

## Notification of Interest to Participate in the Maine Section 811 Project Rental Assistance Program

PROJECT NAME:	
ADDRESS:	
PROPERTY INFORMATION: Total # Units in Property:	
Identify Unit Type(s):	
Family 1 br 2 br 3 br 4 br Other	1 br 2 br 3 br 4 br
How many units are you dedicating to the program?	(Not to exceed 25% of total units)
OWNER INFORMATION	
Owner Name:	Phone #:
	Email:
MANAGEMENT INFORMATION	
Management Name:	Phone #:
	Email:

This walk-in program targets individuals and families at 30% of area median income who are currently members of at least one of the 5 Medicaid waiver groups identified by the Maine Department of Health and Human Services.

Section 811 PRA Program assistance cannot be provided in units already receiving any form of long-term (longer than 6 months) project-based operating subsidy, such as Section 8 assistance, or within 6 months of receiving such assistance. This does not limit the property from participation as long as the Section 811 PRA Program is associated with units that are not those with the alternate project-based subsidy. In addition, properties designated for persons who are elderly and some supportive housing properties are not eligible to receive Section 811 PRA Program assistance.

I understand that I would commit to the 811 PRA applicant preference as current units turn over until all Section 811 PRA units are filled. Units must be dispersed throughout the property and must not be segregated to one area of a building (such as on a particular floor or part of a floor in a building or in certain sections within a project).

I understand that I will designate and sign a Rental Assistance Contract with MaineHousing for the number of units to be set-aside as Assisted Units, but the types (e.g. accessible) and the specific unit numbers (e.g., 101, 201, etc.) will be flexible depending on the needs of the program and availability of units in the property.

Please contact me to discuss my possible participation in the Maine 811PRA program.