

Preliminary Application for
Public Housing Assistance

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Public Housing Assistance

Waterville Housing Authority
88 Silver Street
Waterville ME 04901
Telephone: 207-873-2155

Date _____ Time _____

Application # _____

For office use only

Programs

Family Public Housing _____
Elderly Public Housing _____
Kennebec Family Housing _____
Durbin Elderly Housing _____

Have you ever had housing assistance
anywhere? _____
If "yes", where? _____

Have you ever applied
with WHA before? _____

Applicant Name _____

Current Address _____

Mailing Address _____

City/Town _____ State _____ Zip Code _____

Phone # _____ Cell # _____

E-mail Address: _____

Are you a full time student at an institution of higher education? Yes _____ No _____
(institutes of higher education include post-secondary vocational institutions; "proprietary institutions of higher education" which prepare students for "gainful employment in a recognized occupation"; and accredited post-secondary colleges and universities. If you are not sure, please mark yes, and we will verify it.)

Financial Information

Do you work in Waterville, Winslow, Oakland or Sidney? Yes _ No _ . If yes, please list name of employer, address and telephone _____

Income

Household Member	Source of Income	Amount per Week/Month
_____	_____	_____
_____	_____	_____

Do you receive food stamps? _____ If yes, list amount _____

Assets

Household Member	Description (Bank etc.)	Value of Asset
_____	_____	_____
_____	_____	_____
_____	_____	_____

Medical Expenses (Elderly/Disabled Only) Childcare Expenses (Families Only)

Household Member	Description	cost
_____	_____	_____
_____	_____	_____

List All Members Who Will Reside in the unit INCLUDING YOURSELF

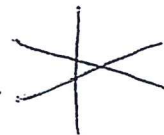
1. Full Name _____ S.S. # _____
Date of Birth _____ Place of Birth _____
Relationship: head _____ Male _____ Female _____
Age _____ Race _____ Ethnic Origin _____
2. Full Name _____ S.S. # _____
Date of Birth _____ Place of Birth _____
Relationship: head _____ Male _____ Female _____
Age _____ Race _____ Ethnic Origin _____
3. Full Name _____ S.S. # _____
Date of Birth _____ Place of Birth _____
Relationship: head _____ Male _____ Female _____
Age _____ Race _____ Ethnic Origin _____
4. Full Name _____ S.S. # _____
Date of Birth _____ Place of Birth _____
Relationship: head _____ Male _____ Female _____
Age _____ Race _____ Ethnic Origin _____
5. Full Name _____ S.S. # _____
Date of Birth _____ Place of Birth _____
Relationship: head _____ Male _____ Female _____
Age _____ Race _____ Ethnic Origin _____

If you have more members to list please do so in the space at the end of application.

Is any member of your household disabled? _____ Yes _____ No

If you or a household member have a disability and feel that you need a reasonable accommodation in order to participate in either the Public Housing Program or the Housing Choice Voucher Program, please state the name and accommodation needed below.

Applicant signature _____



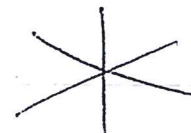
Housing representative _____

Please note: section 1001 of title 18 of the U.S. code makes it a criminal offense to give false statements or misrepresent information to any department or agency of the United States government.

I hereby authorize WATERVILLE HOUSING AUTHORITY or any agent/servant/employee of WATERVILLE HOUSING AUTHORITY to contact any present and prior employers, companies, credit bureaus, law enforcement agencies and/or consumer reporting bureaus for the purposes of verifying, recording and/or confirming the above information which I herein state is true to the best of my knowledge and belief. I authorize and consent to the release and recording of this information and hereby release the housing authority and their agents/servants and employees from any and all liability and responsibility for their doing so.

Date: _____

Signature _____



Federal Privacy Act Statement

The U.S. Dept. of Housing and Urban Development (HUD) will be collecting information you gave to the Waterville Housing Authority at application or re-examination. HUD will collect the information on Form HUD-50058. The Data it will collect includes name, sex, birth date, Social Security Numbers (SSN), income (by source), assets, certain deductible expenses, and rental payment.

The Privacy Act of 1974, as amended, requires us to tell you about this. We also are required to tell you what HUD will do with the information.

HUD will use the information to manage and monitor HUD-assisted housing programs. It also may verify whether the information is accurate and complete by doing a computer match.

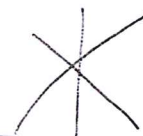
HUD may give the information to Federal, State and local agencies when it will be used for civil, criminal or regulatory investigations and prosecutions. HUD also may make summaries of resident data available to the public. Other than these uses, HUD will not release the information outside HUD, except as permitted by or required by law.

The Housing and Community Development Act of 1987, 42 U.S.C., 3543 requires applicants and residents to give the Authority the social Security Numbers of household members at least six (6) years old. If you are an applicant and you have been issued or use Social Security Numbers and you do not give them to the Authority, the Authority is required to reject your application for housing assistance. If you are receiving housing assistance and you have been issued or use Social Security numbers and you do not give them to the Authority, the Authority is required to evict your family or withdraw your housing assistance.

The U.S. Housing Act of 1937, as amended, 42 U.S.C. 1437 et. Seq., and the Housing and Community Development Act of 1981, P.L. 97-35, 85 stat., 348, 408 require applicants and residents to provide the other information (listed in the first paragraph) to the Authority. If you are an applicant and you fail to give the Authority this information, the Authority may have to reject your application or delay acting on it. If you are receiving housing assistance and you do not give the Authority this information, the Authority may have to evict you or withdraw your housing assistance.

SIGNATURE: I READ THE FEDERAL PRIVACY ACT STATEMENT ON:

DATE: _____ HEAD OF HOUSEHOLD OR SPOUSE _____



Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants


SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING

This form is to be provided to each applicant for federally assisted housing

Instructions: Optional Contact Person or Organization: You have the right by law to include as part of your application for housing, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. **You may update, remove, or change the information you provide on this form at any time.** You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form.

Applicant Name:	
Mailing Address:	
Telephone No:	Cell Phone No:
Name of Additional Contact Person or Organization:	
Address:	
Telephone No:	Cell Phone No:
E-Mail Address (if applicable):	
Relationship to Applicant:	
Reason for Contact: (Check all that apply)	
<input type="checkbox"/> Emergency	<input type="checkbox"/> Late payment of rent
<input type="checkbox"/> Unable to contact you	<input type="checkbox"/> Assist with Recertification Process
<input type="checkbox"/> Assist with Application Process	<input type="checkbox"/> Change in lease terms
<input type="checkbox"/> Termination of rental assistance	<input type="checkbox"/> Change in house rules
<input type="checkbox"/> Eviction from unit	<input type="checkbox"/> Other: _____
Commitment of Housing Authority or Owner: If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.	
Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
Legal Notification: Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.	

☐ Check this box if you choose not to provide the contact information.

	
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Signature of Applicant

Date

The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). The public reporting burden is estimated at 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Section 644 of the Housing and Community Development Act of 1992 (42 U.S.C. 13604) imposed on HUD the obligation to require housing providers participating in HUD's assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend, or person associated with a social, health, advocacy, or similar organization. The objective of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any delivery of services or special care to the tenant and assist with resolving any tenancy issues arising during the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and maintained as confidential information. Providing the information is basic to the operations of the HUD Assisted-Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fraud, waste and mismanagement. In accordance with the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless the collection displays a currently valid OMB control number.

Privacy Statement: Public Law 102-550, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions.