

- Section 8 Waiting List Preliminary Application – Information Needed

Applying for the Section 8 Rental Assistance Program is easy as 1, 2, 3.....

- 1.) Complete the attached application fully. If the any birthdates, Social Security Numbers, mailing address, and household income are missing, the application cannot be processed nor put on the Waiting List.
 - a. If there is no income in the household, please write “N/A” in that particular section.
- 2.) Attach to your application copies of the following documents for all household members:
 - a. Birth Certificate
 - b. Social Security Number (cards or a letter from the Social Security office)
 - c. Proof of income
 - Wages (4 most consecutive pay stubs or a letter from employer)
 - Food Stamps
 - TANF
 - Child Support
 - Social Security benefits
 - State Supplemental benefit
 - Alimony
 - Retirement
 - VA Benefits
 - Pensions
 - Unemployment
- 3.) Send in the application and all required documents to the Caribou Housing Agency.

When the Caribou Housing Agency receives your application and all required documents, your information will be put on the Waiting List according to the date and time received. Unfortunately, our waiting list does not have preferences (i.e homeless, about to be homeless, elderly, disabled, or family with children).

All information on this application is confidential. Therefore, we cannot release information to any one that is not listed on the application. If you wish for us to speak to another party on your behalf, attached is a “Release of Information” form for you to complete and sign.

The applicant/Head of Household must be 18 years of age at the time of application (or emancipated with a copy to the CHA). When your application comes to the top, you must be of legal age to sign all required documents.

Please take note that the Caribou Housing Agency will notify you by mail when your application has come to the top of the Waiting List. Therefore, it is very important that you notify us **IN WRITING** when your mailing address changes, failure to do so will result in you not receiving your letter and removal from the waiting list.

If you have any questions, please feel free to contact the Caribou Housing Agency at (207) 493-4234 Ext. 3

Thank you,

Caribou Housing Agency
25 High Street
Caribou ME 04736

Part 3: Family Income and Assets

List total gross income (before taxes) and payments received by all household members (including children) for wages, military pay, pensions, social security, SSI, child support, unemployment, business, TANF, alimony, ral assistance.

<u>First Name</u>	<u>Gross Income</u>	<u>How Often</u>		<u>Type of Income</u>
_____	\$ _____	<input type="checkbox"/> Weekly	<input type="checkbox"/> Monthly	_____
		<input type="checkbox"/> Every 2 Weeks	<input type="checkbox"/> Yearly	
_____	\$ _____	<input type="checkbox"/> Weekly	<input type="checkbox"/> Monthly	_____
		<input type="checkbox"/> Every 2 Weeks	<input type="checkbox"/> Yearly	
_____	\$ _____	<input type="checkbox"/> Weekly	<input type="checkbox"/> Monthly	_____
		<input type="checkbox"/> Every 2 Weeks	<input type="checkbox"/> Yearly	
_____	\$ _____	<input type="checkbox"/> Weekly	<input type="checkbox"/> Monthly	_____
		<input type="checkbox"/> Every 2 Weeks	<input type="checkbox"/> Yearly	
_____	\$ _____	<input type="checkbox"/> Weekly	<input type="checkbox"/> Monthly	_____
		<input type="checkbox"/> Every 2 Weeks	<input type="checkbox"/> Yearly	

List total cash value and total income received for assets owned for all household members (including children).

<u>Type of Asset</u>	<u>Cash Value of Asset</u>	<u>Income Earned from Asset</u>
Checking Account	\$ _____	\$ _____
Savings Account	\$ _____	\$ _____
Stocks, Bonds, CDs, Investments	\$ _____	\$ _____
Real Estate	\$ _____	\$ _____
Other	\$ _____	\$ _____

Part 4: Eligibility and Preferences

Your responses to the following questions will help determine your eligibility for rental assistance. Check each box that applies to your current status.

- You or any member of your household has been arrested/convicted of a drug-related criminal activity.
- You or any member of your household has been arrested/convicted of a criminal activity.
- You or any member of your household has been arrested/convicted of a violent criminal activity.
- You or any member of your household has been arrested/convicted of domestic or dating violence.
- You or any member of your household has a felony.
- You or any member of your household is a registered lifetime sex offender.
- You or any member of your household have been evicted from Public Housing or the Section 8 Program.
- You or any member of your household currently owes money to a Housing Agency or a landlord.

Part 5: Certification

I certify that the information on this form is true and complete to the best of my knowledge and belief. I understand that I can be fined up to \$10,000, or imprisoned up to five years if I furnish false or incomplete information.

Signature

Date

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"/> Assist with Recertification Process
<input type="checkbox"/> Unable to contact you	<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: _____
<input type="checkbox"/> Late payment of rent	
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.