

MAINE CENTRALIZED SECTION 8/HCV WAITING LIST
Housing Data Link of Maine, LLC

For Agency Use Only

Date and Time Rec'd _____
Applicant ID #: _____

CHANGE OF INFORMATION FORM

If you want to change information on your application use this form. Read the questions carefully and enter the information you want us to know. There is some information you do not need to change. You can do that when you are chosen from the Waiting List. You cannot change the Head of Household using this form. To change the Head of Household, ask to speak to someone responsible for the Waiting List to find out what you have to do.

*****You must be the Head of Household or Spouse/Partner to complete this form*****

Head of Household Name: _____

Your Name (if different than above): _____

Your Social Security # (last 4 digits only): XXX-XX-____ OR the Applicant ID # _____

Please enter all changes to your contact information

Physical/Home Address: _____ Unit/Apt # _____

City/Town: _____ State: _____ Zip Code: _____

Phone: _____ E-Mail Address: _____

Note: Please do not list P.O. Box information as the Physical/Home Address above.

Mailing Address: _____ Unit/Apt # _____

City/Town: _____ State: _____ Zip Code: _____

Please enter all changes to your household composition and income

TOTAL NUMBER OF PEOPLE WHO WILL LIVE IN THE UNIT (Including yourself):

of Adults _____ # of Minor Children (under 18 years of age) _____

ANNUAL HOUSEHOLD INCOME (income before deductions for all family members):

Total Amount per YEAR \$ _____

Do you or a family member require any accommodation to participate fully in this application process?

Yes No If yes, describe the accommodation you require: _____

Please update your Preferences (*Definitions of Preferences is attached*)

Check all that apply:

- 1. Disabled (*Head of household or spouse*)
- 2. Family with minor children or dependents
- 3. Veteran
- 4. Where do you live? (*city/town if in Maine only*) _____
- 5. Elderly (*Head of household or spouse 62 yrs. or older*)
- 6. Displaced by Natural or National Disaster
- 7. Chronically Homeless (***please see Definitions of Preferences***)

CONTINUED ON BACK →

Check all that apply:

8. Where do household members work? (List city(s)/town(s) in *Maine only*)
1. _____ 2. _____ 3. _____
9. Non-Subsidized (not currently receiving subsidized housing assistance)
10. Full-Time Student (Head of Household or spouse) attending school in Auburn, Mechanic Falls, Minot, New Gloucester, Poland or Turner
11. Working/Employed (*Head of household or spouse*)
12. Single Person Family who is **Not** Disabled and is **Not** Elderly
13. Tedford Shelter Resident
14. Attending school in Augusta Housing's Jurisdiction: Augusta, Belgrade, Chelsea, China, Coopers Mills, Farmingdale, Gardiner, Hallowell, Manchester, Monmouth, Mt. Vernon, Pittston, Randolph, Readfield, Vassalboro, Whitefield, Windsor or Winthrop

Additional Information: _____

I CERTIFY THAT THE INFORMATION PROVIDED IN THIS CHANGE FORM IS ACCURATE AND COMPLETE.

I understand that submission of false information or misrepresentation may result in loss of eligibility to participate in the Housing Choice Voucher program. I understand I am required to notify one of the listed Housing Authorities of any change in information on my application. I understand if I cannot be contacted at the last mailing address given, my name may be removed from the waiting list and I will have to reapply. I certify that I have attained the age of 18 yrs. or I am an emancipated minor and therefore have the full legal capacity to act on my own behalf in the matter of contracts.

Signature of Head of Household: **X** _____ **Date:** _____

You may return the completed Change of Information form to any one of the Housing Authorities listed. If you have any questions, call one of the participating Housing Authorities. Thank you.

The following Housing Authorities are currently utilizing the Centralized Waiting List:

Auburn Housing Authority

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

Augusta Housing Authority

33 Union Street, Suite 3
Augusta, ME 04330
Phone: 207-626-2357
Relay Service: 711

Bangor Housing Authority

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

Bath Housing Authority

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

Biddeford Housing Authority

P.O. Box 2287
Biddeford, ME 04005
Phone: 207-282-6537
Relay Service: 711

Portland Housing Authority

14 Baxter Boulevard
Portland, ME 04101
Phone: 207-773-4753
TDD: 207-447-2570

South Portland Housing Authority

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

Westbrook Housing

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



<http://MaineSection8CentralWaitlist.org>



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DEFINITIONS OF PREFERENCES

1. **DISABLED** – A family whose head, spouse or sole member has a physical or mental disability. This may require verification from a third party source for eligibility purposes. (For additional information regarding Additional Terms or Exceptions see 5 M.S.R.A 4553-A)

“Physical or mental disability” means:
 - A. Physical or Mental disability, defined – “Physical or mental disability means:
 1. A physical or mental impairment that substantially limits one or more of the major life activities of an individual;
 2. Significantly impairs physical or mental health;
 3. Requires special education, vocational rehabilitation or related services;Without regard to severity unless otherwise indicated: absent, artificial or replacement limbs, hands, feet or vital organs; alcoholism; amyotrophic lateral sclerosis; bipolar disorder; blindness or abnormal vision loss; cancer; cerebral palsy; chronic obstructive pulmonary disease; Crohn’s disease; cystic fibrosis; deafness or abnormal hearing loss; diabetes; substantial disfigurement; epilepsy; heart disease; HIV or AIDS; kidney or renal diseases; lupus; major depressive disorder; mastectomy; mental retardation; multiple sclerosis; muscular dystrophy; paralysis; Parkinson’s disease; pervasive developmental disorders; rheumatoid arthritis; schizophrenia; and acquired brain injury.
 - B. With respect to an individual, having a record of any of the conditions in paragraph A; or
 - C. With respect to an individual, being regarded as having or likely to develop any of the conditions in paragraph A.
2. **ELDERLY** – A family whose head of household or spouse is sixty-two (62) years of age or older.
3. **FAMILY WITH MINOR CHILDREN OR DEPENDENTS** – At least one member of a family is under eighteen (18) years of age and the legal responsibility of an adult member in the family; OR at least one disabled person of any age who is not the head or spouse/partner; OR a person eighteen years of age or older who is claimed as a dependent under IRS rules.
4. **WHERE DO YOU LIVE?** – To receive this preference the family must live in a specific town.
5. **VETERAN** – A person who served in the active military, naval, or air service and who was discharged or released from such service under conditions other than dishonorable.
6. **DISPLACED BY NATURAL or NATIONAL DISASTER** – Persons displaced by natural or national disaster as designated by the Federal Emergency Management Agency.
7. **CHRONICALLY HOMELESS** – This preference is available to **Chronically Homeless Individuals and Families** who may be eligible for special Voucher Set-Asides provided by certain Housing Authorities. Chronically homeless is defined as an unaccompanied homeless individual with a disabling condition or a family with a member who has a disabling condition and has been continuously homeless for a year or more, or had at least four (4) episodes of homelessness in the past three (3) years. To be considered chronically homeless, a person or family must have been sleeping in a place not meant for human habitation (i.e. living on the streets or in a car, camping, etc) and/or been in an emergency shelter within the area of the Housing Authority during that time.
8. **WHERE DO HOUSEHOLD MEMBERS WORK?** – To receive this preference at least one member of the household must work in a specific town.
9. **NON-SUBSIDIZED** – A family who is not currently residing in subsidized housing or receiving subsidized rental assistance based on their monthly income.
10. **FULL-TIME STUDENT attending school in Auburn, Mechanic Falls, Minot, New Gloucester, Poland or Turner** – To qualify for this preference the head of household or spouse must be attending school full-time within Auburn, Mechanic Falls, Minot, New Gloucester, Poland and Turner.
11. **WORKING/EMPLOYED** – A family whose head of household or spouse is currently employed.
12. **SINGLE PERSON FAMILY who is Not Disabled and Not Elderly** – A one-person family, where the sole member is *not* Disabled and is *under* sixty-two (62) years of age.
13. **TEDFORD SHELTER RESIDENT** – A family that is currently residing at the Tedford Housing Individual or Family Shelter.
14. **ATTENDING SCHOOL IN AUGUSTA HOUSING’S JURISDICTION** – At least one family member must be attending school in one of the following towns to qualify for this preference: Augusta, Belgrade, Chelsea, China, Coopers Mills, Farmingdale, Gardiner, Hallowell, Manchester, Monmouth, Mt. Vernon, Pittston, Randolph, Readfield, Vassalboro, Whitefield, Windsor or Winthrop.