



**MAINE  
CENTRALIZED SECTION 8/HCV WAITING LIST  
APPLICATION CHANGE FORM**



APPLICATION ID #: -- -

**Please note, this form may be used if you have an existing application on the Maine Centralized Waiting List and if you are updating any information on your existing application.**

The Maine Centralized Section 8/HCV Waiting List is a partnership between 20 public housing authorities (PHAs) within the State of Maine which have streamlined their application process for a Section 8 Housing Choice Voucher. Applicants submit one preliminary (pre) application to the Centralized Waiting List system and their application is automatically added to the waiting list for all 20 participating PHAs. Each participating PHA selects participants to their Section 8 Voucher program from the Centralized Waiting List in accordance with their local policy.

**How to Submit a Change Form:**

To submit a Change Form by mail or in person please fill out the entire enclosed form, sign it and return it to ONE of the participating PHAs nearest you. Each participating PHA accepts change forms via mail or in person during normal business hours.

**What to Expect While You Are on the Waiting List:**

While on the waiting list, you must submit changes in contact information (address, email, and phone number) household composition, household income, household composition and any other information that may affect your ranking and priority on the waiting list. You can make changes to your application by completing this Change Form or by going online.

**How to Check Your Application Status and Update Your Application:**

Participating PHAs cannot give an estimate waiting time or your number on the waiting list. The most important thing that you can do, while you wait is to keep your information updated. If you are unable to access your application online, you can submit a change in your application in person at a participating PHA or by mailing a written change to a participating PHA. You will receive an update request by mail if you have not updated your application for over two years. If you do not respond to any correspondence mailed to you, your application will be removed from the waiting list.


**Manage Your Application Online:**

For a list of participating housing authorities and their contact information, to apply to other waiting lists online or edit your application and for more information on the Maine Section 8 Centralized Waiting List please visit:

[www.MaineSection8CentralWaitlist.org](http://www.MaineSection8CentralWaitlist.org) or [www.affordablehousing.com/MaineCWL](http://www.affordablehousing.com/MaineCWL)

# Application Conditions and Waiting List Preferences

Your eligibility to apply and preferences on a waiting list are determined based on information you provide on your application. It is important that you accurately answer every question and complete every field so that your application can be added to a waiting list and receive any priority that you are eligible for. For more information about eligibility and preferences please refer to the policy for the program or property you are applying to. Please note that not all waiting lists use preferences to prioritize the waiting list

A reference icon () on the application indicates there is more information to refer to on this page:

## **Primary Applicant/ Head-of-Household**

The adult member of the family, or emancipated minor, who is the head of the household for purposes of determining income eligibility and rent and who is responsible for ensuring that the family fulfills all its responsibilities.

## **Date of Birth**

Used to determine a household member's age and if they are considered a Minor: under 18 years of age; an Adult: at least 18 years of age; or Elderly: at least 62 years of age.

## **Disabled**

Any condition or characteristic that renders an individual a person with disabilities (handicaps). A PHA may adopt a preference for admission of families that include a person with disabilities or eligibility for admission is dependent on you or a family member in the household being a person with a disability.

## **Social Security Number/ Alien ID Number**

Your Social Security number is used to identify your application and prevent duplicate applications. If you do not have one, you may enter an Alien ID number or request a temporary ID to use in place of a SSN by writing N/A in place of a number. You can update your SSN or Alien ID number later if you receive one.

## **Living in a Permanent Residence**

Currently living in unit with a signed/current lease or you own your home.

## **Living in a Shelter or Hotel/Motel**

Living in a shelter that provides temporary living arrangements, for example congregate shelters, transitional housing, and hotels and motels paid for by charitable organizations or by a government program.

## **Living in a Temporary Residence or Institution**

Temporarily staying with family, friends, faith-based or other social networks or institution, including a hospital, substance abuse or mental health treatment facility, or jail/prison.

## **Living in a Place Not Normally Used for Housing**

Spending most nights living in a car, park, abandoned building, bus or train station, airport, camping ground, or any other place that is not normally used for housing.

## **At a Risk of Losing Current Residence/Housing**

Your household is at risk of losing primary nighttime residence soon and lack sufficient resources or support networks (family, friends, etc.) to prevent moving into a shelter or into other temporary living arrangements.

## **Rent and Utilities**

Rent is defined as the actual monthly amount due under a lease or occupancy agreement between a family and current landlord, plus the monthly amount of tenant supplied utilities.

## **Bedroom Size**

PHA policy that specifies the unit size and number of bedrooms appropriate for different family sizes. Occupancy standards ensure that tenants are treated fairly and consistently and receive adequate housing space.

## **Attending School or a Job Training Program**

Enrolled either full-time or part-time at an institution of higher education or is attending an education or training program that is designed to prepare individuals for the job market. Please note that the address of your school or training program may be used to determine residency preference, if applicable.

## **Employment/Earned Income**

Earned income includes all gross income from employment, (before taxes). Examples of earned income are: wages; salaries; tips; and other taxable employee compensation. Earned income also includes net earnings from self-employment. Please note that the address of your employer may be used to determine residency preference.

## **Other Income (Non-employment income)**

Includes all other non-employment/earned income. Examples of other income are: pensions and annuities, welfare benefits, unemployment compensation, worker's compensation benefits, social security benefits, Disability Insurance Payments, SSA, SSI Federal, SSI State, Child Support, Alimony, Adoption Subsidy Payments, Education Grants, Stipends, Scholarships, Trade Union Benefits, Unemployment, Public Assistance, interest earned from assets, and recurring contributions such as: money someone gives you to pay your bills OR gives you as spending money OR the person uses to pay your bills directly.

## **Co-Applicant/Co-Head of Household**

An adult member of the family, or emancipated minor, who is treated the same as a head of the household for purposes of determining income, eligibility, and rent. A Co-Applicant/Co-Head of Household may be the spouse (marriage partner) of the head-of-household or a designated co-head, but not both. A family can have only one co-head (if head-of-household has a spouse, they cannot designate another household member a 'co-head').

# Primary Applicant/ Head-of-Household ⓘ

Name: \_\_\_\_\_  
First Middle Last

Phone: \_\_\_\_\_ May we send text messages to this number?  YES

Email address: \_\_\_\_\_

## **Household Members:**

How many people live in your household? \_\_\_\_\_

How many bedrooms does your household require? ⓘ \_\_\_\_\_

Is there a Co-Applicant/Co-Head of Household? ⓘ  YES  NO

If yes, please write the name of the Co-Applicant: \_\_\_\_\_

Please give the first and last name of each additional household member not including yourself and the Co-Applicant: \_\_\_\_\_  
\_\_\_\_\_

*Please fill out an Additional Household Member form for each person, including children.*

## **Current Living Situation:** Please select one.

- Living in a permanent residence. ⓘ       Living in a temporary residence. ⓘ  
 Living in a shelter or hotel/motel. ⓘ       Living in a place that is not normally used for housing. ⓘ

Is your household at risk of losing the current residence? ⓘ  YES  NO

## **Current Address:**

*Your current address is where you currently live or is your primary nighttime residence. If you do not have a street address, you may provide the city/town, state, and zip code of the place you spend most nights. Please note that your current address may be used to determine local residency preference, if applicable.*

\_\_\_\_\_ Street \_\_\_\_\_ Apartment Number

\_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code

## **Mailing Address:**

*If you have no current address or would like mail sent to a different address you can give an alternate address to send any mail correspondence about your application.*

\_\_\_\_\_ Street \_\_\_\_\_ Apartment Number

\_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code

**Rent Payment Information:**

What is your current monthly rent/mortgage payment? ⓘ \$ \_\_\_\_\_

What is your total monthly out of pocket cost for utilities (heat/electricity)? ⓘ \$ \_\_\_\_\_

How much of your monthly total household income do you use to pay for rent and utilities?

- Less than 30%       30%-39%       40%-49%       50% or Greater

**Emergency Contact (Optional):**

*You may provide contact information of a person or organization that may be able to help in resolving any issues that may arise during the application process or to assist in providing any special care or services you require.*

Name of contact person: \_\_\_\_\_

Phone number: \_\_\_\_\_

Relationship to applicant:  Parent  Child  Sibling  Other: \_\_\_\_\_

**Primary Applicant/ Head-of-Household Additional Information:**

Your date of birth (MM/DD/YYYY): ⓘ \_\_\_\_\_ Gender: \_\_\_\_\_

Are you disabled? ⓘ  YES  NO

Are you a U.S. Citizen? ⓘ  YES  NO

If you have a Social Security Number (SSN) write it here: ⓘ \_\_\_\_\_

If you have an Alien ID Number write it here: ⓘ \_\_\_\_\_

Primary spoken language: \_\_\_\_\_

Primary written language: \_\_\_\_\_

**Primary Applicant/ Head-of-Household School and Job Training: ⓘ**

Are you attending school or enrolled in a training program?  YES  NO

*If yes, please give information on all of your schools/training programs. If you have more than one, please add information on a separate page.*

Are you attending full time or part time (as determined by your school/training program)?

- Full time     Part Time

What level are you currently enrolled in?

- Kindergarten     Elementary(K-6)     Middle(6-8)     High(9-12)  
 College/University     Training

School Name: \_\_\_\_\_

School Location: \_\_\_\_\_

Street

City

State

Zip Code

**Primary Applicant/ Head-of-Household Income:** ⓘ

Please give information on all of your jobs. If you have more than two jobs, please add the additional job information on a separate page.

Are you currently employed or have you been hired for a job?  YES  NO

If yes, how many jobs do you currently have? \_\_\_\_\_

**First Job:** Employer name: \_\_\_\_\_

Employer location: \_\_\_\_\_  
City State Zip Code

Total income before taxes from this job: \$ \_\_\_\_\_  Monthly  Annually

**Second Job:** Employer name: \_\_\_\_\_

Employer location: \_\_\_\_\_  
City State Zip Code

Total income before taxes from this job: \$ \_\_\_\_\_  Monthly  Annually

Do you have income from any OTHER sources (not including income from a job for example income from Social Security or Child Support, etc.)? ⓘ  YES  NO

Total income from All OTHER sources: \$ \_\_\_\_\_  Monthly  Annually

**Primary Applicant/ Head of Household Veteran Status:**

Have you ever served on active duty in the U. S. armed forces, reserves, or National Guard and, if no longer serving, were discharged under conditions other than dishonorable?

YES  NO

If yes, what years did you serve? \_\_\_\_\_

Are you a widow/widower (surviving spouse) of a person who served on active duty in the U.S. armed forces, reserves, or National Guard and was discharged under conditions other than dishonorable?

YES  NO

If yes, what years did your spouse serve? \_\_\_\_\_

**Primary Applicant/ Head-of-Household Race and Ethnicity:**

*This is optional. Asked for HUD reporting purposes.*

Race:  White  Black or African American  Alaska Native or Native America  
 Asian  Pacific Islander  Other

Ethnicity:  Hispanic or Latino  Non Hispanic or Latino

## Additional Household Members (skip if there are no other household members)

Name: \_\_\_\_\_

Relationship to the Head of Household:  Spouse  Partner  Parent  Child  
 Sibling  Foster Child  Live in Aid  Other: \_\_\_\_\_

Date of birth (MM/DD/YYYY): ⓘ \_\_\_\_\_ Gender: \_\_\_\_\_

Is this household member disabled? ⓘ  YES  NO

Is this household member a U.S. Citizen? ⓘ  YES  NO

If they have a Social Security Number (SSN) write it here: ⓘ \_\_\_\_\_

If they have an Alien ID Number write it here: ⓘ \_\_\_\_\_

Is this household member the Co-Head of Household? ⓘ  YES  NO

### **Additional Household Member School and Job Training:** ⓘ

Are they attending school or enrolled in a training program?  YES  NO

*If yes, please give information on all of their schools/training programs. If they have more than one, please add information on a separate page.*

Are they attending full time or part time?  Full time  Part Time

What level are they currently enrolled in?

Kindergarten  Elementary(K-6)  Middle(6-8)  High(9-12)  
 College/University  Training

School Name: \_\_\_\_\_

School Location: \_\_\_\_\_

City State Zip Code

### **Additional Household Member Income:** ⓘ (If this household member has more than one job, please add the additional job information on a separate page.)

Is this household member currently employed or have they been hired for a job?  
 YES  NO If yes, what is the employer name? \_\_\_\_\_

Employer location: \_\_\_\_\_

City State Zip Code

Total income before taxes from this job: \$ \_\_\_\_\_  Monthly  Annually

Does this household member have income from any OTHER sources? ⓘ  YES  NO

Total income from All OTHER sources: \$ \_\_\_\_\_  Monthly  Annually

### **Additional Household Member Veteran Status:**

Have they ever served on active duty in the U. S. armed forces, reserves, or National Guard and, if no longer serving, were they discharged under conditions other than dishonorable?  
 YES  NO If yes, what years did they serve? \_\_\_\_\_

Are they a widow/widower (surviving spouse) of a person who served on active duty in the U.S. armed forces, reserves, or National Guard and was discharged under conditions other than dishonorable?  YES  NO If yes, what years did their spouse serve? \_\_\_\_\_



## Additional Household Members (skip if there are no other household members)

Name: \_\_\_\_\_

Relationship to the Head of Household:  Spouse  Partner  Parent  Child  
 Sibling  Foster Child  Live in Aid  Other: \_\_\_\_\_

Date of birth (MM/DD/YYYY): ⓘ \_\_\_\_\_ Gender: \_\_\_\_\_

Is this household member disabled? ⓘ  YES  NO

Is this household member a U.S. Citizen? ⓘ  YES  NO

If they have a Social Security Number (SSN) write it here: ⓘ \_\_\_\_\_

If they have an Alien ID Number write it here: ⓘ \_\_\_\_\_

Is this household member the Co-Head of Household? ⓘ  YES  NO

### **Additional Household Member School and Job Training:** ⓘ

Are they attending school or enrolled in a training program?  YES  NO

*If yes, please give information on all of their schools/training programs. If they have more than one, please add information on a separate page.*

Are they attending full time or part time?  Full time  Part Time

What level are they currently enrolled in?

Kindergarten  Elementary(K-6)  Middle(6-8)  High(9-12)  
 College/University  Training

School Name: \_\_\_\_\_

School Location: \_\_\_\_\_  
City State Zip Code

### **Additional Household Member Income:** ⓘ (If this household member has more than one job, please add the additional job information on a separate page.)

Is this household member currently employed or have they been hired for a job?  
 YES  NO If yes, what is the employer name? \_\_\_\_\_

Employer location: \_\_\_\_\_  
City State Zip Code

Total income before taxes from this job: \$ \_\_\_\_\_  Monthly  Annually

Does this household member have income from any OTHER sources? ⓘ  YES  NO

Total income from All OTHER sources: \$ \_\_\_\_\_  Monthly  Annually

### **Additional Household Member Veteran Status:**

Have they ever served on active duty in the U. S. armed forces, reserves, or National Guard and, if no longer serving, were they discharged under conditions other than dishonorable?  
 YES  NO If yes, what years did they serve? \_\_\_\_\_

Are they a widow/widower (surviving spouse) of a person who served on active duty in the U.S. armed forces, reserves, or National Guard and was discharged under conditions other than dishonorable?  YES  NO If yes, what years did their spouse serve? \_\_\_\_\_

## Additional Household Members (Skip if there are no other household members)

Name: \_\_\_\_\_

Relationship to the Head of Household:  Spouse  Partner  Parent  Child  
 Sibling  Foster Child  Live in Aid  Other: \_\_\_\_\_

Date of birth (MM/DD/YYYY): ⓘ \_\_\_\_\_ Gender: \_\_\_\_\_

Is this household member disabled? ⓘ  YES  NO

Is this household member a U.S. Citizen? ⓘ  YES  NO

If they have a Social Security Number (SSN) write it here: ⓘ \_\_\_\_\_

If they have an Alien ID Number write it here: ⓘ \_\_\_\_\_

Is this household member the Co-Head of Household? ⓘ  YES  NO

### Additional Household Member School and Job Training: ⓘ

Are they attending school or enrolled in a training program?  YES  NO

*If yes, please give information on all of their schools/training programs. If they have more than one, please add information on a separate page.*

Are they attending full time or part time?  Full time  Part Time

What level are they currently enrolled in?

Kindergarten  Elementary(K-6)  Middle(6-8)  High(9-12)  
 College/University  Training

School Name: \_\_\_\_\_

School Location: \_\_\_\_\_  
City State Zip Code

### Additional Household Member Income: ⓘ (If this household member has more than one job, please add the additional job information on a separate page.)

Is this household member currently employed or have they been hired for a job?  
 YES  NO If yes, what is the employer name? \_\_\_\_\_

Employer location: \_\_\_\_\_  
City State Zip Code

Total income before taxes from this job: \$ \_\_\_\_\_  Monthly  Annually

Does this household member have income from any OTHER sources? ⓘ  YES  NO

Total income from All OTHER sources: \$ \_\_\_\_\_  Monthly  Annually

### Additional Household Member Veteran Status:

Have they ever served on active duty in the U. S. armed forces, reserves, or National Guard and, if no longer serving, were they discharged under conditions other than dishonorable?  
 YES  NO If yes, what years did they serve? \_\_\_\_\_

Are they a widow/widower (surviving spouse) of a person who served on active duty in the U.S. armed forces, reserves, or National Guard and was discharged under conditions other than dishonorable?  YES  NO If yes, what years did their spouse serve? \_\_\_\_\_



# Household Conditions

## **Have you or anyone in your household been displaced or is at risk of being displaced from their home due to any of these household conditions?**

**A Natural Disaster**  YES  NO (Such as a fire or flood, which left your housing unit uninhabitable)

Date of Disaster: \_\_\_\_\_ Date Displaced or will be Displaced: \_\_\_\_\_

Name of Disaster: \_\_\_\_\_ Location of Disaster: \_\_\_\_\_

**Action of a Housing Owner**  YES  NO

Forced you to vacate your unit for a reason you were unable to prevent.

**Domestic Violence**  YES  NO

Actual or threatened physical violence directed against one or more members of your family by another member of the household which occurred recently or of a continuing nature.

**Hate Crimes**  YES  NO

Actual or threatened physical violence or intimidation that is directed against a person or his or her property based on the person's race, color, religion, sex, national origin, handicap, or familial status which occurred recently or is of a continuing nature.

**A Government Action**  YES  NO

Activity carried out by an agency of the United States or by any State or local governmental body or agency in connection with code enforcement or a public improvement or development program.

**Inaccessibility of a Unit or Severe Medical Emergency**  YES  NO

Household member with mobility, or other impairment that made them unable to use critical elements of the housing unit or is suffering from severe medical emergency, illness, or injury which is life-threatening and has been caused by the lack of suitable housing or the lack of such suitable housing is a substantial impediment to treatment or recovery.

**Witness Protection or to Avoid Reprisals**  YES  NO

Household member(s) providing information on criminal activities to a law enforcement agency and based on a threat assessment, a law enforcement agency recommends rehousing your family avoid or minimize a risk of violence against family members to avoid reprisal for providing such information.

## **Are you or any household member:**

**Fleeing home due to dangerous conditions**  YES  NO

Fleeing or attempting to flee domestic violence, dating violence, sexual assault, stalking, or other dangerous or life-threatening conditions that relate to violence against the individual or a family member, including a child.

**Living in substandard housing**  YES  NO

Does not provide safe and adequate shelter and endangers the health, safety, or well-being of family; or has one or more critical defects or combination of intermediate defects in sufficient number, in need of considerable repair or rebuilding.

**Living in subsidized housing or receiving subsidized rental assistance?**  YES  NO

If yes, check off which one.

Project-Based (Section 8) Unit  Public Housing Unit  Low Income Housing Tax Credit (LIHTC) Unit

Housing Choice (Section 8) Vouchers  Veterans Affairs Supportive Housing (VASH)

Stability through Engagement Program (STEP)  Bridging Rental Assistance Program (BRAP)

Shelter Plus Care (S+C)  Foster Youth to Independence (FYI) Voucher  Other, not listed here

I'm unsure of the type of subsidized housing/assistance

## **Are you or any household member who is an individual with a disability:**

**Living in an institution that provides a temporary residence**

YES  NO Congregate settings populated exclusively or primarily with individuals with disabilities.

**At serious risk of moving into an institution that provides a temporary residence**

YES  NO Experiencing lack of access to supportive services for independent living.

**Recently discharged from an institution that provided a temporary residence**

YES  NO Including a hospital, substance abuse or mental health treatment facility, or jail/prison, where he/she stayed for 90 days or less and was living in an emergency shelter or place not meant for human habitation immediately before entering the institution.

## Additional Questions

Do you currently reside at the Tedford Housing Individual or Family Shelter?

YES  NO

Is the head of your household or their spouse retired from working in Waterville, Winslow, Sidney, or Oakland? *(The head of household or spouse must be retired and must have been working in Waterville, ME; Winslow, ME; Sidney, ME; or Oakland, ME at the time of retirement.)*

YES  NO

Has your household been displaced by municipal development in the City of Lewiston, Maine? *(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.)*

YES  NO

Are you exiting the "First Place Program" for chronically homeless youth? *(First Place offers an Enhanced Services curriculum, which offers life skills assessments, workshops in housing independence and life skills, and assistance in working toward housing goals.)*

YES  NO

Is there anyone in the household with a disabling condition that 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.)*

YES  NO

Do you qualify for the Foster Youth to Independence (FYI) Initiative? *(Youth at least 18 years and not more than 24 years of age (have not reached their 25th birthday) who left foster care, or will leave foster care within 90 days, in accordance with a transition plan described in Section 475(5)(H) of the Social Security Act and are homeless or are at risk of becoming homeless at age 16 or older.)*

YES  NO

Are you a family of a deceased veteran whose death was service-related? *(As determined by the U.S. Veterans Administration.)*

YES  NO

Do you have at least 50/50 custody of minors in the household? *(Dependents that are subject to a joint custody arrangement will be considered a member of the family, if they live with the applicant or participant family 50 percent or more of the time.)*

YES  NO

Is any household member pregnant? *(Expecting a child within the next 9 months.)*

YES  NO

Do you require a special accommodation to participate in the application process?

YES  NO *If YES, please describe what you need:*

Does any member of the household require a mobility, vision, or hearing unit?

YES  NO



## Sign and Submit

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.

Note: Federal regulations prohibit rental assistance to persons other than United States citizens, nationals, or certain categories of eligible non U.S. citizens. Families with some eligible family members may be entitled to prorated housing assistance.

Participating housing authorities may have separate waiting lists for project-based vouchers or other housing programs. Please contact participating housing authorities directly to request information on other housing options that may be available.

Please submit the completed application to the participating Housing Authority NEAREST YOU. Incomplete applications will not be accepted. They will be returned, if possible, for completion. If you have any questions, please contact one of the Participating Housing Authorities or our partners, AffordableHousing.com, at 866-466-7328.

### **Applicant’s Certification:**

I understand that this preliminary application is not an offer of housing or housing assistance. I understand that before an offer for housing or housing assistance is offered, I must provide written documentation, upon request, that verifies my circumstances. I understand that it is my responsibility to keep my application current with any changes in contact information, household composition, income or any other information on my preliminary application at all times. I understand that if I do not respond to requests for information or updates, my preliminary application will be removed from the waiting list. I certify that the information I have given in this preliminary application is true and correct to the best of my knowledge and belief. I understand that any false statement or misrepresentation may result in the denial of my preliminary application.

Signature of Primary Applicant/ Head-of-Household:

X \_\_\_\_\_ Date: \_\_\_\_\_

Email (for confirmation): \_\_\_\_\_