sup> that, to the best of my knowledge, I am lawfully within the United States because (please check the appropriate box):

- I am a citizen by birth, a naturalized citizen or a national of the United States; or
- I have eligible immigration status and I am 62 years of age or older. Attach evidence of proof of age <sup>2</sup>; or
- I have eligible immigration status as checked below (see reverse side of this form for explanations). Attach INS document(s) evidencing eligible immigration status and signed verification consent form.
  - Immigrant status under §§101(a)(15) or 101(a)(20) of the Immigration and Nationality Act (INA) <sup>3</sup> or
  - Permanent residence under §249 of INA <sup>4</sup>; or
  - Refugee, asylum, or conditional entry status under §§207, 208 or 203 of the INA <sup>5</sup> or
  - Parole status under §§212(d)(5) of the INA <sup>6</sup> or
  - Threat to life or freedom under §243(h) of the INA <sup>7</sup>; or
  - Amnesty under §245A of the INA <sup>8</sup>.

\_\_\_\_\_  
(Signature of Family Member)

\_\_\_\_\_  
(Date)

- Check Box on left if signature is of adult residing in the unit who is responsible for child named on statement above.

HA: Enter INS/SAVE Primary Verification #: \_\_\_\_\_ Date: \_\_\_\_\_

[See reverse side for footnotes and instructions]

1/ **Warning:** 18 U.S.C. 1001 provides, among other things, that whoever knowingly and willfully makes or uses a document or writing containing any false, fictitious, or fraudulent statement or entry, in any matter within the jurisdiction of any department or agency of the United States, shall be fined not more than \$10,000, imprisoned for not more than five years, or both.

The following footnotes pertain to noncitizens who declare eligible immigration status in one of the following categories:

2/ **Eligible immigration status and 62 years of age or older.** For noncitizens who are 62 years of age or older or who will be 62 years of age or older **and** receiving assistance under a Section 214 covered program on June 19, 1995. If you are eligible and elect to select this category, you must include a document providing evidence of proof of age. No further documentation of eligible immigration status is required.

3/ **Immigrant status under §§101(a)(15) or 101(a)(20) of INA.** A noncitizen lawfully admitted for permanent residence, as defined by §101(a)(20) of the Immigration and Nationality Act (INA), as an immigrant, as defined by §101(a)(15) of the INA (8 U.S.C., 1101(a)(20 and 1101(a)(15)), respectively [*immigrant status*]. This category includes a noncitizen admitted under §§210 or 210A of the INA (8 U.S.C. 1160 or 1161), [*special agricultural worker status*], who has been granted lawful temporary resident status.

4/ **Permanent residence under §249 of INA.** A noncitizen who entered the U.S. before January 1, 1972, or such later date as enacted by law, and has continuously maintained residence in the U.S. since then, and who is not ineligible for citizenship, but who is deemed to be lawfully admitted for permanent residence as a result of an exercise of discretion by the Attorney General under §249 of the INA (8 U.S.C. 1259) [*amnesty granted under INA 249*].

5/ **Refugee, asylum, or conditional entry status under §§207, 208 or 203 of INA.** A noncitizen who is lawfully present in the U.S. pursuant to an admission under §207 of the INA (8 U.S.C. 1157) [*refugee status*]; pursuant to the granting of asylum (which has not been terminated) under §208 of the INA (8 U.S.C. 1158) [*asylum status*]; or as a result of being granted conditional entry under §203(a)(7) of the INA (U.S.C. 1153(a)(7)) before April 1, 1980, because of persecution or fear of persecution on account of race, religion, or political opinion or because of being uprooted by catastrophic national calamity [*conditional entry status*].

6/ **Parole status under §212(d)(5) of INA.** A noncitizen who is lawfully present in the U.S. as a result of an exercise of discretion by the Attorney General for emergent reasons or reasons deemed strictly in the public interest under §212(d)(5) of the INA (8 U.S.C. 1182(d)(5)) [*parole status*].

7/ **Threat to life or freedom under §243(h) of INA.** A noncitizen who is lawfully present in the U.S. as a result of the Attorney General's withholding deportation under §243(h) of the INA (8 U.S.C. 1253(h)) [*threat to life or freedom*].

8/ **Amnesty under §245A of INA.** A noncitizen lawfully admitted for temporary or permanent residence under §245A of the INA (8 U.S.C. 1255a) [*amnesty granted under INA 245A*].

<p><b>Instructions to Housing Authority:</b> Following verification of status claimed by persons declaring eligible immigration status (other than for noncitizens age 62 or older and receiving assistance on June 19, 1995), HA must enter INS/SAVE Verification Number and date that it was obtained. A HA signature is not required.</p>
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**DOMESTIC VIOLENCE LEASE ADDENDUM**

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

**UNIT ADDRESS:** \_\_\_\_\_  
\_\_\_\_\_

1. The tenant acknowledges that he/she has been admitted to the Maine State Housing Authority's Section 8 Voucher Program.

The name of the person who committed criminal or violent offence is:

\_\_\_\_\_

2. The tenant agrees that the tenant shall not permit the above named person to live in the unit.

3. The tenant understands that if the above named person lives in the unit, the Maine State Housing Authority may terminate the tenant's housing assistance payment.

\_\_\_\_\_  
Tenant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
MaineHousing Staff Signature

\_\_\_\_\_  
Date

## **RENTAL HOUSING IN MAINE FAIR HOUSING AND HOUSING-RELATED SERVICES**

*“If I believe I have been illegally discriminated against, what can I do?”*

### **Fair Housing**

You have a right to fair housing. Fair housing means landlords cannot refuse to show or rent housing or impose different terms or conditions on the basis of race, color, religion, gender, sexual orientation, gender identity or expression, national origin, ancestry, age, disability, familial status or the receipt of any kind of public assistance.

This applies to all housing offered for rent, such as apartments and single-family homes, except certain owner-occupied dwellings (a unit in a two-family dwelling or a one-family dwelling with 4 rooms or less) and dwellings owned or operated by a religious organization for other than commercial purposes and rented to its members unless restricted because of race, color or national origin.

Generally, landlords cannot ask about a tenant’s or applicant’s race, color, religion, gender, sexual orientation, gender identity or expression, national origin, ancestry, disability, or familial status. Certain exceptions apply with respect to disability and families with children.

### **Persons with Disabilities**

Persons cannot be denied housing based on disability, but housing can be limited to persons with disabilities, and to qualify, tenants and applicants can be asked if they have a disability.

A landlord must make reasonable accommodations in rules, policies, practices or services as necessary to give a person with a disability equal opportunity to use and enjoy a dwelling. A person with a disability or someone on the person’s behalf must let the landlord know the person needs the change. If the person’s disability or need for the change is not obvious, the landlord can require verification from a qualified health care or service provider, but cannot ask about the nature of the person’s disability. A landlord can refuse to make an accommodation that causes an undue financial burden or administrative burden. Learn more at <https://www.hud.gov/sites/dfiles/FHEO/documents/huddojstatement.pdf>

Landlords must make or allow a person with a disability to make reasonable modifications to the person’s dwelling. Unless the dwelling or housing in which it is located receives state or federal assistance or does not have the accessible features required by applicable accessibility laws, the tenant may have to pay for the modification and the maintenance and repair of the modification and may be required to restore the dwelling to its original condition before the modification when the tenant leaves. The landlord is not required to pay for a modification that will cause an undue financial burden or administrative burden. Learn more at [https://www.hud.gov/sites/dfiles/FHEO/documents/reasonable\\_modifications\\_mar08.pdf](https://www.hud.gov/sites/dfiles/FHEO/documents/reasonable_modifications_mar08.pdf)

Landlords must allow a person with a disability to have an assistance animal unless the assistance animal is unsafe or overly disruptive. An assistance animal is any animal (not just

a dog) that provides relief from the effects of a disability (such as emotional support or comfort) or performs a specific task to assist a person with a disability. An assistance animal is not a pet, so “no pets” policies do not apply. The landlord can ask for verification of the person’s disability and the need for the assistance animal, unless it is obvious, and for evidence that the assistance animal has been prescribed or trained. This requirement does not apply to two-family dwellings if one unit is owner-occupied.

## **Families**

Certain housing specifically designated for seniors can exclude families with children. This is limited to housing that is only occupied by persons 62 or older or housing that is intended for and occupied by households with at least one person 55 or older. It does not include federally-assisted elderly housing, such as Section 8 housing or other housing funded by HUD or Rural Development, which must allow children if the household otherwise qualifies.

The number of occupants in a dwelling may be restricted if reasonable, based on certain factors such as the size and capacity of the dwelling, the size and number of bedrooms in the dwelling, the number, age, sex and relationship of the household members, and consistency with federal, state or local occupancy requirements. Generally, two persons per bedroom is reasonable, but not always. Limits should not be based on the number of children.

## **Limited English Proficiency**

Landlords of federally-assisted housing must make reasonable efforts to provide language assistance to tenants and applicants with Limited English Proficiency (sometimes referred to as LEP) to ensure they have meaningful access to housing. A person with Limited English Proficiency is a person who, as a result of national origin, does not speak English as their primary language and who has a limited ability to speak, read, write or understand English. A person who is bilingual is not a person with Limited English Proficiency.

## **Who do I Contact?**

If you want more information or feel you have been discriminated against, please contact:

Office of Fair Housing and Equal Opportunity  
United States Department of Housing and  
Urban Development (HUD)  
10 Causeway Street, Room 321  
Boston, Massachusetts 02222-1092  
617-994-8300 (voice), 1-800-827-5005 (voice)  
or 617-565-5453 (TTY)

Maine Human Rights Commission  
State House Station 51  
Augusta, Maine 04333  
207-624-6290(voice) or  
Maine Relay 711 (TTY);  
Fax: 207/624-8729

Learn more about federal law on HUD’s Website:

[https://www.hud.gov/program\\_offices/fair\\_housing\\_equal\\_opp](https://www.hud.gov/program_offices/fair_housing_equal_opp)

Learn more about state law on the Maine Human Rights Commission’s Website:

<http://www.maine.gov/mhrc/guidance/index.htm>

## Legal Resources

### Pine Tree Legal Assistance:

[www.ptla.org](http://www.ptla.org)

Augusta, 39 Green Street  
Tel: 207-622-4731 or Maine Relay 711

Bangor, 115 Main Street  
Tel: 207-942-8241 or Maine Relay 711

Lewiston, 95 Park Street  
Tel: 207-784-1558 or Maine Relay 711

Machias, 13 Cooper Street  
Tel: 207-255-8656 or Maine Relay 711

Portland, 88 Federal Street  
Tel: 207-774-8211 or Maine Relay 711

Presque Isle, 373 Main Street  
Tel: 207-764-4349 or Maine Relay 711

Farmworker & Native American Units  
Bangor  
Tel: 207-942-0673

### Disability Rights Center

[www.drcme.org](http://www.drcme.org)

1-800-452-1948 (voice/TTY)

## MaineHousing's Nondiscrimination Policy

Maine State Housing Authority (“MaineHousing”) does not discriminate on the basis of race, color, religion, sex, sexual orientation, gender identity or expression, marital status, national origin, ancestry, physical or mental disability, age, familial status or receipt of public assistance in the admission or access to or treatment in its programs and activities. In employment, MaineHousing does not discriminate on the basis of race, color, religion, sex, sexual orientation, gender identity or expression, national origin, ancestry, age, physical or mental disability or genetic information. MaineHousing will provide appropriate communication auxiliary aids and services upon sufficient notice. MaineHousing will also provide this document in alternative formats upon sufficient notice. MaineHousing has designated the following person responsible for coordinating compliance with applicable federal and state nondiscrimination requirements and addressing grievances: Lauren Bustard, Maine State Housing Authority, 26 Edison Drive, Augusta, Maine 04330-4633, Telephone Number 1-800-452-4668 (voice in state only), (207) 626-4600 (voice) or Maine Relay 711.