



Housing Authority of the City of Old Town

To: _____

Date: _____

You have expressed an interest in receiving rental assistance or renting an apartment with subsidy provided through the Housing Authority of the City of Old Town.

To be considered for assistance you must do the following:

- Complete and sign the enclosed preliminary application;
- Read and sign the attached Authorization forms;
- Read and sign the Debts Owed to PHAs & Termination Notice;
- Read and sign the Optional Contact form;
- **Provide a copy** of the Social Security Card for each household member;
- **Provide a copy** of the Birth Certificate for each household member;
- Provide verification of any/all income and assets;
- Indicate on the application what program(s) you are applying for;
- Return all forms and verifications to the Old Town Housing Authority

You will be notified when your Preliminary Application has been received and reviewed. **However, if we do not receive ALL of the above attachments with your application**, your application will be considered incomplete and will not be processed further. If you provide all of the above information with your application, your application will be reviewed and if you appear to be eligible your name will be placed on file for the program(s) indicated. You will be contacted at a later date to further verify and update information.

If you or anyone in your family is a person with disabilities, and you require a specific accommodation in order to fully utilize our programs and services, please contact the housing authority.

YOU WILL NOT BE CONSIDERED FOR HOUSING IF YOU DO NOT PROVIDE THE NECESSARY INFORMATION.

Sincerely,

Erin Tutt

Erin Tutt

Administrative Assistant

358 Main Street · PO Box 404 · Old Town, ME 04468-0404 · Tel 207-827-6151 · Fax 207-827-1502 · TTY Relay 711 · www.oldtownhousing.net

“In accordance with Federal Law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. (Not all prohibited bases apply to all programs). To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, 1400 Independence Avenue, S.W. Washington, DC 20250-0410, or call (800) 795-3272 (voice), or (202) 720-6382 (TDD).”



We Are an Equal Opportunity Provider



ACCEPTABLE METHODS OF VERIFYING INCOME, ASSETS, MEDICAL EXPENSES, AND CRITERIA

You must provide income verification to the Housing Authority of the City of Old Town (HACOT) **at the time you return your Preliminary Application form**. All data provided will be verified through third party verification. The following is a partial list of acceptable means of income verification. If your source of income is not indicated below, please contact this office for examples of acceptable methods of verification. **HACOT will verify all information provided. All income verifications must be dated within the last 60 days.**

SOCIAL SECURITY, SSI & SSD:

- Award or benefit notification letters from the Social Security Administration. This is the letter the Social Security office sends you at the beginning of each year and whenever your benefit amount changes. This form must indicate your most recent benefit amounts and indicate if Medicare is deducted from your check. If you do not have your letter you may request one from the Social Security Office by telephoning **1-800-772-1213**. Your written verification will be mailed to you. You must then provide it to the Housing Authority. **Photocopies of SS and SSI checks and bank statements are NOT acceptable.**

To request a Proof of Income Letter from SSA's website, go to <http://www.socialsecurity.gov>. Click on the computer icon that says "Online Service" select the bar that says "Get Your Social Security Statement" under 'List of Services'. You will need to create a 'my social security account' by clicking on 'view your social security statement online' and following the prompts as a 'New User' to set up the account or 'Existing Users' to login to an account you've already created. To sign up you will need to provide basic personal information and an email address. You must then print and provide your statement to the Housing Authority.

STATE OF MAINE SUPPLEMENTAL (\$10) CHECK:

- A statement from the Department of Human Services

PENSION AND VA VERIFICATION:

- A letter or statement from the providing agency making the payment or an Award or benefit notification letter prepared by the providing agency indicating your current benefit amount. **Photocopies and bank statements are NOT acceptable.**

WAGE VERIFICATION:

- Your last four consecutive wage stubs **and**
- Name of your employer as well as the telephone number and the mailing address of your employer.

TANF VERIFICATION:

- Your most recent letter, statement or computer printout from the Department of Human Services.

CHILD SUPPORT VERIFICATION:

- A copy of the divorce decree or court document indicating the amount of child support provided. If this is not available, you may get a statement from the Department of Human Services, Recovery Unit or by using the portal: <https://gateway.maine.gov/dhhs/mecportal/ApplicationLogin.aspx>
- As a last resort, you may have the child support provider write a self-declaration as to how much he or she pays – this form must be notarized and sealed. This can be done at your City Hall or by any Notary Public.

VERIFICATION OF CHILD CUSTODY

Submit one of the following:

Court documentation, notarized letter from other parent, TANF letter issued from DHS, or Food Stamp letter.

Acceptable Methods of Asset Verification

- You must provide a letter or statement with the name, bank number and location of each institution where you have savings and/or checking account(s); Certificate of Deposit(s); stocks; bonds, etc.
- You must give the location of all real estate or property and provide a copy of the most recent tax bill for that real state or property

OTHER FORMS OF INCOME VERIFICATION:

- A letter or statement from the agency making the payment.



For Office Use Only

Date/Time/Initials Received: _____

SBI Reviewed: _____

Please complete this application in blue or black ink

HOUSING AUTHORITY OF THE CITY OF OLD TOWN - PRELIMINARY APPLICATION

A. HEAD OF HOUSEHOLD INFORMATION

1. Last Name: _____ First Name _____ Middle Initial _____

Social Security Number: _____ - _____ - _____ Date of Birth: _____

Social Security numbers must be provided for all household members except in the following instances. 1) Those household members who do not contend eligible immigration status. 2) Applicants who were age 62 or older as of January 31, 2010, and who do not have a SSN, if they were receiving HUD rental assistant at another location on January 31, 2010.

Has any member of the household ever used a different first or last name? Yes No If yes, list them here: _____

Has any member of the household lived in another State as an adult? Yes No If yes, list family members and the States in which they lived _____

2. **RACE/ETHNICITY** (please check): **National Origin:** Hispanic or Latino Not Hispanic or Latino
Race: White American Indian or Alaska Native Asian Black or African American Native Hawaiian or Other Pacific Islander Sex: Male Female I do not choose to provide this information

Information regarding race, national origin, and sex solicited on this application is requested solely to assure the Federal Government, acting through the Housing Authority of the City of Old Town, that federal laws prohibiting discrimination against applicants on the basis of race, color, national origin, religion, sex, marital status, age, or disability are being complied with. You are not required to furnish this information but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However, if you choose not to furnish it, the Housing Authority is required to note the race, national origin, and sex of the applicant based on visual observation or surname.

B. CURRENT ADDRESS & CONTACT INFORMATION (your situation as it is now)

Apt.# _____ Street: _____ City _____ State: _____ Zip _____

Your Mailing Address: _____

Your Telephone Number: _____ Other Contact Number: _____

Your email address: _____

Your Current Landlord/Owner: _____ Telephone _____

Landlord's Mailing Address: _____

What date did you move to this unit? _____

C. OTHER FAMILY MEMBERS (List all family members who will be living in the subsidized unit)

Full Name

Social Security #

Date of Birth

2. _____

3. _____

4. _____

5. _____

6. _____

D. INCOME (check all sources of income & amounts received by or on behalf of all household members)

<u>Source</u>	<u>Monthly Amount</u>	<u>Source</u>	<u>Weekly Amount</u>
___ TANF	\$ _____	___ Wages	\$ _____
___ Child Support	\$ _____	___ Wages	\$ _____
___ Social Security	\$ _____	___ Unemployment	\$ _____
___ SSI	\$ _____	___ Other: _____	\$ _____
___ Pension	\$ _____	___ Other: _____	\$ _____

If employed, list name and address of employers and the name of the family members employed: _____

Do you receive regular contributions from friends or family to maintain your household? Yes No

If yes, approximately how much do you receive per: Week \$ _____ or Month \$ _____

E. ASSETS (Check all that apply to your household and provide Acct. #s, Name and Address of Institution; use a separate sheet of paper if you need additional space)

___ Checking Acct.	Acct. # _____	Name of Bank _____
___ Checking Acct.	Acct. # _____	Name of Bank _____
___ Savings Acct.	Acct. # _____	Name of Bank _____
___ CD	Acct. # _____	Name of Bank _____
___ Bond	Acct. # _____	Name of Bank _____

Have you disposed of any assets (real estate, money, etc.) within the past two years? Yes No

If yes, list them here: _____

Do you currently own real estate? Yes No If yes, please explain and give location and type of real estate owned: _____

F. CHILDCARE EXPENSES (Complete **only for children age 12 and younger)**

Name of children cared for: _____ Age _____
 _____ Age _____
 _____ Age _____

Name and address of person or agency caring for children:

Weekly cost for childcare due to employment \$ _____
 Weekly cost for childcare due to education \$ _____

Is childcare cost covered by TANF or any other source? Yes No

If yes, explain _____

G. MEDICAL EXPENSES (Complete this part only if the Tenant or Co-tenant is 62 or older or has a disability)

Do you have Medicare? Yes No Do you have other medical insurance? Yes No

If yes, indicate medical insurance premiums that you pay from your own resources: \$ _____

Amount per month per household member: \$ _____

Medical Insurance Coverage (Name of Insurance Company & Address): _____

Are you receiving medical assistance through Medicaid (Mainecare) or other sources? Yes No

Projected costs **not** covered by insurance nor reimbursed for the next 12 months \$ _____

H. PAST ADDRESSES & LANDLORD CONTACT INFORMATION FOR ALL ADULT MEMBERS OF THE HOUSEHOLD

List all past residences for the **last five (5) years in order by date***. DO NOT leave any time period unaccounted for in the past five (5) years. You must indicate if your occupancy was in any other name other than your own.

Address #1: _____

Dates: From _____ To _____
(Move In date) (Move Out date)

Landlord/Owner's Name, Mailing Address & Telephone Number: _____

Address #2: _____

Dates: From _____ To _____
(Move In date) (Move Out date)

Landlord/Owner's Name, Mailing Address and Telephone Number: _____

Address #3: _____

Dates: From _____ To _____
(Move In date) (Move Out date)

Landlord/Owner's Name, Mailing Address and Telephone Number: _____

**Use a separate sheet of paper if you have more residences to list.*

I. CRIMINAL HISTORY: It is the policy of this Housing Authority to check the criminal history of people applying for housing/rental assistance. Failure to provide information or providing false information is cause to deny your application for rental assistance. List any and all criminal convictions of any and all members of your household regardless of the date the incident occurred. Give date, charge, town, State, court and disposition: _____

Is any member of the household subject to a lifetime registration requirement under a state sex offender registration program? Yes No If yes, who? _____

J. OTHER INFORMATION:

Have you ever been evicted: Yes No If yes, explain: _____

Has anyone on this application ever participated in a rental assistance program? Yes No
If yes, where? _____ When? _____ Under what name(s)? _____

Do you owe money for any reason to any Housing Authority or to any other Agency in connection with a rental assistance program? Yes No If yes, explain: _____

Does the applicant or spouse/co-applicant meet the HUD or Rural Development definition of an Elderly Person (at least 62 years of age or a person with a disability)? Yes No *What other information would you like us to have regarding accommodations you may require: _____

(If you meet the definition of a person with a disability as defined in Section 501 (b) of the Housing Act of 1949, the Fair Housing Act, the Americans with Disabilities Act, or Section 504 of the Rehabilitation Act of 1973, you have the right to request a reasonable accommodation to provide you with equal opportunity to participate in and enjoy the benefits of HUD and/or Rural Development Financed housing.)

Do you own pets?YesNo If yes, what type _____

Please describe here any other conditions or factors regarding your application or need for housing: _____

Are you or any other household member a student at an institution of higher education? Yes No

If yes, Household Member: _____ School: _____

**Institutes of higher education include post-secondary vocational institutions;” proprietary institutions of higher education” which prepare students for “gainful employment in a recognized occupation,” and accredited post-secondary colleges and universities. If you are unsure, check yes and we will verify the information.*

K. PROGRAMS AVAILABLE

Description of Programs: The Housing Authority administers several housing programs listed briefly below. Applicants are selected from a waiting list according to date and time of application.

Elderly/Disabled Housing: **Marsh Island Apartments** has 50 one-bedroom units on four floors and a Congregate Housing Services Program; **Bickmore Manor** has 13 one-bedroom units on three floors; **Penobscot Terrace** has 32 one-bedroom units and 9 two-bedroom units on three floors and **Dow III** has (8) one-bedroom units on one floor. All are located in Old Town. **Main View** is located in Orono and has 24 one-bedroom units on three floors. **Crosby Court** is also located in Orono with a total of 16 units consisting of one- and two-bedroom units. The Housing Authority may request that an In-Home Interview be performed prior to occupancy.

Family Housing: **Meadow Lane Apts. & Anderson Lane Apts.** are located in Old Town and have two-, three- and four-bedroom townhouse units. **Dow IV** located in Old Town and has (8) two- and three-bedroom townhouse units. **Hillside Apartments** is located in Bradley and has 24 one-bedroom units. The Housing Authority may request that an In-Home Interview be performed prior to occupancy.

Cowan Place & Laskey Court: Both of these properties are located in Old Town and were constructed in 2016. Both properties are market rate with no rental assistance. Housing Choice Vouchers are welcomed. Cowan Place has two 3-bedroom units and Laskey Court has two 1-bedroom units and four 2-bedroom units.

Unit Size and Program: You MUST indicate with a check mark the bedroom size(s) and programs for which you are applying.

Unit Size: One Bedroom Two-Bedroom Three-Bedroom Four-Bedroom

Program:

- | | |
|---|---|
| <input type="checkbox"/> Marsh Island Apts. (elderly/disabled) | <input type="checkbox"/> Meadow Lane & Anderson Lane (family) |
| <input type="checkbox"/> Bickmore Manor (elderly/disabled) | <input type="checkbox"/> Dow IV on Chapman St. (family) |
| <input type="checkbox"/> Penobscot Terrace (elderly/disabled) | <input type="checkbox"/> Hillside Apartments in Bradley |
| <input type="checkbox"/> Dow III on Rue Boulanger(elderly/disabled) | <input type="checkbox"/> Cowan Place (Chapman St, Old Town) |
| <input type="checkbox"/> Main View (elderly/disabled) | <input type="checkbox"/> Laskey Court (Burnham St, Old Town) |
| <input type="checkbox"/> Crosby Court (elderly/disabled) | |

L. Citizenship / Eligible Noncitizen Declaration: Print the name & check the status of each household member, sign & date. Adults will sign on behalf of minor children. Required for HUD eligibility. If you check **Eligible Noncitizen**, you will be asked to **sign a verification consent form** & provide USCIS documents for SAVE verification. If you check **Citizen**, proof of citizenship may be requested if your declaration cannot be automatically verified.

Name	Status: (<input type="checkbox"/> Citizen <input type="checkbox"/> National <input type="checkbox"/> Eligible Noncitizen <input type="checkbox"/> Does not contend)	Signature/Date
_____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	_____
_____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	_____
_____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	_____
_____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	_____
_____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	_____
_____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	_____

M. APPLICANT CERTIFICATION: I/We hereby certify that I/We do/will not maintain a separate subsidized rental unit in another location. I/We further certify that this will be my/our permanent residence. I/We understand that eligibility for housing will be based on HUD and/or Rural Developments income limits and by the written selection criteria and occupancy limits of the housing owner. I/We certify that all information in this application is true to the best of my/our knowledge, and I/we understand that information false statements or are punishable by law and will lead to cancellation of this application or termination of tenancy after occupancy.

Applicant Signature _____ **Date** _____

Co-Applicant/Spouse Signature _____ **Date** _____

Other Adult Signature _____ **Date** _____

WARNING Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentation to any department or agency of the U.S. as to any matter within its jurisdiction. Furnishing false or incomplete information can result in a fine of up to \$10,000 or imprisonment for up to five years.



Did you sign, date and complete all sections of this form accurately? Did you attach income verification, copies of Social Security Cards & Birth Certificates as required? Did you indicate the program(s) and bedroom size for which you are applying?



Equal Housing Opportunity



Violence Against Women Act (VAWA) Protections

The Violence Against Women Act (VAWA) provides housing protections for individuals who are victims of **domestic violence, dating violence, sexual assault, or stalking**. These protections apply to applicants and participants in HUD-covered housing programs administered by this PHA, regardless of sex, gender identity, or sexual orientation.

Protections

An applicant may not be denied admission or assistance solely because they are or have been a victim of domestic violence, dating violence, sexual assault, or stalking, if otherwise qualified.

Incidents of domestic violence, dating violence, sexual assault, or stalking:

- Will not be considered a serious or repeated lease violation by the victim;
- Will not be considered criminal activity directly relating to the victim; and
- Will not be considered other good cause for denial, termination, or eviction.

If a household member engages in criminal acts of violence against other household members, the PHA may bifurcate the lease to remove the perpetrator while allowing the victim & other eligible household members to remain in the unit.

Limitations

Assistance may be denied or terminated if:

1. The action is based on a lease violation unrelated to domestic violence, dating violence, sexual assault, or stalking, and the same standards are applied to all applicants or participants; or
2. There is an actual and imminent threat to other tenants or staff that cannot be reduced by other reasonable actions.

Emergency Transfers

Victims of domestic violence, dating violence, sexual assault, or stalking may request an emergency transfer to another Public Housing unit for safety reasons, subject to unit availability and program requirements. The PHA maintains an Emergency Transfer Plan in accordance with federal regulations.

Confidentiality

All information regarding an individual's status as a victim will be kept confidential and will not be disclosed without written consent, except as required by law.

Documentation

If VAWA protections are requested, the agency may request written documentation. Acceptable forms include:

- HUD Form 5382 (self-certification);
- A document signed by a victim service provider, attorney, medical or mental health professional; or
- A police report or court record.

Documentation must be submitted within 14 business days of request (unless extended).

Notice of Occupancy Rights

Formal Notice of Occupancy Rights Under VAWA (HUD-5380) will be provided at admission, denial of assistance, or termination, as required by federal regulation.

For additional information, contact the agency or HUD's Office of Fair Housing and Equal Opportunity at 1-800-669-9777 (TTY: 1-800-877-8339).

Authorization for the Release of Information/Privacy Act Notice to the U.S. Department of Housing and Urban Development and the Housing Agency/Authority (HA)

U.S. Department of Housing and Urban Development, Office of Public and Indian Housing

PHA or IHA requesting release of information (full address, name of contact person, and date):

Housing Authority of the City of Old Town, 358 Main Street, PO Box 404, Old Town, ME 04468

Authority: Section 904 of the Stewart B. McKinney Homeless Assistance Amendments Act of 1988, as amended by Section 903 of the Housing and Community Development Act of 1992 and Section 3003 of the Omnibus Budget Reconciliation Act of 1993. This law is found at 42 U.S.C. 3544. This law requires you to sign a consent form authorizing: (1) HUD, and the Housing Agency/Authority (HA) to request verification of salary and wages from current or previous employers; (2) HUD and the HA to request wage and unemployment compensation claim information from the state agency responsible for keeping that information; and (3) HUD to request certain tax return information from the U.S. Social Security Administration and the U.S. Internal Revenue Service.

Section 104 of the Housing Opportunity and Modernization Act of 2016. The relevant provisions are found at 42 U.S.C. 1437n. This law requires you to sign a consent form authorizing the HA to request verification of any financial record from any financial institutions as defined in the Right to Financial Privacy Act (12 U.S.C. 3401)), whenever the HA determines the record is needed to determine an applicant's or participant's eligibility for assistance or level of benefits.

Purpose: In signing this consent form, you are authorizing HUD and the above-named HA to request income information from the sources listed on the form. HUD and the HA need this information to verify your household's income, in order to ensure that you are eligible for assisted housing benefits and that these benefits are set at the correct level. HUD and the HA may participate in computer matching programs with these sources in order to verify your eligibility and level of benefits.

Uses of Information to be Obtained: HUD is required to protect the income information it obtains in accordance with the Privacy Act of 1974, 5 U.S.C. 552a. HUD may disclose information (other than tax return information) for certain routine uses, such as to other government agencies for law enforcement purposes, to Federal agencies for employment suitability purposes and to HAs for the purpose of determining housing assistance. The HA is also required to protect the income information it obtains in accordance with any applicable State privacy law. HUD and HA employees may be subject to penalties for unauthorized disclosures or improper uses of the income information that is obtained based on the consent form.

Private owners may not request or receive information authorized by this form.

Who Must Sign the Consent Form: Each member of your family who is 18 years of age or older must sign the consent form. Additional signatures must be obtained from new adult members joining the family or whenever members of the family become 18 years of age.

Persons who apply for or receive assistance under the following programs are required to sign this consent form:

- Public Housing
- Housing Choice Voucher
- Section 8 Moderate Rehabilitation

Failure to Sign Consent Form: Your failure to sign the consent form may result in the denial of eligibility or termination of assisted housing benefits, or both. Denial of eligibility or termination of benefits is subject to the HA's grievance procedures and Section 8 informal hearing procedures.

Revocation of consent: If you revoke consent, the PHA will be unable to verify your information, although the data matches between HUD and other agencies will continue to automatically occur in the Enterprise Income Verification (EIV) System if the family is not terminated from the program.

Sources of Information to be Obtained

State Wage Information Collection Agencies. (This consent is limited to wages and unemployment compensation I have received when I have received assisted housing benefits.)

U.S. Social Security Administration (HUD only) (This consent is limited to the wage and self-employment information and payments of retirement income as referenced at Section 6103(l)(7)(A) of the Internal Revenue Code.)

U.S. Internal Revenue Service (HUD only) (This consent is limited to unearned income [i.e., interest and dividends].)

Information may also be obtained directly from: (a) current and former employers concerning salary and wages; and (b) financial institutions as defined in the Right to Financial Privacy Act (12 U.S.C. 3401), whenever the HA determines the record is needed to determine an applicant's or participant's eligibility for assistance or level of benefits. I understand that income information obtained from these sources will be used to verify information that I provide in determining eligibility for assisted housing programs and the level of benefits. Therefore, this consent form only authorizes release directly from employers and financial institutions of information.

Consent: I consent to allow HUD or the HA to request and obtain income information from the sources listed on this form for the purpose of verifying my eligibility and level of benefits under HUD’s assisted housing programs. I understand that HAs that receive income information under this consent form cannot use it to deny, reduce or terminate assistance without first independently verifying what the amount was, whether I actually had access to the funds and when the funds were received. In addition, I must be given an opportunity to contest those determinations.

This consent form remains effective until the earliest of (i) the rendering of a final adverse decision for an assistance applicant; (ii) the cessation of a participant’s eligibility for assistance from HUD and the PHA; or (iii) The express revocation by the assistance applicant or recipient (or applicable family member) of the authorization, in a written notification to HUD or the PHA.

Signatures:

_____		_____	
Head of Household	Date		
_____		_____	
Social Security Number (if any) of Head of Household		Other Family Member over age 18	Date
_____		_____	
Spouse	Date	Other Family Member over age 18	Date
_____		_____	
Other Family Member over age 18	Date	Other Family Member over age 18	Date
_____		_____	
Other Family Member over age 18	Date	Other Family Member over age 18	Date

Privacy Advisory. Authority: The Department of Housing and Urban Development (HUD) is authorized to collect this information by the U.S. Housing Act of 1937 (42 U.S.C. 1437 et. seq.), Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d), and by the Fair Housing Act (42 U.S.C. 3601-19). Purpose: This form authorizes HUD and the above-named HA to request income information to verify your household’s income in order to ensure that you are eligible for assisted housing benefits and that these benefits are set at the correct level. Failure to provide any of the requested information may result in a delay or rejection of your eligibility approval.

Penalties for Misusing this Consent: HUD and the HA (or any employee of HUD or the HA) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on the form HUD 9886 is restricted to the purposes cited on the form HUD 9886. Any person who knowingly or willfully requests, obtains, or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be a ppropriate, against the officer or employee of HUD or the HA for the unauthorized disclosure or improper use.

OMB Burden Statement. The public reporting burden for this information collection is estimated to be 0.16 hours for new admissions and .08 hours for household members turning 19, including the time for reviewing, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Collection of information income and assets is required for program eligibility determination purposes. The submission of the consent form is necessary (form-HUD 9886) so that PHAs can carry out the requirements of Section 904 of the Stewart B. McKinney Homeless Assistance Amendments Act of 1988, as amended by Section 903 of the Housing and Community Development Act of 1992 and Section 3003 of the Omnibus Budget Reconciliation Act of 1993 (42 U.S.C. 3544) and Section 104 of HOTMA to ensure that HUD and PHAs can verify eligibility and income information for applicants and participants. This information collection is protected from disclosure by the Privacy Act. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions to reduce this burden, to the Office of Public and Indian Housing, US. Department of Housing and Urban Development, Washington, DC 20410. When providing comments, please refer to OMB Approval No. 2577-0295. HUD may not conduct and sponsor, and a person is not required to respond to, a collection of information unless the collection displays a valid control number.



Housing Authority of the City of Old Town
358 Main Street • P.O. Box 404 • Old Town, ME 04468-0404
Tel 207-827-6151 • Fax 207-827-1502 • TTY Relay 711
www.oldtownhousing.net

AUTHORIZATION FOR THE RELEASE OF INFORMATION

CONSENT: I authorize and direct any Federal, State, or local agency, organization, business, or individual to release to Housing Authority of the City of Old Town any information or materials needed to complete and verify my application for participation, and/or to maintain my continued assistant under the Section 8, Rental Rehabilitation, Low-Income Public or Indian Housing, and/or other housing assistance programs. I understand and agree that this authorization or the information obtained with its use may be given to and used by the Department of Housing and Urban Development (HUD) in administering and enforcing program rules and policies.

INFORMATION COVERED: I understand that, depending on program policies and requirements, previous or current information regarding me or my household may be needed. Verifications and inquiries that may be requested include but are not limited to:

- | | | |
|----------------------------------|--------------------------------|--------------------------------|
| Identity and Marital Status | Employment, Income, and Assets | Residences and Rental Activity |
| Medical or Child Care Allowances | Credit and Criminal Activity | |

I understand that this authorization cannot be used to obtain any information about me that is not pertinent to my eligibility for and continued participation in a housing assistance program.

GROUP OR INDIVIDUALS THAT MAY BE ASKED: The groups or individuals that may be asked to release the above information (depending on program requirements) include, but are not limited to:

- | | | |
|--|--|---|
| Previous Landlords (including Public Housing Agencies) | Past and Present Employers
Welfare Agencies | Veterans Administration
Retirement Systems |
| Courts and Post Offices | State Unemployment Agencies | Banks and other Financial Institutions |
| Schools and Colleges | Social Security Administration | Credit providers and Credit Bureaus |
| Law Enforcement Agencies | Medical and Child Care Providers | Utility Companies |
| Support and Alimony Providers | Dept. of Human Services | Insurance Companies |

COMPUTER MATCHING NOTICE AND CONSENT: I understand and agree that HUD or the Public Housing Authority may conduct computer matching programs to verify the information supplied for my application or recertification. If a computer match is done, I understand that I have a right to notification of any adverse information found and a chance to disprove that information. HUD may in the course of its duties exchange such automated information with other Federal, State, or local agencies, including but not limited to: State Employment Security Agencies; Department of Defense; Office of Personnel Management; the U.S. Postal Service; the Social Security Agency; and State welfare and food stamp agencies.

CONDITIONS: I agree that a photocopy of this authorization may be used for the purposes stated above. This authorization will stay in affect for fifteen months from the date signed:

SIGNATURES

PRINTED/TYPED NAME

Head of Household:	_____	_____	Date: _____
Spouse:	_____	_____	Date: _____
Adult Member:	_____	_____	Date: _____
Adult Member:	_____	_____	Date: _____
Adult Member:	_____	_____	Date: _____

WARNING: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentation to any Department or Agency of the U.S. as to any matter within its jurisdiction.



Authorization to Release Information

We are committed to the privacy of your information.
Please read this form carefully.

Which office(s) should help you? Please check.

<input type="checkbox"/> Office of MaineCare Services	<input type="checkbox"/> Office of Behavioral Health
<input type="checkbox"/> Office for Family Independence and Medical Review Team	<input type="checkbox"/> Office of Child and Family Services
<input type="checkbox"/> Maine Center for Disease Control and Prevention	<input type="checkbox"/> Office of Aging and Disability Services
<input type="checkbox"/> Dorothea Dix Psychiatric Center	<input type="checkbox"/> Division of Administrative Hearings
<input type="checkbox"/> Riverview Psychiatric Center	<input type="checkbox"/> Other:
<input type="checkbox"/> Division of Licensing and Certification	<input type="checkbox"/> Other:

Whose information will be disclosed? Please print clearly.

Individual's Name	Date of Birth		
Home Address	Town/City	State	Zip Code
Telephone	Email address of individual/personal representative (optional)		

Please check: Release/Send my information to: Obtain/Get my information from:

Name of Individual	Organization	
Address	City/State	Zip Code
Telephone	Email address (optional)	

What is the purpose of the disclosure?

<input type="checkbox"/> Personal request	<input type="checkbox"/> To coordinate or manage my care
<input type="checkbox"/> For a legal matter, including testimony	<input type="checkbox"/> To see whether I qualify for insurance coverage, services, or benefits
<input type="checkbox"/> Other:	

To share the information with others by EMAIL, please read, initial and complete the following:

I understand that email and the internet have risks that the office sharing my information cannot control. It is possible that my emailed information could be read by a third party. I ACCEPT THOSE RISKS and still ask to send my information by email. INITIALHERE _____
Please print the email address where you want your information sent:

What should be released or obtained about the individual named on this form? Please check all that apply.

<p><u>General permission:</u></p> <p><input type="checkbox"/> All health information from the office(s) checked above</p> <p><input type="checkbox"/> Insurance Claims or encounter data (information about visits to health care providers)</p> <p><input type="checkbox"/> Financial information including billing, payment, income, banking, assets</p> <p><input type="checkbox"/> Limit to the following date(s) or type(s) of information: (e.g., “Lab test dated June 2, 2025” or “Claims from 2024”) _____</p> <p><input type="checkbox"/> Other: _____</p>	<p><u>Special permission: Drug/Alcohol Treatment or Referral</u></p> <p><input type="checkbox"/> Include all drug/alcohol information in the release</p> <p><input type="checkbox"/> Include only the specific drug/alcohol records checked:</p> <p><input type="checkbox"/> Diagnosis and treatment</p> <p><input type="checkbox"/> Clinical notes and discharge summaries</p> <p><input type="checkbox"/> Drug/Alcohol history or summary</p> <p><input type="checkbox"/> Payment or claims information</p> <p><input type="checkbox"/> Living situation and social supports</p> <p><input type="checkbox"/> Medication, dosages or supplies</p> <p><input type="checkbox"/> Lab results</p> <p><input type="checkbox"/> Other: _____</p>
<p><u>Special permission: Mental/Behavioral Health Services</u></p> <p><input type="checkbox"/> Include this information in the release</p> <p><input type="checkbox"/> I want to review my mental health/behavioral health record before release. I understand that the review will be supervised.</p> <p>Please note: Maine law lets us share this information with other health care providers and health plans to coordinate and manage your care (to help take care of you). We will make a reasonable effort to notify you of the release.</p>	<p><u>Special permission: HIV/AIDS Status/Test Results</u></p> <p><input type="checkbox"/> Include this information in the release</p> <p>Please note: Maine law requires us to tell you of possible effects of releasing HIV/AIDS information. For example, you may receive more complete care if you release this information, but you could experience discrimination if it is misused. Your HIV/AIDS-related information, and all of your data, will be protected as the law requires.</p>

I understand and agree that:

- I am signing this form voluntarily. I have the right to a signed copy of this form if I request one.
- My treatment, payment for services, or benefits will not depend on whether I sign this form unless I am requesting or disclosing information to apply for benefits.
- “Information” may be in written, spoken and/or electronic format, and includes information about me from other healthcare providers (such as doctors, hospitals, and counselors) that is included in my files. My signature allows the people/offices named on the reverse to discuss my information for the purposes noted on this form.
- My information will be kept confidential as required by law. If I choose to share my information with others who are not required by law to keep it private, it may no longer be protected by federal confidentiality laws.
- If alcohol or drug treatment or program (substance use disorder) records are included in this release, a notice will be included with the records saying that such information may not be re-released or shared without my written permission.
- I may revoke (take back) my permission to release my information by filling out the Revocation Form found at <http://www.maine.gov/dhhs/privacy/index.shtml> and sending it to the office that shared my information. The Revocation Form is effective only after it is received and does not apply to information that was already shared.
- If I take back my permission or refuse to release some or all of my information, my choice could lead to an improper diagnosis or treatment, or denial of insurance.
- This form expires **one year** from the date below unless I write an earlier date here: _____
- Additional releases of information are permitted until this form expires.

Please check: I affirm that the written or digital signature below is mine, and that I have the authority to sign this document.

Date: _____ **Signature:** _____

Printed name: _____

Personal Representative’s authority to sign: Parent Legal Guardian Conservator Other (Explain): _____

Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING

This form is to be provided to each applicant for federally assisted housing

Instructions: Optional Contact Person or Organization: You have the right by law to include as part of your application for housing, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. **You may update, remove, or change the information you provide on this form at any time.** You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form.

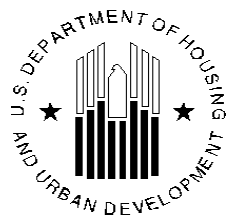
Applicant Name:	
Mailing Address:	
Telephone No:	Cell Phone No:
Name of Additional Contact Person or Organization:	
Address:	
Telephone No:	Cell Phone No:
E-Mail Address (if applicable):	
Relationship to Applicant:	
Reason for Contact: (Check all that apply)	
<input type="checkbox"/> Emergency	<input type="checkbox"/> Assist with Recertification Process
<input type="checkbox"/> Unable to contact you	<input type="checkbox"/> Change in leaseterms
<input type="checkbox"/> Termination of rental assistance	<input type="checkbox"/> Change in houserules
<input type="checkbox"/> Eviction from unit	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Late payment of rent	
Commitment of Housing Authority or Owner: If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.	
Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
Legal Notification: Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.	

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

Signature of Applicant	Date

The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). The public reporting burden is estimated at 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Section 644 of the Housing and Community Development Act of 1992 (42 U.S.C. 13604) imposed on HUD the obligation to require housing providers participating in HUD's assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend, or person associated with a social, health, advocacy, or similar organization. The objective of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any delivery of services or special care to the tenant and assist with resolving any tenancy issues arising during the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and maintained as confidential information. Providing the information is basic to the operations of the HUD Assisted-Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fraud, waste and mismanagement. In accordance with the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless the collection displays a currently valid OMB control number.

Privacy Statement: Public Law 102-550, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions.



U.S. Department of Housing and Urban Development Office of Public and Indian Housing

DEBTS OWED TO PUBLIC HOUSING AGENCIES AND TERMINATIONS

Paperwork Reduction Notice: Public reporting burden for this collection of information is estimated to average 7 minutes per response. This includes the time for respondents to read the document and certify, and any record keeping burden. This information will be used in the processing of a tenancy. Response to this request for information is required to receive benefits. The agency may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number. The OMB Number is 2577-0266, and expires 06/30/2026.

NOTICE TO APPLICANTS AND PARTICIPANTS OF THE FOLLOWING HUD RENTAL ASSISTANCE PROGRAMS:

- Public Housing (24 CFR 960)
- Section 8 Housing Choice Voucher, including the Disaster Housing Assistance Program (24 CFR 982)
- Section 8 Moderate Rehabilitation (24 CFR 882)
- Project-Based Voucher (24 CFR 983)

The U.S. Department of Housing and Urban Development maintains a national repository of debts owed to Public Housing Agencies (PHAs) or Section 8 landlords and adverse information of former participants who have voluntarily or involuntarily terminated participation in one of the above-listed HUD rental assistance programs. This information is maintained within HUD's Enterprise Income Verification (EIV) system, which is used by Public Housing Agencies (PHAs) and their management agents to verify employment and income information of program participants, as well as, to reduce administrative and rental assistance payment errors. The EIV system is designed to assist PHAs and HUD in ensuring that families are eligible to participate in HUD rental assistance programs and determining the correct amount of rental assistance a family is eligible for. All PHAs are required to use this system in accordance with HUD regulations at 24 CFR 5.233.

HUD requires PHAs, which administers the above-listed rental housing programs, to report certain information at the conclusion of your participation in a HUD rental assistance program. This notice provides you with information on what information the PHA is required to provide HUD, who will have access to this information, how this information is used and your rights. PHAs are required to provide this notice to all applicants and program participants and you are required to acknowledge receipt of this notice by signing page 2. Each adult household member must sign this form.

What information about you and your tenancy does HUD collect from the PHA?

The following information is collected about each member of your household (family composition): full name, date of birth, and Social Security Number.

The following adverse information is collected once your participation in the housing program has ended, whether you voluntarily or involuntarily move out of an assisted unit:

1. Amount of any balance you owe the PHA or Section 8 landlord (up to \$500,000) and explanation for balance owed (i.e. unpaid rent, retroactive rent (due to unreported income and/ or change in family composition) or other charges such as damages, utility charges, etc.); and
2. Whether or not you have entered into a repayment agreement for the amount that you owe the PHA; and
3. Whether or not you have defaulted on a repayment agreement; and
4. Whether or not the PHA has obtained a judgment against you; and
5. Whether or not you have filed for bankruptcy; and
6. The negative reason(s) for your end of participation or any negative status (i.e., abandoned unit, fraud, lease violations, criminal activity, etc.) as of the end of participation date.

Who will have access to the information collected?

This information will be available to HUD employees, PHA employees, and contractors of HUD and PHAs.

How will this information be used?

PHAs will have access to this information during the time of application for rental assistance and reexamination of family income and composition for existing participants. PHAs will be able to access this information to determine a family's suitability for initial or continued rental assistance, and avoid providing limited Federal housing assistance to families who have previously been unable to comply with HUD program requirements. If the reported information is accurate, a PHA may terminate your current rental assistance and deny your future request for HUD rental assistance, subject to PHA policy.

How long is the debt owed and termination information maintained in EIV?

Debt owed and termination information will be maintained in EIV for a period of up to ten (10) years from the end of participation date or such other period consistent with State Law.

What are my rights?

In accordance with the Federal Privacy Act of 1974, as amended (5 USC 552a) and HUD regulations pertaining to its implementation of the Federal Privacy Act of 1974 (24 CFR Part 16), you have the following rights:

1. To have access to your records maintained by HUD, subject to 24 CFR Part 16.
2. To have an administrative review of HUD's initial denial of your request to have access to your records maintained by HUD.
3. To have incorrect information in your record corrected upon written request.
4. To file an appeal request of an initial adverse determination on correction or amendment of record request within 30 calendar days after the issuance of the written denial.
5. To have your record disclosed to a third party upon receipt of your written and signed request.

What do I do if I dispute the debt or termination information reported about me?

If you disagree with the reported information, you should contact in writing the PHA who has reported this information about you. The PHA's name, address, and telephone numbers are listed on the Debts Owed and Termination Report. You have a right to request and obtain a copy of this report from the PHA. Inform the PHA why you dispute the information and provide any documentation that supports your dispute. HUD's record retention policies at 24 CFR Part 908 and 24 CFR Part 982 provide that the PHA may destroy your records three years from the date your participation in the program ends. To ensure the availability of your records, disputes of the original debt or termination information must be made within three years from the end of participation date; otherwise the debt and termination information will be presumed correct. Only the PHA who reported the adverse information about you can delete or correct your record.

Your filing of bankruptcy will not result in the removal of debt owed or termination information from HUD's EIV system. However, if you have included this debt in your bankruptcy filing and/or this debt has been discharged by the bankruptcy court, your record will be updated to include the bankruptcy indicator, when you provide the PHA with documentation of your bankruptcy status.

The PHA will notify you in writing of its action regarding your dispute within 30 days of receiving your written dispute. If the PHA determines that the disputed information is incorrect, the PHA will update or delete the record. If the PHA determines that the disputed information is correct, the PHA will provide an explanation as to why the information is correct.

This Notice was provided by the below-listed PHA:

Housing Authority of the City of Old Town
358 Main Street
PO BOX 404
Old Town, ME 04468-0404

**I hereby acknowledge that the PHA provided me with the
*Debts Owed to PHAs & Termination Notice:***

Signature

Date

Printed Name