



# One-Page Preliminary Application Form

**Accessible format available upon request (See reverse side).**

**Incomplete Applications will not be processed**

Legal Name of Head of Household Last: _____ First: _____ MI: _____	Sex: _____	SSN: _____	DOB: _____	Age: _____	Monthly Income: \$ _____
<b>Income Sources (See reverse side for more information):</b> _____					

Race:  White  Black  American Indian/Alaskan Native  Asian/Pacific Islander Ethnicity:  Hispanic  Non-Hispanic

**Which housing programs do you want to apply to?**  Section 8 Voucher  Moderate Rehabilitation  VASH  
 Project Based Voucher for:  Assisted Living  Victims of Domestic Violence/Homeless Youth/Supportive Housing

**What is your current address?**

Street Address: _____	City: _____	State: _____	Zip: _____	Phone/Cell: _____
Mailing Address: _____	City: _____	State: _____	Zip: _____	Phone/Cell: _____
Name of Emergency Contact: _____	City: _____	State: _____	Zip: _____	Phone/Cell: _____

**What other adults will be living in the unit?**

Legal Name: _____	Sex: _____	Relationship to head: _____	SSN: _____	DOB: _____	Age: _____	Employer or School Name: _____	Monthly Income: \$ _____
Legal Name: _____	Sex: _____	Relationship to head: _____	SSN: _____	DOB: _____	Age: _____	Employer or School Name: _____	Monthly Income: \$ _____
Legal Name: _____	Sex: _____	Relationship to head: _____	SSN: _____	DOB: _____	Age: _____	Employer or School Name: _____	Monthly Income: \$ _____

**What minors will be living in the unit?**

Legal Name: _____	Sex: _____	Relationship to head: _____	SSN: _____	DOB: _____	Age: _____	School Name: _____
Legal Name: _____	Sex: _____	Relationship to head: _____	SSN: _____	DOB: _____	Age: _____	School Name: _____
Legal Name: _____	Sex: _____	Relationship to head: _____	SSN: _____	DOB: _____	Age: _____	School Name: _____
Legal Name: _____	Sex: _____	Relationship to head: _____	SSN: _____	DOB: _____	Age: _____	School Name: _____

**Do you qualify for any of the local preferences?**

Yes  No I currently live or work in the State of Maine.

Yes  No Is head of household or spouse disabled?  Head  Spouse

Yes  No I am in a homeless shelter, transitional housing, welfare motel or other place not ordinarily used/designed for sleeping.

**NOTE: Homelessness will be verified at the time subsidy is issued.**

Yes  No Are you currently participating in the BRAP Program under a homeless preference?

Yes  No Are you currently participating in the RAC+ Program?

Yes  No Have you or anyone in your household been arrested or evicted for drug-related or violent criminal activity within the past 3 years?

Yes  No Do you or anyone in your household owe money to a housing authority?

Yes  No Have you or anyone in your household ever been required to register as a sex offender in Maine or any other State?

**NOTICE: You are required to notify the housing agency (in writing) of any change of address. If we cannot contact you, your name will be removed from the waiting list, and you will have to re-apply to the Program.**

Do you, or anyone in your family, require any modifications or accommodations to fully utilize our forms, programs or services?  Yes  No  
 Is anyone in your family, including yourself, limited in their ability to read, write, speak or understand English in order to fully utilize our forms, programs or services?  Yes  No If you answered **YES to these questions**, please contact your housing agent for assistance:



**Penquis - for Penobscot, Piscataquis, Knox, and Waldo Counties**  
**P. O. Box 1162 ~ 262 Harlow Street ~ Bangor, ME 04401**  
**Voice/TTY: 1-888-424-0151 or Direct: 207/973-3500 Fax: 207/973-3699 FSS: 207/973-3405**

*The 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: **1-800-424-8590.**

**Note to Applicant:**

Placement on the voucher waiting list based on this initial preliminary application does not ensure eligibility for a voucher. An applicant household that is offered a voucher will be subject to screening for income eligibility, criminal activity, including but not limited to, drug-related criminal activity, violent criminal activity, sex offenses including registration as a sex offender, and other criminal activity related to alcohol abuse and other matters. Depending upon the results of the screening, the applicant and their household members may be denied a voucher. A refusal by applicant or any adult household member to submit a signed consent form allowing **Penquis, Agent for MaineHousing** to obtain criminal records, and/or sex offender registry information will automatically disqualify the applicant household from participation in the Housing Choice Voucher Program.

**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.**

I certify that the information given to **Penquis, Agent for MaineHousing**, regarding my household family members, income, assets, allowances and deductions is accurate and complete to the best of my knowledge and belief. 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.

\_\_\_\_\_

Full Name (Head of Household)

\_\_\_\_\_

Date

\_\_\_\_\_

Full Name - Other Adult, Spouse, or Co-Head

\_\_\_\_\_

Date

**INFORMATION ABOUT HOUSEHOLD INCOME:**

Income includes money or contributions from ANY and ALL sources paid to, or on behalf of, a family member. *Please provide the sources and amounts of all Income (money) expected for the coming 12 months for all family members.* **Sources of Income can include:**

- ✓ Employment wage income including tips, commissions, profit-sharing programs
- ✓ Self-employment income
- ✓ Income from business you own
- ✓ Unemployment compensation
- ✓ Social Security and Supplemental Social Security Benefits
- ✓ Pensions; retirement accounts
- ✓ Disability Income
- ✓ Alimony

- ✓ Child Support
- ✓ TANF
- ✓ Regular Support from family or friends
- ✓ Savings and Checking Account balances
- ✓ Real Estate you own
- ✓ Stocks, bonds, trusts or other investments
- ✓ Life Insurance Policies
- ✓ Educational Grants & Scholarships
- ✓ Assets sold or given away in the past two years