



For office use only

Application # _____

Date & Time Received _____

Staff initials _____

PRELIMINARY APPLICATION

Revised Nov 2024

Please check the waitlist(s) you are applying for:

<input type="checkbox"/> Family Public Housing (Chaplin/Hillside & Woodmond Heights- 3 & 4 bedrooms) <input type="checkbox"/> Kennebec Family Housing (Kennebec St- 2 & 3 bedrooms)	<p style="text-align: center;">Elderly/Disabled Housing</p> <input type="checkbox"/> Elm Towers (Elm St 1 bedroom) <input type="checkbox"/> Louise Ave (1 bedroom) <input type="checkbox"/> Riverview (Water St.1 & 2 bedrooms) <input type="checkbox"/> Durbin (Kimball St- 1 & 2 bedrooms)
--	--

Please return this completed application to our office located at 88 Silver St, Waterville ME 04901 or by fax (207) 877-9429.
 Incomplete applications will not be accepted. They will be returned to the applicant.

Bedroom size will be determined based on your household members.

Bedroom Size	Persons in Household: (Minimum #)	Persons in Household: (Maximum #)
0 Bedroom	1	1
1 Bedroom	1	2
2 Bedrooms	2	4
3 Bedrooms	3	6
4 Bedrooms	4	8
5 Bedrooms	6	10
6 Bedrooms	8	12

Head of Household/Applicant Information

First name + middle initial	Last name	*Race	*Ethnicity	Gender	Social Security #	DOB (mm/dd/yy)	Disabled (Y/N)	Place of Birth

*Race – 1. White 2. Black/African American 3. American Indian/Alaskan Native 4. Hawaiian/Pacific Islander 5. Asian

*Ethnicity – 1. Hispanic 2. Non-Hispanic

Physical Address _____ **Phone** _____

Mailing Address (if different) _____ **Email** _____

Please list all members who will be living in the household (including yourself)

(SSNs are required for all members of the household unless the member does not contend eligible immigration status)

If you do not have a SSN, were you age 62 or older and living in HUD-assisted housing on 01/31/2010? Yes___ No___

First name + middle initial	Last name	Relationship to Head of Household	*Race	*Ethnicity	Gender	Social Security #	DOB (mm/dd/yy)	Disabled (Y/N)	Place of Birth
1.									
2.									
3.									
4.									
5.									

*Race – 1. White 2. Black/African American 3. American Indian/Alaskan Native 4. Hawaiian/Pacific Islander 5. Asian

*Ethnicity – 1. Hispanic 2. Non-Hispanic

If you have more than five household members, please check here and list them on a separate piece of paper.

Household Income

Please list all income for all household members. Including Head of Household/Applicant

Household Member	Income Source	Amount per week/Month

Additional Questions

- Are you a full-time student at an institution of higher education? Yes_____ No_____
- Do you or your spouse either live, work or have retired from working, or attending school full-time in Waterville, Winslow, Oakland or Sidney? Yes_____ No_____

- Are you or any household member subject to a state lifetime sex offender registration in any state? Yes _____ No _____
- Have you or any household member resided in another state? Yes _____ No _____ Please list the household member & State:

NOTICE: You are required to fill out a change of information form for any change of mailing address, phone number or household composition. If we cannot contact you at the above address, your name may be removed from the waitlist and you will have to re-apply.

Please sign below before turning in your application:

I understand that any misrepresentation of information or failure to disclose information requested on this application may disqualify me from consideration for admission or participation.

Applicant Signature

Date

PRIVACY ACT NOTICE: The Department of Housing and Urban Development (HUD) is authorized to collect the following information by the U.S. Housing Act of 1937 (42 U.S.C. 1437 et. seq.), Title VI of the Civil Right Act of 1964 (42 U.S.C. 2000d), the Fair Housing Act (42 U.S.C. 3601–19) and the Housing and Community Development Act of 1987 (42 U.S.C. 3543). Your income and other information are being collected by HUD to determine your eligibility, the appropriate bedroom size, and the amount your family will pay toward rent and utilities. HUD also uses your family income and other information to assist in managing and monitoring HUD-assisted housing programs, to protect the Government’s financial interest, and to verify the accuracy of the information you provide. This information will not be disclosed or released outside of HUD, except as permitted or required by law. You must provide all of the information requested by the Keene Housing, including all Social Security Numbers for you and all other household members. Failure to provide any requested information may result in a delay or rejection of your eligibility approval.



Notice to all Applicants

Reasonable Accommodations for Applicants with Disabilities

The Housing Authority is a public agency that provides low rent housing to eligible families, elderly families and single people. WHA is not permitted to discriminate against applicants on the basis of their race, religion, sex, color, national origin, age, disability or familial status. In addition, WHA has a legal obligation to provide "reasonable accommodations" to applicants if they or any family members have a disability. A reasonable accommodation is some modification or change WHA can make to its apartments or procedures that will assist an otherwise eligible applicant with a disability to take advantage of WHA's programs. Examples of reasonable accommodations would include:

- Making alterations to a WHA unit so it could be used by a family member with a wheelchair;
- Adding or altering unit features so they may be used by a family member with a disability.
- Installing strobe type flashing light smoke detectors in an apartment for a family with a hearing impaired member;
- Permitting a family to have a large dog to assist a family member with a disability in a WHA family development where the size of dogs is usually limited;
- Making large type documents, Braille documents, cassettes or a reader available to an applicant with a vision impairment during the application process;
- Making a sign language interpreter available to an applicant with a hearing impairment during the interview or meetings with WHA staff;
- Permitting an outside agency or individual to assist an applicant with a disability to meet the WHA's applicant screening criteria.

An applicant family that has a member with a disability must still be able to meet essential obligations of tenancy. They must be able to pay rent, to care for their apartment, to report required information to the Housing Authority, to avoid disturbing their neighbors, etc, but there is no requirement that they be able to do these things without assistance.

If you or a member of your family have a disability and think you might need or want a reasonable accommodation, you may request it at any time in the application process or **at any time you**

need an accommodation. This is up to you. If you would prefer not to discuss your situation with the housing authority, that is your right.

SPECIAL UNIT REQUIREMENT(S) QUESTIONNAIRE

This questionnaire is to be administered to every applicant for public housing at the Waterville Housing Authority. It is used to determine whether an applicant family needs special features in their housing unit. The need for special adaptations must be verified in order to assure that the limited number of units with special features go to families that actually need the features.

Head of Household Name: _____

1. Will you, or any member of your family require any of the following:

- A separate bedroom Unit for Vision-Impaired A barrier-free apartment
- Unit for Hearing-Impaired Extra Bedroom One-level unit
- Other modifications to unit Bedroom & Bath, 1st floor **Live In Attendant**

2. Can you and all family members use the stairs unassisted? Yes No

If no, please indicate how the WHA could accommodate your family: _____

3. Will you or any of your family members need a live-in aide to assist you? Yes No

If yes, please explain _____

4. If you need an accommodation that is not listed above, please explain the accommodation your family needs: _____

5. What is the name of the family member needing the features identified above: _____

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.

--	--

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.