# MAINE CENTRALIZED SECTION 8/HCV WAITING LIST

Housing Data Link of Maine, LLC

## *WHAT YOU NEED TO KNOW WHEN YOU APPLY*

If you already applied for this program online or with one of the participating Housing Authorities, and are currently on the waiting list, **you do not need to complete another application.** If you are not sure, you may contact one of the participating Housing Authorities and they can check for you.

**HOW TO APPLY ONLINE**

**To complete an online application, please visit our website at http://MaineSection8CentralWaitlist.org.** From our website, you can get more information about the Section 8 Housing Choice Voucher Program and the Maine Centralized Section 8/HCV Waiting List. You can also access our Applicant Portal to complete an online application, update your application, check your waiting list status, and even print an Application Receipt.

To access the Applicant Portal from the website, click on "Applicant Log In" under the Quick Links on the right side of the screen. The first time you login to the Maine CWL Applicant Portal, you will need to register for access. To do this, you must have your own email address. Your email address will be your Username.

**CAN'T APPLY ONLINE?**

If you are unable to complete an online application, you can download an application directly from our website, or you can pick up or call for an application from any of the participating Housing Authorities. Please fill out the entire application, sign it and return it to **ONE** of the participating Housing Authorities **nearest you**. Each participating Housing Authority accepts applications via mail or in person during normal business hours. Only ONE application per family will be accepted. **There is no need to go to more than one participating agency to submit an application.** When the application is received, it will be checked and if any corrections are needed the application will be sent back to you. Once the corrected application is received your name will be placed on the Waiting List for the Section 8 Housing Choice Voucher program.

**WHERE AM I ON THE WAITING LIST?**

**We cannot tell where you stand on the Wait List or estimate the length of time before you are chosen from the Wait List for a Voucher.** A lot of factors determine how names are selected from the list. Funding from HUD determines how many vouchers each of the Housing Authorities can issue. Some vouchers which come available can only be issued to persons with disabilities; veterans; or homeless persons for example.

**REMEMBER TO KEEP YOUR APPLICATION UP-TO-DATE!**

The most important thing that you can do, while you wait for a Voucher, is keep your information updated. You can update your application through the Applicant Portal at http://MaineSection8CentralWaitlist.org. If you are unable to access your application online, you can fill out the Change Form to report a new home address or mailing address, phone number, or change a Preference. This form can be downloaded from our website, picked up at or be mailed to you by any participating Housing Authority. Write down the change and get it back to the Housing Authority.

**If the Housing Authority can't reach you by mail when your name comes up, your application will be made inactive, and you will have to apply again**.

# MAINE CENTRALIZED SECTION 8/HCV WAITING LIST

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## *PARTICIPATING HOUSING AUTHORITIES*

***Questions?*** **Please contact the participating Housing Authority NEAREST YOU.**

| | |
|---|---|
| **Auburn Housing Authority**<br>20 Great Falls Plaza, P.O. Box 3037<br>Auburn, ME 04212-3037<br>Phone: 207-784-7351<br>Relay Service: 711 | **Lewiston Housing Authority**<br>1 College Street<br>Lewiston, ME 04240<br>Phone: 207-783-1423<br>Relay Service: 711 |
| **Augusta Housing Authority**<br>33 Union Street, Suite 3<br>Augusta, ME 04330<br>Phone: 207-626-2357<br>Relay Service: 711 | **Maine State Housing Authority**<br>353 Water Street<br>Augusta, ME 04330<br>Phone: 207-624-5789 or 1-866-357-4853<br>Relay Service: 711 |
| **Bangor Housing Authority**<br>161 Davis Road<br>Bangor, ME 04401<br>Phone: 207-942-6365<br>Relay Service: 711 | **MDI &Ellsworth Housing Authorities**<br>80 Mount Desert Street, P.O. Box 28<br>Bar Harbor, ME 04609<br>Phone: 207-288-4770<br>Relay Service: 711 |
| **Bath Housing Authority**<br>80 Congress Avenue<br>Bath, ME 04530<br>Phone: 207-443-3116<br>Relay Service: 711 | **Portland Housing Authority**<br>14 Baxter Boulevard<br>Portland, ME 04101<br>Phone: 207-773-4753<br>TDD: 207-447-2570 |
| **Biddeford Housing Authority**<br>22 South Street, P.O. Box 2287<br>Biddeford, ME 04005<br>Phone: 207-282-6537<br>Relay Service: 711 | **Presque Isle Housing Authority**<br>58 Birch Street<br>Presque Isle, ME 04769<br>Phone: 207-768-8231<br>Relay Service: 711 |
| **Brewer Housing Authority**<br>15 Colonial Circle, Suite 1<br>Brewer, ME 04412<br>Phone: 207-989-7890<br>V/TDD: 207-989-9810 | **Sanford Housing Authority**<br>17 School Street, P.O. Box 1008<br>Sanford, ME 04073<br>Phone: 207-324-6747<br>Relay Service: 711 |
| **Brunswick Housing Authority**<br>12 Stone Street, P.O. Box A<br>Brunswick, ME 04011<br>Phone: 207-725-8711<br>Relay Service: 711 | **South Portland Housing Authority**<br>100 Waterman Drive, Suite 101<br>South Portland, ME 04106<br>Phone: 207-773-4140<br>Relay Service: 711 |
| **Caribou Housing Agency**<br>25 High Street<br>Caribou ME 04736<br>Phone: 207-493-4234<br>Relay Service: 711 | **Waterville Housing Authority**<br>88 Silver Street<br>Waterville Maine 04901<br>Phone: 207-873-2155<br>Relay Service: 711 |
| **Fort Fairfield Housing Authority**<br>18 Fields Lane<br>Fort Fairfield, ME 04742<br>Phone: 207-476-5771<br>Relay Service: 711 | **Westbrook Housing**<br>30 Liza Harmon Drive<br>Westbrook, ME 04092<br>Phone: 207-854-9779<br>Relay Service: 711 |

*http://MaineSection8CentralWaitlist.org*

EQUAL HOUSING OPPORTUNITY

**For Agency Use Only**

**Date and Time Rec'd**

**Applicant ID #:** _____

# MAINE CENTRALIZED SECTION 8/HCV WAITING LIST

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## *PRE-APPLICATION*

COMPLETE ALL INFORMATION

**1. HEAD OF HOUSEHOLD**

| *First Name* | *Middle Initial* | *Last Name* | *Suffix (Sr./Jr.)* |
|---|---|---|---|
| *Date of Birth* | *Social Security Number* | | *Gender* |
| ***Physical/Home Address (Do not list a P.O. Box)*** | | | *Unit/Apartment #* |
| *City/Town* | *State* | *Zip Code* | |
| *Email Address (optional)* | | *Phone #* | |
| ***Mailing Address*** | | | *Unit/Apartment #* |
| *City/Town* | *State* | *Zip Code* | |

**2. SPOUSE OR PARTNER**

| *First Name* | *Middle Initial* | *Last Name* | *Suffix (Sr./Jr.)* |
|---|---|---|---|
| *Date of Birth* | *Social Security Number* | | *Gender* |
| *Email Address (optional)* | | *Phone #* | |

**3. TOTAL NUMBER OF PEOPLE WHO WILL LIVE IN THE UNIT (Including yourself):**

| *# of Adults* | *# of children (under 18)* |
|---|---|
| | |

**4. ANNUAL HOUSEHOLD INCOME (income before deductions for all family members):**

| *Total GROSS Amount per **YEAR*** |
|---|
| $ |

***5.* RACE AND ETHNICITY OF HEAD OF HOUSEHOLD** *(Not Mandatory – For HUD Statistics Only)*

***Check all that apply:***

☐ White ☐ Black/African American ☐ American Indian/ Alaskan Native

☐ Asian ☐ Native Hawaiian/Other Pacific Islander

***Check One:*** ☐ Hispanic or Latino ☐ Non-Hispanic or Non-Latino

Nationality: _____

Do you require a translator or interpreter? ☐ Yes ☐ No *If yes, what Language?*_____

Do you or a family member require any accommodation to participate fully in this application process? ☐ Yes ☐ No

*If yes, describe the accommodation you require:* _____

*6.* **PREFERENCES – Qualifying for a preference(s) will affect your position on the waiting list.** Please read the attached *Definitions of Preferences* carefully, and indicate which preferences apply to your household.

**NOTE:** Participating housing authorities may or may not use some or all of the preference listed below. These definitions are minimum qualifications; housing authorities may have more specific criteria within a particular preference. You will be required to verify any preference(s) you claim when you are selected from the waiting list.

***Check all that apply:***

| |
|---|
| ☐ 1. Disabled *(Head of Household or Spouse)* |
| ☐ 2. Family with minor children or dependents |
| ☐ 3. Veteran |
| ☐ 4. Where do you Live? (city/town if in *MAINE* only) _____ |
| ☐ 5. Elderly *(Head or Spouse is 62 years or older)* |
| ☐ 6. Displaced by Natural or National Disaster |
| ☐ 7. Chronically Homeless ***(Please see definition of preferences)*** |
| ☐ 8. Where do household members Work? (List city(s)/town(s) in *MAINE* only)<br>1._____ 2._____ 3._____ |
| ☐ 9. Non-Subsidized (not currently receiving housing assistance) |
| ☐ 10. Full-Time Student attending school in Auburn, Mechanic Falls, Minot, New Gloucester, Poland or Turner *(Head or Spouse)* |
| ☐ 11. Working/Employed *(Head or Spouse)* |
| ☐ 12. Single-Person Family (one-person household), whose sole member is ***not*** Disabled and is ***not*** Elderly |
| ☐ 13. Tedford Shelter Resident |
| ☐ 14. Attending School in Augusta Housing's jurisdiction: Augusta, Belgrade, Chelsea, China, Coopers Mills, Farmingdale, Gardiner, Hallowell, Manchester, Monmouth, Mt. Vernon, Pittston, Randolph, Readfield, Vassalboro, Whitefield, Windsor or Winthrop |
| ☐ 15. Paying more than 30% of income for rent |
| ☐ 16. Paying more than 50% of income for rent |
| ☐ 17. Elderly, Disabled, or Family of two (2) or more **AND** Lives or Works in Maine |
| ☐ 18. Single-Person Family, whose sole member is ***not*** Disabled and is ***not*** Elderly **AND** Lives or Works in Maine |
| ☐ 19. Elderly, Disabled, or Family of two (2) or more **AND** Does **NOT** Live or Work in Maine |
| ☐ 20. Full-Time Student attending school in Waterville, Winslow, Sidney or Oakland *(Head or Spouse)* |
| ☐ 21. Retired from Working in Waterville, Winslow, Sidney or Oakland *(Head or Spouse)* |
| ☐ 22. Family of two or more persons |
| ☐ 23. Serviceman **OR** Family of Deceased Veteran whose Death was Service-Related |
| ☐ 24. Displaced by Municipal Development in the City of Lewiston |
| ☐ 25. Displaced by Domestic Violence **OR** Living in a Domestic Violence Situation |
| ☐ 26. Displaced by Government Action |
| ☐ 27. Homeless Family with Dependent Children |
| ☐ 28. Enrolled in an Aroostook County Institution of Higher Education |
| ☐ 29. Live or Work in Aroostook County |
| ☐ 30. Full-Time Student in Presque Isle, Mapleton, Castle Hill, Chapman, Washburn, Westfield or Eaton *(Head or Spouse)* |
| ☐ 31. Participating in an Education or Training Program to prepare individual for the job market. |

*7.* **CURRENT HOUSING SITUATION** *(Checked items are for additional information only. Your waiting list position is not changed in any way.)*

***Check all that apply:***

☐ Staying in a shelter ☐ Staying with friends or family ☐ Have been or are being evicted

☐ Living in substandard housing ☐ Victim of domestic violence ☐ Pay more than 50% of income for rent

☐ Other *(please explain)* _____

*8.* **I CERTIFY THAT THE INFORMATION PROVIDED IN THIS APPLICATION IS ACCURATE AND COMPLETE.** I understand that submission of false information or misrepresentation may result in loss of eligibility to participate in the Housing Choice Voucher program. I understand I am required to notify one of the listed Housing Authorities of any change in information on this application. I understand if I cannot be contacted at the last mailing address given, my name may be removed from the waiting list and I will have to reapply. I certify that I have attained the age of 18 yrs. or I am an emancipated minor and therefore have the full legal capacity to act on my own behalf in the matter of contracts.

**Signature of Head of Household: X** _____ **Date:** _____

***Equal Access.*** **We are committed to making sure that all of our programs, services and activities are fully accessible to persons regardless of race, color, religion, gender, sexual orientation, national origin, ancestry, age, physical or mental disability, familial status or the receipt of public assistance. If you, or anyone in your family, encounter any type of barrier that prevent you from receiving the full benefit of the Section 8 Housing Choice Voucher Program, please contact a participating housing authority. You can also contact the Fair Housing and Equal Opportunity National toll-free hot line number: 1-800-669-9777.**

Applicants may request a “reasonable accommodation” if they or any other family member has a disability when such an accommodation is necessary to afford persons with disabilities an equal opportunity to use and enjoy their housing. Language assistance and other appropriate communication auxiliary aids and services are available upon request. Please call any of the Participating Housing Authorities if you have questions about your rights to accommodation.

Note: Federal regulations prohibit rental assistance to persons other than United States citizens, nationals, or certain categories of eligible non-U.S. citizens. Families with some eligible family members may be entitled to prorated housing assistance.

Participating housing authorities may have separate waiting lists for project-based vouchers or other housing programs. Please contact participating housing authorities directly to request information on other housing options that may be available.

**Please submit the completed application to the participating Housing Authority NEAREST YOU.** Incomplete applications will not be accepted. They will be returned, if possible, for completion. If you have any questions, please contact one of the Participating Housing Authorities.

*http://MaineSection8CentralWaitlist.org*

EQUAL HOUSING OPPORTUNITY

OMB Control # 2502-0581
Exp. (02/28/2019)

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)

- ☐ Emergency
- ☐ Unable to contact you
- ☐ Assist with Application Process
- ☐ Termination of rental assistance
- ☐ Eviction from unit
- ☐ Late payment of rent
- ☐ Assist with Recertification Process
- ☐ Change in lease terms
- ☐ Change in house rules
- ☐ 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.

| | |
|---|---|
| | |
| **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.

# MAINE CENTRALIZED SECTION 8/HCV WAITING LIST

Housing Data Link of Maine, LLC

## *DEFINITIONS OF PREFERENCES*

*NOTE: Participating housing authorities may or may not use some or all of the preferences listed below. These definitions are minimum qualifications; housing authorities may have more specific criteria within a particular preference. A housing authority will request documentation of preferences at the time you reach the top of the waiting list and are selected for final determination.*

1. **DISABLED –** A family whose head, spouse or sole member has a physical or mental disability. This may require verification from a third party source for eligibility purposes. (For additional information regarding Additional Terms or Exceptions see 5 M.R.S.A 4553-A)

   "Physical or mental disability" means:

   A. Physical or Mental disability, defined – "Physical or mental disability means:
      1. A physical or mental impairment that substantially limits one or more of the major life activities of an individual;
      2. Significantly impairs physical or mental health;
      3. Requires special education, vocational rehabilitation or related services;

      Without regard to severity unless otherwise indicated: absent, artificial or replacement limbs, hands, feet or vital organs; alcoholism; amyotrophic lateral sclerosis; bipolar disorder; blindness or abnormal vision loss; cancer; cerebral palsy; chronic obstructive pulmonary disease; Crohn's disease; cystic fibrosis; deafness or abnormal hearing loss; diabetes; substantial disfigurement; epilepsy; heart disease; HIV or AIDS; kidney or renal diseases; lupus; major depressive disorder; mastectomy; intellectual disability; multiple sclerosis; muscular dystrophy; paralysis; Parkinson's disease; pervasive developmental disorders; rheumatoid arthritis; schizophrenia; and acquired brain injury.

   B. With respect to an individual, having a record of any of the conditions in paragraph A; or

   C. With respect to an individual, being regarded as having or likely to develop any of the conditions in paragraph A.

2. **FAMILY WITH MINOR CHILDREN OR DEPENDENTS –** At least one member of a family is under eighteen (18) years of age **and** the legal responsibility of an adult member in the family; OR at least one disabled person of any age who is not the head or spouse/partner; OR a person eighteen years of age or older who is claimed as a dependent under IRS rules.

3. **VETERAN –** A person who served in the active military, naval, or air service and who was discharged or released from such service under conditions other than dishonorable.

4. **WHERE DO YOU LIVE? –** To receive this preference the family must live in a specific town.

5. **ELDERLY –** A family whose head of household or spouse is sixty-two (62) years of age or older.

6. **DISPLACED BY NATURAL or NATIONAL DISASTER –** Persons displaced by natural or national disaster.

7. **CHRONICALLY HOMELESS –** This preference is available to **Chronically Homeless Individuals and Families** who may be eligible for special Voucher Set-Asides provided by certain Housing Authorities. Chronically homeless is defined as an <u>unaccompanied homeless individual with a disabling condition or a family with a member who has a disabling condition and has been continuously homeless for a year or more, or had at least four (4) episodes of homelessness in the past three (3) years</u>. To be considered chronically homeless, a person or family must have been sleeping in a place not meant for human habitation (i.e. living on the streets or in a car, camping, etc) and/or been in an emergency shelter within the area of the Housing Authority during that time.

8. **WHERE DO HOUSEHOLD MEMBERS WORK? –** To receive this preference at least one member of the household must work, or be hired to work, in a specific town.

9. **NON-SUBSIDIZED** – A family who is not currently residing in subsidized housing or receiving subsidized rental assistance based on their monthly income.

10. **FULL-TIME STUDENT attending school in Auburn, Mechanic Falls, Minot, New Gloucester, Poland or Turner** – To qualify for this preference the head of household or spouse must be attending school full-time within Auburn, Mechanic Falls, Minot, New Gloucester, Poland and Turner.

11. **WORKING/EMPLOYED** – A family whose head of household or spouse is currently employed.

12. **SINGLE-PERSON FAMILY** – A one-person family, where the sole member is ***not*** Disabled and is ***under*** sixty-two (62) years of age.

13. **TEDFORD SHELTER RESIDENT –** A family that is currently residing at the Tedford Housing Individual or Family Shelter.

14. **ATTENDING SCHOOL IN AUGUSTA HOUSING'S JURISDICTION –** At least one family member must be attending school in one of the following towns to qualify for this preference: Augusta, Belgrade, Chelsea, China, Coopers Mills, Farmingdale, Gardiner, Hallowell, Manchester, Monmouth, Mt. Vernon, Pittston, Randolph, Readfield, Vassalboro, Whitefield, Windsor or Winthrop.

15. **PAYING MORE THAN 30% INCOME FOR RENT –** Rent is defined as the actual amount due under a lease or occupancy agreement calculated on a monthly basis, plus the monthly amount of tenant supplied utilities.

16. **PAYING MORE THAN 50% INCOME FOR RENT –** Rent is defined as the actual amount due under a lease or occupancy agreement calculated on a monthly basis, plus the monthly amount of tenant supplied utilities.

17. **ELDERY, DISABLED, OR FAMILY OF TWO (2) OR MORE AND LIVES OR WORKS IN MAINE –** Families that meet the definition of Elderly or Disabled, or that consists of Two (2) or more Persons **AND** also Lives or Work in the State of Maine.

18. **SINGLE-PERSON FAMILY AND LIVES OR WORKS IN MAINE –** A one-person family, where the sole member is ***not*** Disabled, is ***under*** sixty-two (62) years of age, **AND** also Lives or Works in the State of Maine.

19. **ELDERY, DISABLED, OR FAMILY OF TWO (2) OR MORE AND DOES NOT LIVE OR WORK IN MAINE –** Families that meet the definition of Elderly or Disabled, or that consists of Two (2) or more Persons **AND** does not Live or Work in the State of Maine.

20. **FULL-TIME STUDENT attending school in Waterville, Winslow, Sidney or Oakland** – To qualify for this preference the head of household or spouse must be attending school full-time within Waterville, Winslow, Sidney or Oakland

21. **RETIRED FROM WORKING in Waterville, Winslow, Sidney or Oakland** – To qualify for this preference the head of household or spouse must be retired and must have been working in Waterville, Winslow, Sidney or Oakland at the time of retirement.

22. **FAMILY OF TWO OR MORE** – A family consisting of two or more persons.

23. **SERVICEMAN OR FAMILY OF DECEASED VETERAN WHOSE DEATH WAS SERVICE-RELATED** – A person currently serving in the active U.S. Military; **OR** a Family of a deceased veteran whose death was service-related, as determined by the U.S. Veterans Administration.

24. **DISPLACED BY MUNICIPAL DEVELOPMENT IN THE CITY OF LEWISTON** – A family which will be, or has been within the three year period ending on the date of application, displaced by any low-rent housing project, public slum-clearance project or public redevelopment project, in the City of Lewiston.

25. **DISPLACED BY DOMESTIC VIOLENCE OR LIVING IN A DOMESTIC VIOLENCE SITUATION** – The family has vacated or been displaced as a result of fleeing domestic violence in the home; **OR** the family is currently living in a situation where they are being subjected to or victimized by domestic violence in the home. "Domestic violence" means actual or threatened physical violence directed against one or more members of the applicant family by a spouse or other member of the applicant's household.

26. **DISPLACED BY GOVERNMENT ACTION** – Unit is uninhabitable due to activities carried out by an agency of the United States or by any state or local governmental body or agency in connection with code enforcement, public improvements or development program.

27. **HOMELESS FAMILY WITH DEPENDENT CHILDREN** – A family with dependent children who lacks a fixed, regular and adequate nighttime residence and who has a primary nighttime residence defined as a supervised public or privately operated shelter designated to provide temporary living accommodations. Includes welfare, hotels, congregate shelters and transitional housing; an institution that provides temporary residence for individuals intended to be institutionalized – *not incarcerated (i.e. jails and prisons)*; a place not designated or normally used as a regular sleeping place for humans.

28. **ENROLLED IN AROOSTOOK COUNTY INSTITUTION OF HIGHER EDUCATION** – At least one adult household member is enrolled in an Aroostook County institution of higher education.

29. **LIVE OR WORK IN AROOSTOOK COUNTY** – A family that lives in Aroostook County or at least one household member works or has been hired to work in Aroostook County.

30. **FULL-TIME STUDENT attending school in Presque Isle, Mapleton, Castle Hill, Chapman, Washburn, Westfield or Eaton** – To qualify for this preference the head of household or spouse must be attending school full-time within Presque Isle, Mapleton, Castle Hill, Chapman, Washburn, Westfield or Eaton.

31. **EDUCATION / JOB TRAINING –** Actively participating in an education or training program designed to prepare individuals for the job market.