



## PRELIMINARY APPLICATION

**PLEASE PRINT CLEARLY – INCOMPLETE APPLICATIONS WILL BE RETURNED**

**Please Check (✓) the wait lists you are applying for:**

☐ **Public Housing Waitlist**

**This centralized waitlist serves the following properties:**

- **Bayside East** (studio, 1, 2, 3, 4)
- **Bayside Terrace** (2, 3)
- **Franklin Towers** (studio, 1, 2) **Age 62+**
- **Kennedy Park** (2, 3, 4, 5, 6)

- ☐ **Bayside Anchor** (studio, 1, 2)
- ☐ **Solterra** (studio, 1, 2, 3)
- ☐ **Washington Gardens** (studio, 1, 2) **Age 62+**
- ☐ **Harbor Terrace** (studio, 1, 2) **Age 62+**
- ☐ **Sagamore Village** (1, 2, 3, 4)
- ☐ **Front Street** (studio, 1, 2, 3, 4, 5)
- ☐ **Riverton Park** (studio, 1, 2, 3, 4, 5, 6)
- ☐ **Scattered Sites** (3, 4)

**Please be aware that we use the following guidelines to determine bedroom size:**

| Bedroom Size | Minimum People in Household | Maximum People in Household |
|--------------|-----------------------------|-----------------------------|
| 0 Bedroom    | 1                           | 1                           |
| 1 Bedroom    | 1                           | 2                           |
| 2 Bedroom    | 2                           | 4                           |
| 3 Bedroom    | 3                           | 6                           |
| 4 Bedroom    | 4                           | 8                           |
| 5 Bedroom    | 5                           | 10                          |

**PLEASE RETURN THIS APPLICATION TO OUR CENTRAL OFFICE LOCATED AT:  
970 BAXTER BOULEVARD, 3<sup>RD</sup> FLOOR, PORTLAND, ME 04103**

### Head of Household Information

|  |           |            |        |                  |               |                |
|--|-----------|------------|--------|------------------|---------------|----------------|
| First Name                                       | Last Name | MI         | Gender | SSN # / Alien ID | Date of Birth | Place of Birth |
| Home Address                                     |           |            |        | City             | State         | Zip Code       |
| Mailing Address (if different from Home Address) |           |            |        | City             | State         | Zip Code       |
| Home Telephone                                   |           | Cell Phone |        | Email Address    |               |                |

**Do you prefer to receive notices via USPS mail or electronic email?** \_\_\_\_\_



**Who will be living with you? (please list all members of the household on the application)**

| First Name (with MI) | Last Name | Gender | Relationship to Head of Household | SSN # / Alien ID | Date of Birth | Place of Birth |
|----------------------|-----------|--------|-----------------------------------|------------------|---------------|----------------|
|                      |           |        |                                   |                  |               |                |
|                      |           |        |                                   |                  |               |                |
|                      |           |        |                                   |                  |               |                |
|                      |           |        |                                   |                  |               |                |
|                      |           |        |                                   |                  |               |                |
|                      |           |        |                                   |                  |               |                |
|                      |           |        |                                   |                  |               |                |
|                      |           |        |                                   |                  |               |                |

**Do you require an interpreter**    ☐ YES ☐ NO    **If yes, what language** \_\_\_\_\_

**Student Status:**

|   |  |
|---|--|
| Are all household members currently full time students?   | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Have any household members been full time students for 5 months during the current calendar year? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Do all household members expect to become full time students in the next 12 months?               | <input type="checkbox"/> YES <input type="checkbox"/> NO |

**Criminal History:**

|   |  |
|---|--|
| Have you or anyone else named on this application been convicted of a crime, other than traffic violations?                                     | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Have you or anyone else named on this application been convicted for trafficking, manufacturing or possession of illegal drugs?                 | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Are you or anyone else named on this application subject to a lifetime sex offender registration requirement in any state? If yes, what states: | <input type="checkbox"/> YES <input type="checkbox"/> NO |

**Additional Questions:**

|   |  |
|---|--|
| Have you or anyone else named on this application participated in a HUD-assisted program? If yes, what agency:            | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Have you or anyone else named on this application ever been evicted from any housing or had eviction proceedings started? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Does your household have a housing voucher that you plan to use? If yes, what agency is your voucher through:             | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| What is your current annual gross income?   | \$ _____   |

**Do you or your spouse/co-head qualify for any of the following preferences?**

- ☐ 62 years of age or older
- ☐ 55 + years of age
- ☐ Disabled Head of Household, Co-head or Spouse
- ☐ Family with Dependents
- ☐ Chronically homeless

**PLEASE NOTE:** Applicants who reach the top of the waiting list will be contacted by the Housing Authority to verify the above preferences.

**In order to track the number of families and individuals experiencing homelessness that are now housed, HUD requires that we ask if you are currently homeless. You are not required to answer these questions, but this information is important to know as HUD and PHA strive to reduce homelessness. Thank you.**

☐ I don't want to answer these questions.

☐ None of the definitions below apply to me.

**To determine if you meet HUD's homeless definition, please check off any of the following statements that apply to your living situation:**

☐ I am currently living in a car, on the street, or another place not meant for human habitation.

☐ I am currently living in an emergency shelter, transitional housing, Safe Haven, or hotel/motel paid for by a charitable organization or by a government program.

☐ I was recently discharged from an institution, including a hospital, substance abuse or mental health treatment facility, or jail/prison, where I 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.

☐ I am currently fleeing from or attempting to flee domestic violence, dating violence, sexual assault, stalking or other dangerous or life-threatening condition against myself or another family member. I have nowhere else to live and lack the resources or support networks, including family, friends, faith-based, or other social networks, to obtain other permanent housing.

NOTICE: You are required to notify the Housing Authority (in writing) of any change of mailing address, phone number or household composition. If we cannot contact you at the above mailing address, your name may be removed from the waiting list 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 and may be grounds for eviction or termination of assistance.

\_\_\_\_\_  
**Applicant Signature**

\_\_\_\_\_  
**Date**



## Special Unit Requirement(s) Questionnaire

This questionnaire is to be administered to every applicant for public housing at the Portland 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/Applicant Name: \_\_\_\_\_

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

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> A separate bedroom        | <input type="checkbox"/> Unit for Vision-Impaired              | <input type="checkbox"/> A barrier-free apartment |
| <input type="checkbox"/> Unit for Hearing-Impaired | <input type="checkbox"/> Extra Bedroom                         | <input type="checkbox"/> One-level unit           |
| <input type="checkbox"/> Other Modifications       | <input type="checkbox"/> Bedroom & Bath, 1 <sup>st</sup> Floor | <input type="checkbox"/> Live In Attendant        |

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

If no, please indicate how PHA 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.

\_\_\_\_\_

## **Notice to all Applicants:**

### **Reasonable Accommodations for Applicants for Disabilities**

Portland Housing Authority (PHA) is a public agency that provides rental housing assistance to eligible families including families with children, elderly families, disabled families and others under its Section 8 Programs. PHA is not permitted to discriminate against applicants or participants on the basis of their race or color, sex, sexual orientation (which includes gender identity and gender expression), religion, ancestry, national origin, age, disability, or familial. In addition, PHA has a legal obligation to provide “Reasonable Accommodations” to applicants if they or any family members have a disability. A reasonable accommodation is a modification or change PHA can make to its apartments or procedures that will assist an otherwise eligible applicant with a disability to take advantage of PHA’s programs. Examples of reasonable accommodations would include, but are not limited to:

- Making alterations to a PHA 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 with a disability in a PHA 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 disability to meet the PHA’s applicant screening criteria.

An applicant family that has a member with a disability must be able to meet the essential obligations under of tenancy. They must be able to pay rent, to care for their apartment, to report required information to PHA, 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 has 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, that is your right.

**CERTIFICATION OF DOMESTIC VIOLENCE, DATING VIOLENCE,  
SEXUAL ASSAULT, OR STALKING**

**Confidentiality Note:** Any personal information you share in this form will be maintained by your covered housing provider according to the confidentiality provisions below.

**Purpose of Form:** If you are a tenant of or applicant for housing assisted under a covered housing program, or if you are applying for or receiving transitional housing or rental assistance under a covered housing program, and ask for protection under the Violence Against Women Act ("VAWA"), you may use this form to comply with a covered housing provider's request for written documentation of your status as a "victim". This form is accompanied by a "Notice of Occupancy Rights Under the Violence Against Women Act," Form HUD-5380.

**VAWA protects individuals and families regardless of a victim's age or actual or perceived sexual orientation, gender identity, sex, or marital status.**

You are not expected **and cannot be asked or required** to claim, document, or prove victim status or VAWA violence/abuse other than as stated in "Notice of Occupancy Rights Under the Violence Against Women Act," Form HUD-5380.

This form is **one of your available options** for responding to a covered housing provider's written request for documentation of victim status or the incident(s) of VAWA violence/abuse. If you choose, you may submit one of the types of third-party documentation described in Form HUD-5380, in the section titled, "What do I need to document that I am a victim?". Your covered housing provider must give you at least 14 business days (weekends and holidays do not count) to respond to their written request for this documentation.

**Will my information be kept confidential?** Whenever you ask for or about VAWA protections, your covered housing provider must keep any information you provide about the VAWA violence/abuse or the fact you (or a household member) are a victim, including the information on this form, strictly confidential. This information should be securely and separately kept from your other tenant files. This information can only be accessed by an employee/agent of your covered housing provider if (1) access is required for a specific reason, (2) your covered housing provider explicitly authorizes that person's access for that reason, **and** (3) the authorization complies with applicable law. This information will not be given to anyone else or put in a database shared with anyone else, unless your covered housing provider (1) gets your written permission to do so for a limited time, (2) is required to do so as part of an eviction or termination hearing, **or** (3) is required to do so by law.

In addition, your covered housing provider must keep your address strictly confidential to ensure that it is not disclosed to a person who committed or threatened to commit VAWA violence/abuse against you (or a household member).

**What if I require this information in a language other than English?** To read this in Spanish or another language, please contact Portland Housing Authority (PHA) at 970 Baxter Blvd, Portland, Maine 04103 or contact the Management Office at 207-775-4753. You can read translated VAWA forms at [https://www.hud.gov/program\\_offices/administration/hudclips/forms/hud5a#4](https://www.hud.gov/program_offices/administration/hudclips/forms/hud5a#4). If you speak or read in a language other than English, your covered housing provider must give you language assistance regarding your VAWA protections (for example, oral interpretation and/or written translation).

**Can I request a reasonable accommodation?** If you have a disability, your covered housing provider must provide reasonable accommodations to rules, policies, practices, or services that may be necessary to allow you to equally benefit from VAWA protections (for example, giving you more time to submit documents or assistance with filling out forms). You may request a reasonable accommodation at any time, even for the first time during an eviction. If a provider is denying a specific reasonable accommodation because it is not reasonable, your covered housing provider must first engage in the interactive process with you to identify possible alternative accommodations. Your covered housing provider must also ensure effective communication with individuals with disabilities.

**Need further help?** For additional information on VAWA and to find help in your area, visit <https://www.hud.gov/vawa>. To speak with a housing advocate, contact National Domestic Violence Hotline: 1-800-799-SAFE (7233) <https://www.maine.gov/dhhs/ocfs/support-for-families/violence-intervention-response-resources>

**TO BE COMPLETED BY OR ON BEHALF OF THE VICTIM OF DOMESTIC VIOLENCE, DATING VIOLENCE, SEXUAL ASSAULT, OR STALKING**

1. Name(s) of victim(s): \_\_\_\_\_

2. Your name (if different from victim's): \_\_\_\_\_

3. Name(s) of other member(s) of the household: \_\_\_\_\_

4. Name of the perpetrator (if known and can be safely disclosed): \_\_\_\_\_

5. What is the safest and most secure way to contact you? (You may choose more than one.)

If any contact information changes or is no longer a safe contact method, notify your covered housing provider.

☐ Phone Phone Number: \_\_\_\_\_

Safe to receive a voicemail: ☐ Yes ☐ No

☐ E-mail E-mail Address: \_\_\_\_\_

Safe to receive an email: ☐ Yes ☐ No

☐ Mail Mailing Address: \_\_\_\_\_

Safe to receive mail from your housing provider: ☐ Yes ☐ No

☐ Other Please List: \_\_\_\_\_

6. Anything else your housing provider should know to safely communicate with you?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



**Applicable definitions of domestic violence, dating violence, sexual assault, or stalking:**

*Domestic violence* includes felony or misdemeanor crimes of violence committed by a current or former spouse or intimate partner of the victim, by a person with whom the victim shares a child in common, by a person who lives with or has lived with the victim as a spouse or intimate partner, by a person similarly situated to a spouse of the victim under the domestic or family violence laws of the jurisdiction, or by any other person against an adult or youth victim who is protected from that person's acts under the domestic or family violence laws of the jurisdiction.

Spouse or intimate partner of the victim includes a person who is or has been in a social relationship of a romantic or intimate nature with the victim, as determined by the length of the relationship, the type of the relationship, and the frequency of interaction between the persons involved in the relationship.

*Dating violence* means violence committed by a person:

- (1) Who is or has been in a social relationship of a romantic or intimate nature with the victim; **and**
- (2) Where the existence of such a relationship shall be determined based on a consideration of the following factors: (i) The length of the relationship; (ii) The type of relationship; and (iii) The frequency of interaction between the persons involved in the relationship.

*Sexual assault* means any nonconsensual sexual act proscribed by Federal, tribal, or State law, including when the victim lacks capacity to consent.

*Stalking* means engaging in a course of conduct directed at a specific person that would cause a reasonable person to:

- (1) Fear for the person's individual safety or the safety of others **or**
- (2) Suffer substantial emotional distress.

**Certification of Applicant or Tenant:** By signing below, I am certifying that the information provided on this form is true and correct to the best of my knowledge and recollection, and that one or more members of my household is or has been a victim of domestic violence, dating violence, sexual assault, or stalking as described in the applicable definitions above.

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**Signature**

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**Date**

**Public Reporting Burden** for this collection of information is estimated to average 20 minutes per response. This includes the time for collecting, reviewing, and reporting. Comments concerning the accuracy of this burden estimate and any suggestions for reducing this burden can be sent to the Reports Management Officer, QDAM, Department of Housing and Urban Development, 451 7th Street, SW, Washington, DC 20410. Housing providers in programs covered by VAWA may request certification that the applicant or tenant is a victim of VAWA violence/abuse. A Federal agency may not collect this information, and you are not required to complete this form, unless it displays a currently valid Office of Management and Budget control number.

**Protections for Victims of Domestic Violence, Dating Violence, Sexual Assault or Stalking**

**When should I receive this form?** A covered housing provider must provide a copy of the Notice of Occupancy Rights Under The Violence Against Women Act (Form HUD-5380) and the Certification of Domestic Violence, Dating Violence, Sexual Assault, or Stalking (Form HUD-5382) when you are admitted as a tenant, when you receive an eviction or termination notice and prior to termination of tenancy, or when you are denied as an applicant. A covered housing provider may provide these forms at additional times.

**What is the Violence Against Women Act (“VAWA”)?** This notice describes protections that may apply to you as an applicant or a tenant under a housing program covered by a federal law called the Violence Against Women Act (“VAWA”). VAWA provides housing protections for victims of domestic violence, dating violence, sexual assault or stalking. VAWA protections must be in leases and other program documents, as applicable. VAWA protections may be raised at any time. You do not need to know the type or name of the program you are participating in or applying to in order to seek VAWA protections.

**What if I require this information in a language other than English?** To read this information in Spanish or another language, please contact State Street Housing Preservation Corporation (SSHCP) or call the on-site Management Office at 207-775-1437. You can read translated VAWA forms at [https://www.hud.gov/program\\_offices/administration/hudclips/forms/hud5a#4](https://www.hud.gov/program_offices/administration/hudclips/forms/hud5a#4). If you speak or read in a language other than English, your covered housing provider must give you language assistance regarding your VAWA protections (for example, oral interpretation and/or written translation).

**What do the words in this notice mean?**

- *VAWA violence/abuse* means one or more incidents of domestic violence, dating violence, sexual assault, or stalking.
- *Victim* means any victim of *VAWA violence/abuse*, regardless of actual or perceived sexual orientation, gender identity, sex, or marital status.
- *Affiliated person* means the tenant’s spouse, parent, sibling, or child; or any individual, tenant, or lawful occupant living in the tenant’s household; or anyone for whom the tenant acts as parent/guardian.
- *Covered housing program*<sup>1</sup> includes the following HUD programs:
  - Public Housing
  - Tenant-based vouchers (TBV, also known as Housing Choice Vouchers or HCV) and Project-based Vouchers (PBV) Section 8 programs
  - Section 8 Project-Based Rental Assistance (PBRA)
  - Section 8 Moderate Rehabilitation Single Room Occupancy
  - Section 202 Supportive Housing for the Elderly
  - Section 811 Supportive Housing for Persons with Disabilities
  - Section 221(d)(3)/(d)(5) Multifamily Rental Housing
  - Section 236 Multifamily Rental Housing
  - Housing Opportunities for Persons With AIDS (HOPWA) program
  - HOME Investment Partnerships (HOME) program
  - The Housing Trust Fund
  - Emergency Solutions Grants (ESG) program
  - Continuum of Care program
  - Rural Housing Stability Assistance program
- *Covered housing provider* means the individual or entity under a covered housing program that is responsible for providing or overseeing the VAWA protection in a specific situation. The covered housing provider may be a public housing agency, project sponsor, housing owner, mortgagor, housing manager, State or local government, public agency, or a nonprofit or for-profit organization as the lessor.

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<sup>1</sup> For information about non-HUD covered housing programs under VAWA, see Interagency Statement on the Violence Against Women Act’s Housing Provisions at <https://www.hud.gov/sites/dfiles/PA/documents/InteragencyVAWAHousingStmnt092024.pdf>.

**What if I am an applicant under a program covered by VAWA?** You can't be denied housing, housing assistance, or homeless assistance covered by VAWA just because you (or a household member) are or were a victim or just because of problems you (or a household member) had as a direct result of being or having been a victim. For example, if you have a poor rental or credit history or a criminal record, and that history or record is the direct result of you being a victim of VAWA abuse/violence, that history or record cannot be used as a reason to deny you housing or homeless assistance covered by VAWA.

**What if I am a tenant under a program covered by VAWA?** You cannot lose housing, housing assistance, or homeless assistance covered by VAWA or be evicted just because you (or a household member) are or were a victim of VAWA violence/abuse. You also cannot lose housing, housing assistance, or homeless assistance covered by VAWA or be evicted just because of problems that you (or a household member) have as a direct result of being or having been a victim. For example, if you are a victim of VAWA abuse/violence that directly results in repeated noise complaints and damage to the property, neither the noise complaints nor property damage can be used as a reason for evicting you from housing covered by VAWA. You also cannot be evicted or removed from housing, housing assistance, or homeless assistance covered by VAWA because of someone else's criminal actions that are directly related to VAWA abuse/violence against you, a household member, or another affiliated person.

**How can tenants request an emergency transfer?** Victims of VAWA violence/abuse have the right to request an emergency transfer from their current unit to another unit for safety reasons related to the VAWA violence/abuse. An emergency transfer cannot be guaranteed, but you can request an emergency transfer when:

1. You (or a household member) are a victim of VAWA violence/abuse;
2. You expressly request the emergency transfer; **AND**
3. **EITHER**
  - a. you reasonably believe that there is a threat of imminent harm from further violence, including trauma, if you (or a household member) stay in the same dwelling unit; **OR**
  - b. if you (or a household member) are a victim of sexual assault, either you reasonably believe that there is a threat of imminent harm from further violence, including trauma, if you (or a household member) were to stay in the unit, or the sexual assault occurred on the premises and you request an emergency transfer within 90 days (including holidays and weekend days) of when that assault occurred.

You can request an emergency transfer even if you are not lease compliant, for example if you owe rent. If you request an emergency transfer, your request, the information you provided to make the request, and your new unit's location must be kept strictly confidential by the covered housing provider. The covered housing provider is required to maintain a VAWA emergency transfer plan and make it available to you upon request.

To request an emergency transfer or to read the covered housing provider's VAWA emergency transfer plan, contact your property manager or housing officer or call the Management Office at 207-775-4753. The VAWA emergency transfer plan includes information about what the covered housing provider does to make sure your address and other relevant information are not disclosed to your perpetrator.

**Can the perpetrator be evicted or removed from my lease?** Depending on your specific situation, your covered housing provider may be able to divide the lease to evict just the perpetrator. This is called "lease bifurcation."

**What happens if the lease bifurcation ends up removing the perpetrator who was the only tenant who qualified for the housing or assistance?** In this situation, the covered housing provider must provide you and other remaining household members an opportunity to establish eligibility or to find other housing. If you cannot or don't want to establish eligibility, then the covered housing provider must give you a reasonable time to move or establish eligibility for another covered housing program. This amount of time varies, depending on the covered housing program involved. The table below shows the reasonable time provided under each covered housing programs with HUD. Timeframes for covered housing programs operated by other agencies are determined by those agencies.

NOTICE OF OCCUPANCY RIGHTS UNDER  
THE VIOLENCE AGAINST WOMEN ACT  
HUD-5380: Rights for Survivors

U.S. Department of Housing and Urban Development  
OMB Approval No. 2577-0286  
Expires 1/31/2028

| <b>Covered Housing Program(s)</b>   | <b>Reasonable Time for Remaining Household Members to Continue to Receive Assistance, Establish Eligibility, or Move.</b>  |
|---|--|
| HOME and Housing Trust Fund, Continuum of Care Program (except for permanent supportive housing), ESG program, Section 221(d)(3) Program, Section 221(d)(5) Program, Rural Housing Stability Assistance Program | Because these programs do not provide housing or assistance based on just one person's status or characteristics, the remaining tenant(s), or family member(s) in the CoC program, can keep receiving assistance or living in the assisted housing as applicable.  |
| Permanent supportive housing funded by the Continuum of Care Program  | The remaining household member(s) can receive rental assistance until expiration of the lease that is in effect when the qualifying member is evicted.   |
| Housing Choice Voucher, Project-based Voucher, and Public Housing programs (for Special Purpose Vouchers (e.g., HUD-VASH, FUP, FYI, etc.), see also program specific guidance)                                  | <p>If the person removed was the only tenant who established eligible citizenship/immigration status, the remaining household member(s) must be given 30 calendar days from the date of the lease bifurcation to establish program eligibility or find alternative housing.</p> <p>For HUD-VASH, if the veteran is removed, the remaining family member(s) can keep receiving assistance or living in the assisted housing as applicable. If the veteran was the only tenant who established eligible citizenship/immigration status, the remaining household member(s) must be given 30 calendar days to establish program eligibility or find alternative housing.</p> |
| Section 202/811 PRAC and SPRAC  | The remaining household member(s) must be given 90 calendar days from the date of the lease bifurcation or until the lease expires, whichever is first, to establish program eligibility or find alternative housing.  |
| Section 202/8   | <p>The remaining household member(s) must be given 90 calendar days from the date of the lease bifurcation or when the lease expires, whichever is first, to establish program eligibility or find alternative housing.</p> <p>If the person removed was the only tenant who established eligible citizenship/immigration status, the remaining household member(s) must be given 30 calendar days from the date of the lease bifurcation to establish program eligibility or find alternative housing.</p>  |
| Section 236 (including RAP); Project-based Section 8 and Mod Rehab/SRO  | The remaining household member(s) must be given 30 calendar days from the date of the lease bifurcation to establish program eligibility or find alternative housing.  |
| HOPWA   | The remaining household member(s) must be given no less than 90 calendar days, and not more than one year, from the date of the lease bifurcation to establish program eligibility or find alternative housing. The date is set by the HOPWA Grantee or Project Sponsor.   |

**Are there any reasons that I can be evicted or lose assistance?** VAWA does not prevent you from being evicted or losing assistance for a lease violation, program violation, or violation of other requirements that are not due to the VAWA violence/abuse committed against you or an affiliated person. However, a covered housing provider cannot be stricter with you than with other tenants, just because you or an affiliated person experienced VAWA abuse/violence. VAWA also will not prevent eviction, termination, or removal if other tenants or housing staff are shown to be in immediate, physical danger that could lead to serious bodily harm or death if you are not evicted or removed from assistance. **But only if no other action can be taken to reduce or eliminate the threat** should a covered housing provider evict you or end your assistance, if the VAWA abuse/violence happens to you or an affiliated person. A covered housing provider must provide a copy of the Notice of Occupancy Rights Under The Violence Against Women Act (Form HUD-5380) and the Certification of Domestic Violence, Dating Violence, Sexual Assault, or Stalking (Form HUD-5382) when you receive an eviction or termination notice and prior to termination of tenancy.

**What do I need to document that I am a victim of VAWA abuse/violence?** If you ask for VAWA protection, the covered housing provider may request documentation showing that you (or a household member) are a victim. BUT the covered housing provider must make this request in writing and must give you at least 14 business days (weekends and holidays do not count) to respond, and you are free to choose any one of the following:

1. A self-certification form (for example, Form HUD 5382), which the covered housing provider must give you along with this notice. Either you can fill out the form or someone else can complete it for you;
2. A statement from a victim/survivor service provider, attorney, mental health professional or medical professional who has helped you address incidents of VAWA violence/abuse. The professional must state "under penalty of perjury" that he/she/they believes that the incidents of VAWA violence/abuse are real and covered by VAWA. Both you and the professional must sign the statement;
3. A police, administrative, or court record (such as a protective order) that shows you (or a household member) were a victim of VAWA violence/abuse; OR
4. If allowed by your covered housing provider, any other statement or evidence provided by you.

It is your choice which documentation to provide and the covered housing provider must accept any one of the above as documentation. The covered housing provider is prohibited from seeking additional documentation of victim status or requiring more than one of these types of documentation, unless the covered housing provider receives conflicting information about the VAWA violence/abuse.

If you do not provide one of these types of documentation by the deadline, the covered housing provider does not have to provide the VAWA protections you requested. If the documentation received by the covered housing provider contains conflicting information about the VAWA violence/abuse, the covered housing provider may require you to provide additional documentation from the list above, but the covered housing provider must give you another 30 calendar days to do so.

**Will my information be kept confidential?** If you share information with a covered housing provider about why you need VAWA protections, the covered housing provider must keep the information you share strictly confidential. This information should be securely and separately kept from your other tenant files. No one who works for your covered housing provider will have access to this information, unless there is a reason that specifically calls for them to access this information, your covered housing provider explicitly authorizes their access for that reason, and that authorization is consistent with applicable law.

Your information **will not be disclosed** to anyone else or put in a database shared with anyone else, except in the following situations:

1. If you give the covered housing provider written permission to share the information for a limited time;
2. If the covered housing provider needs to use that information in an eviction proceeding or hearing; or
3. If other applicable law requires the covered housing provider to share the information.

**How do other laws apply?** VAWA does not limit the covered housing provider's duty to honor court orders about access to or control of the property, or civil protection orders issued to protect a victim of VAWA abuse/violence.

Additionally, VAWA does not limit the covered housing provider's duty to comply with a court order with respect to the distribution or possession of property among household members during a family break up. The covered housing provider must follow all applicable fair housing and civil rights requirements.

**Can I request a reasonable accommodation?** If you have a disability, your covered housing provider must provide reasonable accommodations to rules, policies, practices, or services that may be necessary to allow you to equally benefit from VAWA protections (for example, giving you more time to submit documents or assistance with filling out forms). You may request a reasonable accommodation at any time, even for the first time during an eviction. If a provider is denying a specific reasonable accommodation because it is not reasonable, your covered housing provider must first engage in the interactive process with you to identify possible alternative accommodations. To request a reasonable accommodation, please contact SSHPC or your on-site Management Staff at 207-775-1437. Your covered housing provider must also ensure effective communication with individuals with disabilities.

**Have your protections under VAWA been denied?** If you believe that the covered housing provider has violated these rights, you may seek help by contacting HUD Boston Field Office at 10 Causeway St #3, Boston, MA 02222 or call 617-994-8200. You can also find additional information on filing VAWA complaints at <https://www.hud.gov/VAWA> and [https://www.hud.gov/program\\_offices/fair\\_housing\\_equal\\_opp/VAWA](https://www.hud.gov/program_offices/fair_housing_equal_opp/VAWA). To file a VAWA complaint, visit <https://www.hud.gov/fairhousing/fileacomplaint>.

**Need further help?**

- For additional information on VAWA and to find help in your area, visit <https://www.hud.gov/vawa>.
- To talk with a housing advocate, contact Pine Tree Legal at 207-774-8211.
- National Domestic Violence Hotline 1-800-799-SAFE(7233)  
<https://www.maine.gov/dhhs/ocfs/support-for-families/violence-intervention-response-resources>

**Public reporting burden** for this collection of information is estimated to range from 45 to 90 minutes per each covered housing provider's response, depending on the program. This includes time to print and distribute the form. Comments concerning the accuracy of this burden estimate and any suggestions for reducing this burden can be sent to the Reports Management Officer, QDAM, Department of Housing and Urban Development, 451 7th Street, SW, Washington, D.C. 20410. This notice is required for covered housing programs under section 41411 of VAWA and 24 CFR 5.2003. Covered housing providers must give this notice to applicants and tenants to inform them of the VAWA protections as specified in section 41411(d)(2). This is a model notice, and no information is being collected. A Federal agency may not collect this information, and you are not required to complete this form, unless it displays a currently valid Office of Management and Budget control number.

**Supplemental and Optional Contact Information for HUD-Assisted Housing Applicant**  
**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.

☐ **Check this box if you do not want to provide the contact information, enter your name & address, and sign & date the form below.**

|  |                       |
|--|-----------------------|
| <b>Applicant Name:</b>   |                       |
| <b>Mailing Address:</b>  |                       |
| <b>Telephone No:</b>   | <b>Cell Phone No:</b> |
| <b>Name of Additional Contact Person or Organization:</b>  |                       |
| <b>Address:</b>  |                       |
| <b>Telephone No:</b>   | <b>Cell Phone No:</b> |
| <b>E-Mail Address (if applicable):</b>   |                       |
| <b>Relationship to Applicant:</b>  |                       |
| <b>Reason for Contact:</b> (Check all that apply) <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"> <input type="checkbox"/> Emergency<br/> <input type="checkbox"/> Unable to contact you<br/> <input type="checkbox"/> Termination of rental assistance<br/> <input type="checkbox"/> Eviction from Unit<br/> <input type="checkbox"/> Late payment of rent </div> <div style="width: 50%;"> <input type="checkbox"/> Assist in Recertification Process<br/> <input type="checkbox"/> Change in Lease Terms<br/> <input type="checkbox"/> Change in house rules<br/> <input type="checkbox"/> Other: _____ </div> </div>   |                       |
| <b>Commitment of Housing Authority or Owner:</b> 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.   |                       |
| <b>Confidentiality Statement:</b> The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.  |                       |
| <b>Legal Notification:</b> 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. |                       |
|  |                       |

**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.