

### Supplement to Application

Every family who applies for the Section 8 Program has the option of including, as part of their application for housing, contact information of a family member, friend, or social, health, or other organization. This contact information will assist the CHA in providing any services or special care to the family and assist in any tenancy issues that may arise during the term of the tenancy of the family.

### Roles – the Tenant, the Landlord, and Caribou Housing Agency

Once the Housing Agency approves an eligible family's lease and housing unit, the family and landlord signs a lease, and at the same time, the landlord and the CHA sign a housing assistance contract which runs for the same term as the lease. This means that everyone – Section 8 Tenant, Landlord and the Caribou Housing Agency – has obligations and responsibilities within the Section 8 program.

**Tenant's Role:** When a family selects a housing unit, and the CHA approves the unit and lease, the family signs a lease with the landlord for at least one year. The family may require to pay a security deposit to the landlord. After the first year, the landlord may initiate a new lease or allow the family to remain in the unit on a month-to-month lease. When the family is settled into a new rental, the family is expected to comply with the lease and the program requirements, pay its share of rent on time, maintain the unit in good condition and

notify CHA of any changes in income or family composition.

**Landlord's Role:** The role of the landlord in the Section 8 Program is to provide decent, safe, and sanitary housing to a renter at a reasonable rent. The dwelling unit must pass the program's housing standards and be maintained up to those standards as long as the owner receives housing assistance payments. In addition, the landlord is expected to provide the services agreed to as part of the lease signed with the tenant and the contract signed with CHA.

**Caribou Housing Agency's Role:** The CHA administers the voucher program locally. The CHA provides a family with the rental assistance that enables the family to seek out suitable housing and the CHA enters into a contract with the landlord to provide rental assistance payments on behalf of the family. If the landlord fails to meet his/her obligations under the contract, the CHA has the right to terminate assistance payments.

### Equal Housing Opportunity

The Section 8 Housing Choice Voucher Program and Caribou Housing Agency operate under the federal Fair Housing Law (Title VII of the civil Rights Act of 1968) and other federal and state housing laws that prohibit discrimination on the basis of sex, race, color, religion, familial status, disability, national ancestry or origin.



## Housing Agency

*"Ending homelessness one family at a time"*

## Section 8 Housing Choice Voucher Program

### Applicant Information

25 High Street  
Caribou ME 04736  
Telephone: (207) 493-4234  
Fax: (207) 498-3954  
[www.cariboumaine.org](http://www.cariboumaine.org)

### What is the Section 8 Housing Choice Voucher Program?

The Section 8 program provides assistance for eligible low-income families in the private market through the Housing Choice Voucher Program.

Section 8 Voucher holders select a unit from the private rental market. Rental assistance makes market rent affordable. Program participants normally pay no more than 30% of their monthly adjusted income towards rent and utilities. The Housing Assistance Payment subsidized the balance of the rent to the property owners.

### How Does It Work?

If you are interested in obtaining HCV rental assistance, you must fill out an application for assistance, and submit it to CHA. Your household's gross income must fall within the income guidelines set by HUD in order to be considered income-eligible for rental assistance.

You will be placed on the waiting list if you are determined initially eligible. Because of the high demand for assistance, the period of time you may spend on the waiting list can vary from several months to more than two years. Preferences (if any) for which you qualify, the date and time of your application and rental assistance availability all determine how quickly you will receive assistance.

Once your name comes to the top of the waiting list, you will be contacted by CHA by regular mail to complete an eligibility determination. If you are deemed initially eligible, you will be required to attend an eligibility appointment. If final eligibility is determined, you will then be required to attend a participant briefing where you will receive a Section 8 Voucher and an explanation of how the program works.

**IMPORTANT:** Because of the length of time it may take to receive notification of rental assistance availability, we required that you notify CHA in writing of any address changes.

Applicants that have CHA correspondence returned to our office by the postal service will be removed from the waiting list.

### Am I Eligible?

In order to be determined eligible for the Section 8 Program, you must qualify under the following factors:

1) **Income Guidelines:** based on family size

1	\$19,150
2	\$21,900
3	\$24,650
4	\$27,350
5	\$29,550
6	\$31,750
7	\$33,950
8	\$36,150

- 2) **U.S. Citizen or a legal, registered alien:** all members of your household must verify.
- 3) **Pass a Criminal Background Checks:** all members age 18 years and older. This also includes Violent-Criminal and Drug-Related Criminal.
- 4) **Not Be A Lifetime Registered Sex Offender:** if any member of the household is a sex offender in any state, the family will be automatically denied.

### How Do I Apply?

If you are interested in applying for the Section 8 Housing Choice Voucher Program, you may come into our office at 25 High Street, Caribou ME and fill out an application. When you turn in your completed application, you will be required to submit the original documents for all household members:

- Birth Certificate
- Social Security card
- Picture Identification for all adults 18 years and older
- Registered Alien Card (if applicable)

Once you have submitted your original documents and CHA has verified them, you will receive them back.

Applications are accepted Monday through Friday (excluding Holidays) from 8:00 AM to 4:30 PM.

**OUR WAITING LIST IS CURRENTLY OPEN!**

# PRELIMINARY APPLICATION

PLEASE COMPLETE THIS FORM AND RETURN TO:

Waiting List 1  
 Caribou Housing Agency  
 25 High Street  
 Caribou, ME 04736

		Office Use Only							
Received/ Revised	Unit Size	Preference							
_____	_____	T	P1	P2	P3	P4	P5	P6	P7
_____	_____	T	P1	P2	P3	P4	P5	P6	P7
_____	_____	T	P1	P2	P3	P4	P5	P6	P7

Applicant Full Name and Mailing Address

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Legal address if different from mailing address

\_\_\_\_\_

\_\_\_\_\_

Note: If your legal or mailing address changes, you must notify this office to maintain your waiting list status.

Evidence of legal address claimed at time of application must accompany this form when returned. Acceptable evidence includes copy of driver's license or other official document listing head of household, spouse or co-head at claimed legal address. Preliminary Applications returned without evidence of legal address cannot be accepted.

## Part 1: Head of Household

Social Security Number \_\_\_\_\_

Date of Birth \_\_\_\_\_

Sex  Female  Male

Home Telephone \_\_\_\_\_

Other Telephone \_\_\_\_\_

Other Telephone Type  Work  Other Specify: \_\_\_\_\_

E-mail Address \_\_\_\_\_

Ethnicity (Check One Box)

Hispanic/Latino  
 Not Hispanic/Latino

OR

Race (Check All That Apply)

White  
 Black/African American  
 American Indian/Alaska Native  
 Asian  
 Native Hawaiian/Other Pacific Islander

Racial and ethnic data for statistical purposes only.

I would like to receive correspondence via e-mail.

Do you qualify for a reasonable accommodation due to a disability?  Yes  No

## Part 2: Household Information

List information for adults first, then children under age 18. Use "F" or "M" to indicate sex. If a household member qualifies for a reasonable accommodation due to a disability select "Y", if not, select "N." List relationship of each person to the Head of Household. Attach additional sheet if family has more than ten members.

First Name	MI	Last Name	Social Security #	Date of Birth	Sex	Disabled	Relationship
_____	_____	_____	_____	_____	_____	<input type="checkbox"/> Y <input type="checkbox"/> N	_____
_____	_____	_____	_____	_____	_____	<input type="checkbox"/> Y <input type="checkbox"/> N	_____
_____	_____	_____	_____	_____	_____	<input type="checkbox"/> Y <input type="checkbox"/> N	_____
_____	_____	_____	_____	_____	_____	<input type="checkbox"/> Y <input type="checkbox"/> N	_____
_____	_____	_____	_____	_____	_____	<input type="checkbox"/> Y <input type="checkbox"/> N	_____
_____	_____	_____	_____	_____	_____	<input type="checkbox"/> Y <input type="checkbox"/> N	_____
_____	_____	_____	_____	_____	_____	<input type="checkbox"/> Y <input type="checkbox"/> N	_____
_____	_____	_____	_____	_____	_____	<input type="checkbox"/> Y <input type="checkbox"/> N	_____
_____	_____	_____	_____	_____	_____	<input type="checkbox"/> Y <input type="checkbox"/> N	_____
_____	_____	_____	_____	_____	_____	<input type="checkbox"/> Y <input type="checkbox"/> N	_____

Please Continue to Part 3

## PRELIMINARY APPLICATION

### Part 3: Family Income and Assets

List total gross income (before taxes) and payments received by each family member age 18 and older for wages, military pay, pensions, social security, SSI, welfare, child support, unemployment, business, profession or any other source. Include payments made to family members 18 or older on behalf of other family members under age 18.

<u>First Name</u>	<u>Gross Income</u>	<u>How Often</u>	<u>If Income is from Wages</u> <u>List Address of Employer</u>
_____	\$ _____	<input type="checkbox"/> Weekly <input type="checkbox"/> Every 2 Weeks <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly	_____
_____	\$ _____	<input type="checkbox"/> Weekly <input type="checkbox"/> Every 2 Weeks <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly	_____
_____	\$ _____	<input type="checkbox"/> Weekly <input type="checkbox"/> Every 2 Weeks <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly	_____
_____	\$ _____	<input type="checkbox"/> Weekly <input type="checkbox"/> Every 2 Weeks <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly	_____
_____	\$ _____	<input type="checkbox"/> Weekly <input type="checkbox"/> Every 2 Weeks <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly	_____

List total cash value and total income received for assets owned by all family members.

<u>Type of Asset</u>	<u>Cash Value of Asset</u>	<u>Income Received from Asset</u>
Checking Accounts	\$ _____	\$ _____
Savings Accounts	\$ _____	\$ _____
Stocks, Bonds, CDs, Investment	\$ _____	\$ _____
Real Estate	\$ _____	\$ _____
Other	\$ _____	\$ _____

### Part 4: Eligibility and Preferences

Your response to the following statements will help determine your eligibility for rental assistance and if you are entitled to a preference when placed on the program's waiting list. Select each item that applies to your current status.

- \_\_\_\_\_ 1. My Housing Choice Voucher has been revoked due to lack of funding.
- \_\_\_\_\_ 2. I currently live or work in Aroostook County.
- \_\_\_\_\_ 3. I am homeless due to a Natural Disaster (i.e. fire or severe weather).
- \_\_\_\_\_ 4. I am currently a victim of domestic violence.

### Part 5: U.S. Citizenship Notification and Certification

Housing may be contingent upon the submission and verification of evidence of citizenship or eligible immigration status prior to the time housing is made available. Based on the evidence submitted at that time, assistance may be prorated, denied or terminated following appeals and informal hearing processes.

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.

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

Optional and Supplemental 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.

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

<b>Applicant Name:</b>											
<b>Mailing Address:</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 to Contact:</b> (Check all that apply) <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Emergency</td> <td><input type="checkbox"/> Assist with Recertification Process</td> </tr> <tr> <td><input type="checkbox"/> Unable to contact you</td> <td><input type="checkbox"/> Change in lease terms</td> </tr> <tr> <td><input type="checkbox"/> Termination of rental assistance</td> <td><input type="checkbox"/> Change in house rules</td> </tr> <tr> <td><input type="checkbox"/> Eviction from unit</td> <td><input type="checkbox"/> Other: _____</td> </tr> <tr> <td><input type="checkbox"/> Late payment of rent</td> <td></td> </tr> </table>		<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	
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<input type="checkbox"/> Eviction from unit	<input type="checkbox"/> Other: _____										
<input type="checkbox"/> Late payment of rent											
<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.											
<b>Signature of Applicant</b>	<b>Date</b>										

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.

