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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@mainehsouing.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:  *Kelley Stonebraker, Maine State Housing Authority*  *26 Edison Drive, Augusta, Maine 04330-4633, Telephone Number 1-800-452-4668 (voice)*  *(207) 626-4600 (voice), 711 (Maine Relay) or* [*EqualAccess@mainehousing.org*](mailto:EqualAccess@mainehousing.org) *(email)* |
| **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** | | | | | | | | | | | | | | | | | | | | | | | |
| **Full Name:** | |  | | | | | | | | | | | | | | | | | | | | | |
|  | | *Last* | | | | | | | | | *First* | | | | | | | | | | *MI* | | |
| **Current Address:** | |  | | | | | | | | | | | | | | | | | | | | | |
|  | | *Street* | | | | | | | | | | | | | | | | | | | *Apt* | | |
|  | |  | | | | | | | | | | | | | | | | | | | | | |
|  | | *City* | | | | | | | | | | | | | | *State* | | | | *Zip* | | | |
| **Mailing Address:** | |  | | | | | | | | | | | | | | | | | | | | | |
|  | | *Street* | | | | | | | | | | | | | | | | | | | *Apt* | | |
|  | |  | | | | | | | | | | | | | | | | | | | | | |
|  | | *City* | | | | | | | | | | | | | | *State* | | | | *Zip* | | | |
| **Home Phone:** | | **( )** | | | | | | | | | | | | | | | | | | | | | |
| **Cell Phone:** | | **( )** | | | | | | | | | | | | | | | | | | | | | |
| **Work Phone:** | | **( )** | | | | | | | | | | | | | | | | | | | | | |
| **Email:** | |  | | | | | | | | | | | | | | | | | | | | | |
| **Social Security Number:** | | **- -** | | | | | | | | | | | | | | | | | | | | | |
| **Date of Birth:** | | **/ /** | | | | | | | | | | | | | | | | | | | | | |
| **Race:** | | White | | | | | American India  Alaskan Native | | | | | | | Black | | | | Asian  Pacific Islander | | | | | |
| **Gender:** | | Male | | | | | | | | | | Female | | | | | | | | | | | |
| **Are you a US Citizen?** | | Yes | | | | | | | | | | No | | | | | | | | | | | |
| **Are you a person with Disabilities?** | | Yes | | | | | | | | | | No | | | | | | | | | | | |
| **Ethnicity:** | | Hispanic | | | | | | | | | | Non - Hispanic | | | | | | | | | | | |
| **Are you a Veteran?** | | Yes | | | | | | | | | | No | | | | | | | | | | | |
| **Are you a Full Time Student?** | | Yes | | No | | | | **If Yes School:** | | | | | | | | | | | | | | | |
| **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** | | | | | | | | | | | | | | | | | | | | | | | |
| **Adult Household Member Name:** | |  | | | | | | | | | | | | | | | | | | | | | |
|  | | *Last* | | | | | | | | | | *First* | | | | | | | | | *MI* | | |
| **Cell Phone:** | | **( )** | | | | | | | | | | | | | | | | | | | | | |
| **Work Phone:** | | **( )** | | | | | | | | | | | | | | | | | | | | | |
| **Email:** | |  | | | | | | | | | | | | | | | | | | | | | |
| **Social Security Number:** | | **- -** | | | | | | | | | | | | | | | | | | | | | |
| **Date of Birth:** | | **/ /** | | | | | | | | | | | | | | | | | | | | | |
| **Relationship to**  **Head of Household:** | | Spouse | | | Co-Head | | | | Other  Adult | | | | | | | Live in  Aide | | | | | | Foster  Adult | |
| **Race:** | | White | | | American Indian  Alaskan Native | | | | | | | | | Black | | | | Asian  Pacific Islander | | | | | |
| **Gender:** | | Male | | | | | | | Female | | | | | | | | | | | | | | |
| **Are you a US Citizen?** | | Yes | | | | | | | No | | | | | | | | | | | | | | |
| **Are you a person with Disabilities?** | | Yes | | | | | | | No | | | | | | | | | | | | | | |
| **Ethnicity:** | | Hispanic | | | | | | | Non - Hispanic | | | | | | | | | | | | | | |
| **Are you a Full Time Student?** | | Yes | | No | | | | If Yes School: | | | | | | | | | | | | | | | |
| **Adult Household Member Name:** | |  | | | | | | | | | | | | | | | | | | | | | |
|  | | *Last* | | | | | | | | | | *First* | | | | | | | | | *MI* | | |
| **Cell Phone:** | | **( )** | | | | | | | | | | | | | | | | | | | | | |
| **Work Phone:** | | **( )** | | | | | | | | | | | | | | | | | | | | | |
| **Email:** | |  | | | | | | | | | | | | | | | | | | | | | |
| **Social Security Number:** | | **- -** | | | | | | | | | | | | | | | | | | | | | |
| **Date of Birth:** | | **/ /** | | | | | | | | | | | | | | | | | | | | | |
| **Relationship to**  **Head of Household:** | | Spouse | | | Co-Head | | | | Other  Adult | | | | | | | Live in  Aide | | | | | | Foster  Adult | |
| **Race:** | | White | | | American Indian  Alaskan Native | | | | | | | | | Black | | | | Asian  Pacific Islander | | | | | |
| **Gender:** | | Male | | | | | | | Female | | | | | | | | | | | | | | |
| **Are you a US Citizen?** | | Yes | | | | | | | No | | | | | | | | | | | | | | |
| **Are you a person with Disabilities?** | | Yes | | | | | | | No | | | | | | | | | | | | | | |
| **Ethnicity:** | | Hispanic | | | | | | | Non - Hispanic | | | | | | | | | | | | | | |
| **Are you a Full Time Student?** | | Yes | | No | | | | If Yes School: | | | | | | | | | | | | | | | |

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

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

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Minor Household Member Name:** | | | | | | |  | | | | | | | | | | | | | | | | | |
|  | | | | | | | *Last* | | | | | | | | | | *First* | | | | | | *MI* | |
| **Social Security Number:** | | | | | | | **- -** | | | | | | | | | | | | | | | | | |
| **Date of Birth:** | | | | | | | **/ /** | | | | | | | | | | | | | | | | | |
| **Relationship to Head of Household:** | | | | | | | Youth under 18 | | | | | | Foster Child | | | | | | | | Grandchild | | | |
| **Race:** | | | | | | | White | | | | | American Indian  Alaskan Native | | | | | | | Black | | Asian  Pacific Islander | | | |
| **Gender:** | | | | | | | Male | | | | | | | | | | | Female | | | | | | |
| **Are you a US Citizen?** | | | | | | | Yes | | | | | | | | | | | No | | | | | | |
| **Are you a person with Disabilities?** | | | | | | | Yes | | | | | | | | | | | No | | | | | | |
| **Ethnicity:** | | | | | | | Hispanic | | | | | | | | | | | Non - Hispanic | | | | | | |
| **Minor Household Member Name:** | | | | | | |  | | | | | | | | | | | | | | | | | |
|  | | | | | | | *Last* | | | | | | | | | | *First* | | | | | | *MI* | |
| **Social Security Number:** | | | | | | | **- -** | | | | | | | | | | | | | | | | | |
| **Date of Birth:** | | | | | | | **/ /** | | | | | | | | | | | | | | | | | |
| **Relationship to Head of Household:** | | | | | | | Youth under 18 | | | | | | Foster Child | | | | | | | | Grandchild | | | |
| **Race:** | | | | | | | White | | | | | American Indian  Alaskan Native | | | | | | | Black | | Asian  Pacific Islander | | | |
| **Gender:** | | | | | | | Male | | | | | | | | | | | Female | | | | | | |
| **Are you a US Citizen?** | | | | | | | Yes | | | | | | | | | | | No | | | | | | |
| **Are you a person with Disabilities?** | | | | | | | Yes | | | | | | | | | | | No | | | | | | |
| **Ethnicity:** | | | | | | | Hispanic | | | | | | | | | | | Non - Hispanic | | | | | | |
| **Minor Household Member Name:** | | | | | | |  | | | | | | | | | | | | | | | | | |
|  | | | | | | | *Last* | | | | | | | | | | *First* | | | | | | *MI* | |
| **Social Security Number:** | | | | | | | **- -** | | | | | | | | | | | | | | | | | |
| **Date of Birth:** | | | | | | | **/ /** | | | | | | | | | | | | | | | | | |
| **Relationship to Head of Household:** | | | | | | | Youth under 18 | | | | | | Foster Child | | | | | | | | Grandchild | | | |
| **Race:** | | | | | | | White | | | | | American Indian  Alaskan Native | | | | | | | Black | | Asian  Pacific Islander | | | |
| **Gender:** | | | | | | | Male | | | | | | | | | | | Female | | | | | | |
| **Are you a US Citizen?** | | | | | | | Yes | | | | | | | | | | | No | | | | | | |
| **Are you a person with Disabilities?** | | | | | | | Yes | | | | | | | | | | | No | | | | | | |
| **Ethnicity:** | | | | | | | Hispanic | | | | | | | | | | | Non - Hispanic | | | | | | |
| **You must now complete Part 4** | | | | | | | | | | | | | | | | | | | | | | | | |
| **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?** | | | | | | | | | | | | | | | | | | | | | | |
| Yes  No | | | ***If your answer is “Yes”:*** | | | | | | | | | | | | | | | | | | | |
|  | | | 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?** | | | | | | | | | | | | | | | | | | | | | | |
| Yes  No | | | ***If your answer is “Yes”:*** | | | | | | | | | | | | | | | | | | | |
|  | | | Household Member Name? | | | | | | |  | | | | | | | | | | | | |
|  | | | Release Date? | | | | | | |  | | | | | | | | | | | | |
|  | | | What was the crime? | | | | | | |  | | | | | | | | | | | | |
| **Are any household members Lifetime registrants on a state sex offender registration program?** | | | | | | | | | | | | | | | | | | | | | | |
| Yes  No | | | ***If your answer is “Yes”:*** | | | | | | | | | | | | | | | | | | | |
|  | | | 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”?** | | | | | | | | | | | | | | | | | | | | | | |
| Yes  No | | | ***If your answer is “Yes”:*** | | | | | | | | | | | | | | | | | | | |
|  | | | Household Member Name? | | | | | | |  | | | | | | | | | | | | |
| **Have any household members ever been evicted from any Federally Assisted Housing?**  **(*including Section 8, Public Housing, or Rural Development)*** | | | | | | | | | | | | | | | | | | | | | | |
| Yes  No | | | ***If your answer is “Yes”:*** | | | | | | | | | | | | | | | | | | | |
|  | | | Household Member Name? | | | | | | |  | | | | | | | | | | | | |
|  | | | Location/State? | | | | | | |  | | | | | | | | | | | | |
|  | | | Eviction Date? | | | | | | |  | | | | | | | | | | | | |
| **Do any household members owe money to a Housing Authority?** | | | | | | | | | | | | | | | | | | | | | | |
| Yes  No | | | ***If your answer is “Yes”:*** | | | | | | | | | | | | | | | | | | | |
|  | | | 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?** | | | | | | | | | | | | | | | | | | | | | | |
| Yes  No | | | ***If your answer is “Yes”:*** | | | | | | | | | | | | | | | | | | | |
|  | | | What was it? | | | | | | |  | | | | | | | | | | | | |
|  | | | Amount? | | | | | | |  | | | | | | | | | | | | |
| **Have any adult household members lived in a state other than Maine in the last 3 years?** | | | | | | | | | | | | | | | | | | | | | | |
| Yes  No | | | ***If your answer is “Yes”:*** | | | | | | | | | | | | | | | | | | | |
|  | | | 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 - Support from family or friends  - State Supplement from DHHS - Educational Grants & Scholarships  - Child Support payments - Disability Income  - TANF from DHHS - Pensions, retirement accounts  - Self -Employment Income, Income from a business you own - General Assistance payments  - Alimony payments - Unemployment compensation | | | | | | | | | | | | | | | | | | | | | | | | | |
| **My household currently has no source of income** | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Household Member:** | | |  | | | | | | | | | | | | | | | | | | | | | | |
| **Name of Income Source:** | | |  | | | | | | | | | | | | | | | | | | | | | | |
| **Contact Information:** | | |  | | | | | | | | | | | | | | | | | | | | | | |
| **Amount Earned:** | | | **$** | | | | | Weekly | | | | | | Bi-Weekly | | | | | | Monthly | | | | | |
| **Household Member:** | | |  | | | | | | | | | | | | | | | | | | | | | | |
| **Name of Income Source:** | | |  | | | | | | | | | | | | | | | | | | | | | | |
| **Contact Information:** | | |  | | | | | | | | | | | | | | | | | | | | | | |
| **Amount Earned:** | | | **$** | | | | | Weekly | | | | | | Bi-Weekly | | | | | | Monthly | | | | | |
| **Household Member:** | | |  | | | | | | | | | | | | | | | | | | | | | | |
| **Name of Income Source:** | | |  | | | | | | | | | | | | | | | | | | | | | | |
| **Contact Information:** | | |  | | | | | | | | | | | | | | | | | | | | | | |
| **Amount Earned:** | | | **$** | | | | | Weekly | | | | | | Bi-Weekly | | | | | | Monthly | | | | | |
| **Household Member:** | | |  | | | | | | | | | | | | | | | | | | | | | | |
| **Name of Income Source:** | | |  | | | | | | | | | | | | | | | | | | | | | | |
| **Contact Information:** | | |  | | | | | | | | | | | | | | | | | | | | | | |
| **Amount Earned:** | | | **$** | | | | | Weekly | | | | | | Bi-Weekly | | | | | | Monthly | | | | | |
| **SOME EXAMPLES OF ASSET SOURCES:**  - Bank statements reflecting Savings and Checking account balances  - Assets valuing more than $5000 that have been sold or given away in the past two years  - Real Estate property that you own. Please provide current year property tax statement  - Investment statements for Stocks, bonds, trusts, IRAs and other investments  - Life insurance policies | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Household Member:** | | |  | | | | | | | | | | | | | | | | | | | | |
| **Type of Asset:** | | |  | | | | | | | | | | | | | | | | | | | | |
| **Contact Information:** | | |  | | | | | | | | | | | | | | | | | | | | |
| **Balance:** | | | **$** | | | | | | | | | | | | | | | | | | | | |
| **Household Member:** | | |  | | | | | | | | | | | | | | | | | | | | |
| **Type of Asset:** | | |  | | | | | | | | | | | | | | | | | | | | |
| **Contact Information:** | | |  | | | | | | | | | | | | | | | | | | | | |
| **Amount Earned:** | | | **$** | | | Weekly | | | | | | Bi-Weekly | | | | | | Monthly | | | | | |
| **Household Member:** | | |  | | | | | | | | | | | | | | | | | | | | |
| **Type of Asset:** | | |  | | | | | | | | | | | | | | | | | | | | |
| **Contact Information:** | | |  | | | | | | | | | | | | | | | | | | | | |
| **Amount Earned:** | | | **$** | | | Weekly | | | | | | Bi-Weekly | | | | | | 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: | | | | | | | | | | | | | | | | | | | | | | | |
| **Household Member who is working or FT Student:** | | |  | | | | | | | | | | | | | | | | | | | | |
| **Name of Daycare Provider:** | | |  | | | | | | | | | | | | | | | | | | | | |
| **Contact Information:** | | |  | | | | | | | | | | | | | | | | | | | | |
| **Amount Paid:** | | | **$** | | | Weekly | | | | | | Bi-Weekly | | | | | | Monthly | | | | | |
| **\*\*\*DO NOT FILL OUT THE NEXT SECTION unless your household is\*\*\***   * Elderly: The Head, Spouse or Co-Head is at least 62 years of age. * Disabled: The Head, Spouse or Co-Head is a person with disabilities. | | | | | | | | | | | | | | | | | | | | | | | |
| **MEDICAL EXPENSES**   * ALL members of a disabled or elderly household are eligible for medical deductions * For Pharmacy Expenses have your pharmacy print a copy of your past year’s purchases * Out of Pocket medical expenses must exceed 3% of your annual gross income * MaineHousing follows IRS Publication 502 guidelines of qualified, allowable medical expenses | | | | | | | | | | | | | | | | | | | | | | | |
| **SOME EXAMPLES OF MEDICAL EXPENSES:**  - Medical expenses not covered by insurance  - Doctor or health professional services.  - Health care facilities services.  - Medicines prescribed by a physician (prescription and/or non-prescription).  - Costs related to transportation to treatment.  - Dental, eye glasses, or hearing aids.   * Live-In Aide, attendant care or periodic medical assistance. * Auxiliary Apparatus (wheelchairs, ramps, vehicle adaptations, special equipment to enable the blind to read or write, vet and/or food bills for assistance animals. | | | | | | | | | | | | | | | | | | | | | | | |
| **Household Member:** | |  | | | | | | | | | | | | | | | | | | | | | | | |
| **Medical Expense:** | |  | | | | | | | | | | | | | | | | | | | | | | | |
| **Contact Information:** | |  | | | | | | | | | | | | | | | | | | | | | | | |
| **Monthly Amount:** | | **$** | | | | | | | | | | | | | | | | | | | | | | | |
| **Household Member:** | |  | | | | | | | | | | | | | | | | | | | | | | | |
| **Medical Expense:** | |  | | | | | | | | | | | | | | | | | | | | | | | |
| **Contact Information:** | |  | | | | | | | | | | | | | | | | | | | | | | | |
| **Monthly Amount:** | | **$** | | | | | | | | | | | | | | | | | | | | | | | |
| **Household Member:** | |  | | | | | | | | | | | | | | | | | | | | | | | |
| **Medical Expense:** | |  | | | | | | | | | | | | | | | | | | | | | | | |
| **Contact Information:** | |  | | | | | | | | | | | | | | | | | | | | | | | |
| **Monthly Amount:** | | **$** | | | | | | | | | | | | | | | | | | | | | | | |
| **Household Member:** | |  | | | | | | | | | | | | | | | | | | | | | | | |
| **Medical Expense:** | |  | | | | | | | | | | | | | | | | | | | | | | | |
| **Contact Information:** | |  | | | | | | | | | | | | | | | | | | | | | | | |
| **Monthly Amount:** | | **$** | | | | | | | | | | | | | | | | | | | | | | | |
| **You must now complete Part 7** | | | | | | | | | | | | | | | | | | | | | | | | | |

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| **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: | | |
|  | 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. | |
|  | I certify all answers to criminal screening questions are accurate and current. | |
|  | I understand that **I must report all changes** in household income, assets, or family composition in writing to MaineHousing within 14 calendar days of the change. | |
|  | I understand that **BEFORE** **I add an adult** **to my household** I must obtain written permission from my landlord and must receive prior approval from MaineHousing. | |
|  | 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. | |
|  | 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.** | | |
| **Head of Household Signature:** | | **Date:** |
| **Other Adult Household Member Signature:** | | **Date:** |
| **Other Adult Household Member Signature:** | | **Date:** |
| **Other Adult Household Member Signature:** | | **Date:** |
| **If you wish to share other information with us please feel free to complete Part 8 on the next page.** | | |

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| **Part 8 Additional Information** |
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