

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

<u>For Agency Use Only</u>
Date and Time Rec'd
Applicant ID #: _____

CHANGE OF INFORMATION FORM

*****You must be the Head of Household to complete this form*****

If you want to change information on your application, use 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 cannot change the Head of Household using this form.

Head of Household Name:		Social Security # (last 4 digits only) OR Applicant ID # XXX-XX-_____	
Physical/Home Address (Do not list a P.O. Box)			Unit/Apartment #
City/Town	State	Zip Code	
Email Address (optional)		Phone #	
Mailing Address			Unit/Apartment #
City/Town	State	Zip Code	

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

# of Adults	# of children (under 18)

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

Total GROSS Amount per YEAR \$

PREFERENCES – Qualifying for a preference(s) will affect your position on the waiting list. Please read the attached Definitions of Preferences carefully, and indicate which preferences apply to your household.

NOTE: Participating housing authorities may or may not use some of all of the preference listed below. These definitions are minimum qualifications; housing authorities may have more specific criteria within a particular preference. You will be required to verify any preference(s) you claim when you are selected from the waiting list

Check all that apply:

<input type="checkbox"/> Disabled (Head of Household or Spouse)
<input type="checkbox"/> Family with minor children or dependents
<input type="checkbox"/> Veteran
<input type="checkbox"/> Where do you Live? (city/town if in MAINE only) _____
<input type="checkbox"/> Elderly (Head or Spouse 62 years or older)
<input type="checkbox"/> Displaced by Natural or National Disaster
<input type="checkbox"/> Chronically Homeless (Please see definition of preferences)
<input type="checkbox"/> Where do household members Work? (List city(s)/town(s) in MAINE only) 1. _____ 2. _____ 3. _____

Check all that apply:

<input type="checkbox"/> Non-Subsidized (not currently receiving housing assistance)
<input type="checkbox"/> Full-Time Student (<i>Head or Spouse</i>) attending school in Auburn, Mechanic Falls, Minot, New Gloucester, Poland or Turner
<input type="checkbox"/> Working/Employed (<i>Head or Spouse</i>)
<input type="checkbox"/> Single-Person Family, whose sole member is not Disabled and is not Elderly
<input type="checkbox"/> Tedford Shelter Resident
<input type="checkbox"/> 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
<input type="checkbox"/> Paying more than 30% of income for rent
<input type="checkbox"/> Paying more than 50% of income for rent
<input type="checkbox"/> Elderly, Disabled, or Family of two (2) or more AND Lives or Works in Maine
<input type="checkbox"/> Single-Person Family, whose sole member is not Disabled and is not Elderly AND Lives or Works in Maine
<input type="checkbox"/> Elderly, Disabled, or Family of two (2) or more AND Does NOT Live or Work in Maine
<input type="checkbox"/> Full-Time Student (<i>Head or Spouse</i>) attending school in Waterville, Winslow, Sidney or Oakland
<input type="checkbox"/> Retired from Working (<i>Head or Spouse</i>) in Waterville, Winslow, Sidney or Oakland
<input type="checkbox"/> Family of two or more persons
<input type="checkbox"/> Serviceman OR Family of Deceased Veteran whose Death was Service-Related
<input type="checkbox"/> Displaced by Municipal Development in the City of Lewiston
<input type="checkbox"/> Displaced by Domestic Violence OR Living with a person who engages in Domestic Violence (Applicant must live or work in Androscoggin County to be eligible for this preference)

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 this 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: _____

Equal Access. We are committed to making sure that all of our programs, services and activities are fully accessible to persons regardless of race, color, religion, gender, sexual orientation, national origin, ancestry, age, physical or mental disability, familial status or the receipt of public assistance. If you, or anyone in your family, encounter any type of barrier that prevent you from receiving the full benefit of the Section 8 Housing Choice Voucher Program, please contact a participating housing authority. You can also contact the Fair Housing and Equal Opportunity National toll-free hot line number: 1-800-669-9777.

Applicants may request a "reasonable accommodation" if they or any other family member has a disability when such an accommodation is necessary to afford persons with disabilities an equal opportunity to use and enjoy their housing. Language assistance and other appropriate communication auxiliary aids and services are available upon request. Please call any of the Participating Housing Authorities if you have questions about your rights to accommodation.

Please submit the completed Change Form to the participating Housing Authority NEAREST YOU.
If you have any questions, please contact one of the Participating Housing Authorities.



<http://MaineSection8CentralWaitlist.org>



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DEFINITIONS OF PREFERENCES

NOTE: Participating housing authorities may or may not use some or all of the preferences listed below. These definitions are minimum qualifications; housing authorities may have more specific criteria within a particular preference. A housing authority will request documentation of preferences at the time you reach the top of the waiting list and are selected for final determination.

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.R.S.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; intellectual disability; 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. **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.
3. **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.
4. **WHERE DO YOU LIVE?** – To receive this preference the family must live in a specific town.
5. **ELDERLY** – A family whose head of household or spouse is sixty-two (62) years of age or older.
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, or be hired to 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** – 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.
15. **PAYING MORE THAN 30% INCOME FOR RENT** – Rent is defined as the actual amount due under a lease or occupancy agreement calculated on a monthly basis, plus the monthly amount of tenant supplied utilities.
16. **PAYING MORE THAN 50% INCOME FOR RENT** – Rent is defined as the actual amount due under a lease or occupancy agreement calculated on a monthly basis, plus the monthly amount of tenant supplied utilities.
17. **ELDERLY, DISABLED, OR FAMILY OF TWO (2) OR MORE AND LIVES OR WORKS IN MAINE** – Families that meet the definition of Elderly or Disabled, or that consists of Two (2) or more Persons AND also Lives or Work in the State of Maine.
18. **SINGLE-PERSON FAMILY AND LIVES OR WORKS IN MAINE** – A one-person family, where the sole member is *not* Disabled, is *under* sixty-two (62) years of age, AND also Lives or Works in the State of Maine.
19. **ELDERLY, DISABLED, OR FAMILY OF TWO (2) OR MORE AND DOES NOT LIVE OR WORK IN MAINE** – Families that meet the definition of Elderly or Disabled, or that consists of Two (2) or more Persons AND does not Live or Work in the State of Maine.
20. **FULL-TIME STUDENT attending school in Waterville, Winslow, Sidney or Oakland** – To qualify for this preference the head of household or spouse must be attending school full-time within Waterville, Winslow, Sidney or Oakland
21. **RETIRED FROM WORKING in Waterville, Winslow, Sidney or Oakland** – To qualify for this preference the head of household or spouse must be retired and must have been working in Waterville, Winslow, Sidney or Oakland at the time of retirement.
22. **FAMILY OF TWO OR MORE** – A family consisting of two or more persons.
23. **SERVICEMAN OR FAMILY OF DECEASED VETERAN WHOSE DEATH WAS SERVICE-RELATED** – A person currently serving in the active U.S. Military; OR a Family of a deceased veteran whose death was service-related, as determined by the U.S. Veterans Administration.
24. **DISPLACED BY MUNICIPAL DEVELOPMENT IN THE CITY OF LEWISTON** – A family which will be, or has been within the three year period ending on the date of application, displaced by any low-rent housing project, public slum-clearance project or public redevelopment project, in the City of Lewiston.
25. **DISPLACED BY DOMESTIC VIOLENCE OR LIVING WITH A PERSON WHO ENGAGES IN DOMESTIC VIOLENCE** – The family has vacated or was displaced from a housing unit because of domestic violence within the past 90 days; OR the family lives in a housing unit with a person who engages in domestic violence. “Domestic violence” means actual or threatened physical violence directed against one or more members of the applicant family by a spouse or other member of the applicant’s household. Preference will be given to recent victims of domestic violence who currently live or work in Androscoggin County. NOTE: Applicants claiming this preference whose name is not reached during the fiscal year will lose the preference and have their position on the waiting list assigned by other admissions criteria.

