

MDI & Ellsworth Housing Authorities

P.O. Box 28, Bar Harbor, ME 04609
Tel / TTY 207-288-4770 Fax: 207-288-4559
Website: www.emdiha.org

Henry Duane Bartlett, Executive Director

Public Housing Application Instructions:

Please: A) fill each page out completely (some are double sided) B) sign & date all form(s) where indicated, & C) send the required documentation listed below **with** the application. Thank you! You will receive notification by mail once the application has been processed. You may call 207-288-4770, ext. 127 with any questions.

You **MUST** send **COPIES** of the following w/ the application:

1. Social Security cards for all household members.
2. Birth Certificates for all household members.
3. Valid driver's licenses *or* state photo I.D.s, for everyone 18 and over.
4. Documentation for **every** source of income the household receives (refer to Section "E" of the application for examples). If you collect SS, SSI, or SSDI, please send a copy of your benefit letter as well as a bank statement reflecting direct deposit. Income and financial statements of any kind must be current and sources will be verified.
5. Fill out, sign and date the Landlord / Personal References form. (If you have been a homeowner, please provide proof of home ownership.) *Complete addresses* are required; street and apartment numbers, town or city and zip codes.
6. Veterans: Please provide DD214 form or similar verification.
7. Proof of Residency: Proof of physical address (not a P.O. Box); ie, copy of your driver's license, utility bill, voter registration, etc.
8. Citizenship documentation; please provide copies of ALL documentation. For example: Permanent Resident Cards, I-94's, naturalization papers, passports, birth certificates, etc. Copy front AND back of all documents. Please note, we are required to verify all documentation with the U.S. Customs and Immigration Service.

If English is not your first language, you have the right to request an interpreter free of charge. Please contact the Housing Authorities immediately to request that an interpreter be available for your appointment.

If you are a person with disabilities, and you believe that your disability is a mitigating factor, or if you believe a specific reasonable accommodation would allow the PHA to reconsider this decision, you may request an accommodation. Please do so by contacting the Housing Authorities immediately.

Mount Desert Island and Ellsworth Housing Authorities

80 Mount Desert Street

PO Box 28

Bar Harbor, Maine 04609

Phone 207-288-4770 | Fax: 207-288-4559 | TTY 207-288-4770



Things You Should Know

PLEASE READ & SIGN REVERSE SIDE

(TO ASSURE CONFIDENTIALITY AND YOUR PRIVACY, PLEASE, DO NOT FAX THESE FORMS)

DON'T RISK YOUR CHANCES FOR FEDERALLY ASSISTED HOUSING BY PROVIDING FALSE, INCOMPLETE, OR INACCURATE INFORMATION.

PURPOSE

This is to inform you that there is certain information you must provide when applying for federally funded assisted housing. there are penalties that apply if you knowingly omit or give false information

PENALTIES FOR COMMITTING FRAUD

The United States department of housing and urban development places a high priority on preventing fraud. If your application or recertification form contain fails or incomplete information, you may be:

- ◆ Evicted from your apartment
- ◆ Required to repay all overpaid rental assistance received
- ◆ Fined up to \$5,000.00
- ◆ Imprisoned for up to five (5) years and/or
- ◆ Prohibited from receiving future assistance

YOUR STATE AND LOCAL GOVERNMENTS MAY HAVE OTHER LAWS AND PENALTIES AS WELL

COMPLETING THIS APPLICATION

When giving your answers, you **MUST** include the following:

- ◆ All sources of income you and/or any adult household member who will be living with you receive (i.e. full-time and part-time wages, self-employment income, alimony, social security, pensions, etc.)
- ◆ Any income you receive on behalf of your children (i.e. child support, social security or supplemental social security, welfare etc.)
- ◆ Income from assets (i.e. interest from savings or checking accounts, certificates of deposit, dividends from stocks and/or bonds etc.)
- ◆ Regular income you and/or any adult household member receive from sales through on-line markets such as eBay or Craig's list
- ◆ Any anticipated income (i.e. bonuses, anticipated raises)
- ◆ All bank checking and savings accounts, savings bonds, certificates of deposit, stocks, mutual funds, real estate etc. that are owned by you and/or any household member who will be living with you
- ◆ Any asset you have disposed of or business or property that you sold in the last two (2) years for less than its full value (i.e. the sale of your home to your children)
- ◆ The names, social security numbers and dates of birth for all the people (adults and children) who will be living with you if you are selected for to participate in our subsidized housing programs, regardless of whether they are related or not.

ASKING QUESTIONS

If you have any questions while filling out this application please call 207-288-4770



SIGNING THE APPLICATION

Do not sign any form unless you have read it, understand it, are sure everything is complete and accurate and you agree to the terms. When you sign the application and certification forms, you are claiming that they are complete and accurate to the best of your knowledge and belief. You are committing fraud if you sign a form knowing that it contains false or misleading information. Information you give on your application must and will be verified by our housing staff.

RECERTIFICATIONS

Going forward you will be asked to provide updated information on an annual basis. You must always report any changes in your household's income or composition immediately. In addition, you must report them on the Annual Recertification form. Changes include, but are not limited to:

- ◆ Increases in income from wages, change of employment, additional income from a second job, COLA increases to Social Security and/or Supplemental Social Security benefits or pensions etc.)
- ◆ The addition or removal of a household member
- ◆ All assets that you and/or any household member who will be living with you sell or dispose of for less than full value
- ◆

BEWARE OF FRAUD

You should be aware of the following fraud schemes:

- ◆ Never pay any money to file an application for housing assistance
- ◆ Never pay to be "moved up" on a waiting list
- ◆ Never pay for anything not covered in your lease
- ◆ Always request a receipt for anything you pay for
- ◆ Always request a written explanation if you are required to pay money for services other than rent (such as maintenance charges)

REPORTING ABUSE

If you are aware that someone has provided false information on an application with us, or if anyone tries to persuade you to make false statements on their behalf, report them to the manager of your project or Public Housing Authority. If you cannot report fraud or abuse to the manager, please call the local HUD Hotline at 202-472-4200. You can also write to:

**The HUD Hotline
Room 8254, 451 Seventh Street
SW, Washington, DC 20410**

By signing this I certify that I (we) have read and understand the terms of this application and authorize the MDI & Ellsworth Housing Authorities to hold me accountable and responsible for the information provided:

Signature _____
Head of Household

Date _____

Signature _____
Spouse, Co-Head or Other Adult Household Member

Date _____

Signature _____
Spouse, Co-Head or Other Adult Household Member

Date _____

In the case of involuntary transfers, tenant shall be required to move into the dwelling unit made available by the authority. Tenant shall be given a 30-day written notice to move following delivery of transfer of notice. If tenant refuses to move, the authority may terminate the lease.

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WAITING LIST SELECTION

Please check to which Public Housing waiting list(s) you are applying.

Note: the MDI & Ellsworth Housing Authorities cannot provide emergency placement; all properties and programs have Waiting Lists.

FAMILY housing

Income eligible families

Development Name

Development Address

☐

Eden Apartments
(2 or 3-bedroom units)

Woodbury Road, Bar Harbor

☐

Birchwood Apartments
(2 or 3-bedroom units)

Birchwood Ln Bass Harbor/Tremont

ELDERLY/DISABLED housing

Income eligible elderly households and persons with disabilities

Development Name

Development Address

☐

Birchwood Apartments

Birchwood Lane, Bass Harbor/Tremont

☐

Eden Apartments

Prospect Avenue and Woodbury Road, Bar Harbor

☐

Maine State Apartments

Mount Desert Street, Bar Harbor

☐

Malvern Belmont Estates

Mount Desert Street, Bar Harbor

☐

Maple Lane Apartments

Maple Lane Northeast Harbor/ Mount Desert

☐

Norwood Cove Apartments

Main Street Southwest Harbor

☐

Ridge Apartments

Village Greenway Southwest Harbor

☐

Rodick Lorraine Apartments

Eagle Lake Road Bar Harbor

☐

One Bedroom

☐

Two Bedroom

☐

Union River Estates

Water Street Ellsworth

☐

One Bedroom

☐

Two Bedroom



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SCREENING QUESTIONNAIRE

INSTRUCTIONS: Please, print clearly, & provide accurate information, to the best of your knowledge. Provide ALL documents listed. Sign where required. Please note that incomplete applications cannot be processed. All information will be verified by the Housing Authorities.

A. HEAD OF HOUSEHOLD:

Applicant Name (First / Middle / Last) _____

Home # _____ Work # _____ Cell # _____

Social Security Number _____ Date of Birth _____ Gender _____

Mailing Address _____

City/Town _____ State _____ Zip _____

E-Mail Address _____

Most Recent Previous Address: _____

City/Town _____ State _____ Zip _____

Person we should contact (outside of your household) if we are unable to reach you:

Name _____ Relationship _____ Telephone # _____

For Statistical Use Only: (you are not required to answer these questions, they are for statistical data only)

Race of Head of Household

- ☐ White
- ☐ Black/African American
- ☐ American Indian/Alaskan Native
- ☐ Asian
- ☐ Native Hawaiian/Other Pacific Island

Ethnicity of Head of Household

- ☐ Hispanic
- ☐ Non-Hispanic

Do you require a translator?

- ☐ Yes, Language? _____
- ☐ No

Do you require an American Sign Language Interpreter? ☐ No ☐ Yes

B. HOUSEHOLD COMPOSITION; list first, middle initial and last name

	Name of Household Member	Social Security #	Date of Birth	Relationship	Gender
1					
2					
3					
4					
5					
6					
7					

C. PREFERENCE DETERMINATION QUESTIONS:

1. Are you an honorably discharged veteran? ☐ YES ☐ NO
If yes please submit a copy of your DD214 or other verifiable document as verification with this application.
2. Have you been displaced by a natural disaster or Government action? ☐ YES ☐ NO
If yes please submit a copy of your Letter of Priority Entitlement (LOPE) or other verifiable document as verification with this application.
3. Do you live, work or have you been hired to work in our jurisdiction? ☐ YES ☐ NO
If yes please submit a letter from your landlord, copy of your current lease or recent paystub as verification with this application.
4. Are you, or is anyone in your family, a person living with disabilities who may require reasonable accommodation in order to fully utilize our programs and services? ☐ YES ☐ NO
If yes please note, we may need to verify your status as an individual living with disability through verification from your physician at the time of screening.

D. INCOME: Do you, or does anyone in your household, work or expect to return to or begin working within the next 6 months? ☐ YES ☐ NO

Name _____ Occupation _____
Employer's Name _____ Supervisor's Name _____
Address _____
Telephone _____ Gross Wages per Month \$ _____

Name _____ Occupation _____
Employer's Name _____ Contact Name _____
Address _____
Telephone _____ Gross Wages per Month \$ _____

E. SELF EMPLOYMENT INCOME: Do you, or does anyone in your household, earn income through Self-Employment? (i.e. small business, selling items at fairs or online using on line markets or lists such as eBay or Craig's list)

☐ YES ☐ NO If yes, explain below and provide current Federal Tax Forms and attachments

Name and nature of business: _____

F. ADDITIONAL INCOME SOURCES:

1. Do you, or does anyone in your household, receive regular contributions, gifts or loans from any source outside your household such as a parent or friend paying or helping to pay for a bill, or buying you household necessities? ☐ YES ☐ NO

If yes, complete the following:

Item Received	Value of Item	Who Gives the Item?
---------------	---------------	---------------------

Item Received	Value of Item	Who Gives the Item?
---------------	---------------	---------------------

2. Do you, or does anyone in your, household receive any income that you do not declare? If yes, explain:

3. Does anyone (including children) receive or expect to receive money from any of the sources listed below? Check "YES" or "NO" for each item. If YES, list who and amount.

ITEM	YES	NO	RECIPIENT	MONTHLY AMOUNT	REC'D FROM
Training	<input type="checkbox"/>	<input type="checkbox"/>			
Work Study	<input type="checkbox"/>	<input type="checkbox"/>			
Educational Loans	<input type="checkbox"/>	<input type="checkbox"/>			
Grants, Scholarships	<input type="checkbox"/>	<input type="checkbox"/>			
General Assistance	<input type="checkbox"/>	<input type="checkbox"/>			
Food Stamps	<input type="checkbox"/>	<input type="checkbox"/>			
Care of Foster Child(ren)	<input type="checkbox"/>	<input type="checkbox"/>			
Unemployment Benefits	<input type="checkbox"/>	<input type="checkbox"/>			
Workers Compensations	<input type="checkbox"/>	<input type="checkbox"/>			
TANF	<input type="checkbox"/>	<input type="checkbox"/>			
Child Support thru DHS	<input type="checkbox"/>	<input type="checkbox"/>			
Child Support thru Spouse	<input type="checkbox"/>	<input type="checkbox"/>			
Spousal Support (Adult)	<input type="checkbox"/>	<input type="checkbox"/>			
Social Security	<input type="checkbox"/>	<input type="checkbox"/>			
Soc. Sec. (Survivors Benefits)	<input type="checkbox"/>	<input type="checkbox"/>			
SSI OR SSDI (circle)	<input type="checkbox"/>	<input type="checkbox"/>			
State Disability-Maine	<input type="checkbox"/>	<input type="checkbox"/>			
Veteran's Benefit	<input type="checkbox"/>	<input type="checkbox"/>			
Military Allotment	<input type="checkbox"/>	<input type="checkbox"/>			
Interest/Asset	<input type="checkbox"/>	<input type="checkbox"/>			
Income from Rental Prop.	<input type="checkbox"/>	<input type="checkbox"/>			
Second Job	<input type="checkbox"/>	<input type="checkbox"/>			
Other, Explain Below:	<input type="checkbox"/>	<input type="checkbox"/>			
Explain:					

*All sources of income must and will be verified.

G. ASSETS: Does anyone (including children) have any of the following resources?

Check Yes or No for each item. If yes, list who, current balance or value and the financial institution's name below.

ITEM	YES	NO	MONEYARY VALUE	HELD AT or BY
Cash	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Checking Account	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Savings Account	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Life Insurance Policy	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Annuities / IRA	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Stock / Savings Bonds / Trust Funds	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
CD's or Money Market Account	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Notes, Mortgages, Deeds	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Retirement Accounts / 401K	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Other, Explain	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

1. Does anyone in the household own property or intend to buy real estate, such as land and/or buildings, mobile homes, etc., anywhere? ☐ YES ☐ NO If yes, complete the following:

Type	City/Town, State (where Real Estate is located)	Estimated Value
------	---	-----------------

2. Do you have a funeral trust account with a funeral home? ☐ YES ☐ NO

If yes, at which funeral home? _____

3. Have you or any other adult household member sold any business or disposed of any asset(s) in the last 2 years for less than full value? ☐ YES ☐ NO

If yes, please explain: _____

H. ADDITIONAL INFORMATION:

1. Has anyone on your application ever participated in a rental assistance program? ☐ YES ☐ NO

If yes, where? _____ When? _____

Under what name(s)? _____

2. 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

3. Have you ever been served with an eviction notice or have eviction proceedings been brought against you?

☐ YES ☐ NO

4. Do you have pets or a legally defined assistance or comfort animal? ☐ YES ☐ NO

If yes, what type? _____

5. Have you, or any member of your household, ever been arrested for, charged with or convicted of any drug-related activity? ☐ YES ☐ NO If yes, explain, please give dates, charges, city and state:

6. Have you or any member of your household ever been arrested for, charged with or convicted of any criminal activity that involved, as one of its elements, the use, attempted use or threatened use of physical force against a person or the property of another? ☐ YES ☐ NO If yes, please give dates, charges, and city and state:

7. Are you or any member of your household a registered sex offender? ☐ YES ☐ NO
 If yes where? _____
 *If YES, list all previous places of residence _____
8. Have you or any other adult member ever used any other name(s) or social security number(s) other than the one you have listed? ☐ YES ☐ NO If yes, please provide name(s) and/or Social Security number(s) used and explain: _____
9. Do you pay for Child Care for a child(ren) in your household who is 12 years of age or younger or for the services of a Care Provider for a disabled person who is a member your household?
☐ YES ☐ NO If yes, complete the following:
- | | |
|--------------------------|--------------------------------|
| _____ | Amount Paid _____ |
| Care Provider Name | Weekly or Monthly (circle one) |
| _____ | _____ |
| Address of Care Provider | Phone Number of Care Provider |
10. Does anyone in the household attend College? ☐ YES ☐ NO If yes, please provide:
 Name of College: _____
 Address of College: _____
 Do you (they) receive any financial aid? ☐ YES ☐ NO How Much? _____
 Please provide verification of enrollment and/or financial aid.
11. Are you, or is anyone in your household, a person living with disabilities who may require Reasonable Accommodation in order to access our facilities and/or fully utilize our programs and services?
☐ YES ☐ NO
12. Do you have a live-in-aide? ☐ YES ☐ NO If yes, complete the following:
- | | | | |
|----------------------|---------------------|---------------|------------------------|
| Name of Live-in Aide | Relationship to you | Date of Birth | Social Security Number |
| _____ | _____ | _____ | _____ |
- If so, do you pay for this service yourself? ☐ YES ☐ NO If NO, who does? Please explain.

All information provided by you in this packet will be verified by
the Housing Authorities.

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DECLARATION OF CITIZENSHIP

Part 1: Applies to All Family Members

Each person who will benefit under the Section 8 Rental Assistance Program must either be a citizen or national of the United States, or be a noncitizen who has eligible immigration status that qualifies them for rental assistance as determined by the U.S. Department of Housing and Urban Development and the U.S. Immigration and Naturalization Service.

One box on this form must be checked for each family member indicating status as a citizen or a national of the United States or a noncitizen with eligible immigration status. Family members residing in the unit to be assisted that do not claim to be a noncitizen with eligible immigration status should not check any box.

All adults must sign where indicated. For each dependent who is not 18 years of age or older, the form must be signed by an adult member of the family residing in the dwelling unit who is responsible for the dependent. Use blank lines to add family members who are not listed.

<u>First Name</u>	<u>Last Name</u>	<u>Age</u>	I am a citizen or national of the U.S.	I am a non-citizen with eligible immigration status.	<u>Signature of Adult listed to the left, or Signature of Guardian for Minors</u>
_____	_____	___	<input type="checkbox"/>	Or <input type="checkbox"/>	_____
_____	_____	___	<input type="checkbox"/>	Or <input type="checkbox"/>	_____
_____	_____	___	<input type="checkbox"/>	Or <input type="checkbox"/>	_____
_____	_____	___	<input type="checkbox"/>	Or <input type="checkbox"/>	_____
_____	_____	___	<input type="checkbox"/>	Or <input type="checkbox"/>	_____
_____	_____	___	<input type="checkbox"/>	Or <input type="checkbox"/>	_____
_____	_____	___	<input type="checkbox"/>	Or <input type="checkbox"/>	_____
_____	_____	___	<input type="checkbox"/>	Or <input type="checkbox"/>	_____

Warning: Title 18 US Code Section 1001 states that a person is guilty of a felony for knowingly and willingly making a false or fraudulent statement to any department or agency of the United States. If this form contains false or incomplete information, you may be required to repay all overpaid rental assistance you received; fined up to \$10,000, imprisoned for up to 5 years; and/or prohibited from receiving future assistance.

NOTE: Family members who have checked a box indicating that they are a noncitizen with eligible immigration status must complete Section 2 on the reverse side of this form.

Part 2: Applies to Noncitizen Family Members Only

All family members who have claimed eligible immigration status on Part 1 of this form must provide this office with an original of one of the following documents:

- (1) Form I-551, Alien Registration Receipt Card
- (2) Form I-94, Arrival-Departure Record with appropriate annotations or documents
- (3) Form I-688, Temporary Resident Card
- (4) Form I-688B, Employment Authorization Card
- (5) A receipt issued by the INS indicating that an application for issuance of a replacement document in one of the above listed categories has been made and the applicant's entitlement to the document has been verified.

Please call _____ at _____ to arrange for delivery and copying of original documents.

Do not mail original documents to this office.

If documents are not presented and verified, your family's rental assistance may be reduced, denied, or terminated as provided in regulations promulgated by the U.S. Department of Housing and Urban Development, pending available appeals processes.

Head of Household Certification

As head of household I certify, under penalty of perjury, that all members of my household are listed on Part 1 of this form and that members of my household that have not checked either box on Part 1 of this form do not claim to be citizens or nationals of the United States, or citizens with eligible immigration status.

Signature _____ Date _____

Consent to Verify Eligible Immigration Status

Each family member required to complete Part 2 of this form must sign below granting consent to verify eligible immigration status. For each child who is not 18 years of age, the form must be signed by an adult member of the family residing in the dwelling unit who is responsible for the child.

First Name	Last Name	Age	Signature of Adult Listed to Left or Signature of Guardian for Minors	Office Use Only INS VERIF. #
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Evidence supplied with this form may be released by the Housing Agency, without responsibility for its further use or transmission, to the Immigration and Naturalization Service for purposes of verification of the immigration status of the individual or to the U.S. Department of Housing and Urban Development, as required. The U.S. Department of Housing and Urban Development is not responsible for the further use or transmission of the evidence or other information.

Authorization for the Release of Information/ Privacy Act Notice

to the U.S. Department of Housing and Urban Development (HUD)
and the Housing Agency/Authority (HA)

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

OMB CONTROL NUMBER: 2501-0014

exp. 07/31/2021

PHA requesting release of information: (Cross out space if none)
(Full address, name of contact person, and date)

MDI & Ellsworth Housing Authorities
PO Box 28
Bar Harbor, ME 04609
PH: 207-288-4770 / FAX 207-288-4559
H. Duane Bartlett, Executive Director

IHA requesting release of information: (Cross out space if none)
(Full address, name of contact person, and date)

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 that you 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; (3) HUD to request certain tax return information from the U.S. Social Security Administration and the U.S. Internal Revenue Service. The law also requires independent verification of income information. Therefore, HUD or the HA may request information from financial institutions to verify your eligibility and 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 household who is 18 years of age or older must sign the consent form. Additional signatures must be obtained from new adult members joining the household or whenever members of the household become 18 years of age.

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

PHA-owned rental public housing
Turnkey III Homeownership Opportunities
Mutual Help Homeownership Opportunity
Section 23 and 19(c) leased housing
Section 23 Housing Assistance Payments
HA-owned rental Indian housing
Section 8 Rental Certificate
Section 8 Rental 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.

Sources of Information To Be Obtained

State Wage Information Collection Agencies. (This consent is limited to wages and unemployment compensation I have received during period(s) within the last 5 years 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 concerning unearned income (i.e., interest and dividends). 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 regarding any period(s) within the last 5 years when I have received assisted housing benefits.

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 expires 15 months after signed.

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 Act Notice. 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). The Housing and Community Development Act of 1987 (42 U.S.C. 3543) requires applicants and participants to submit the Social Security Number of each household member who is six years old or older. Purpose: Your income and other information are being collected by HUD to determine your eligibility, the appropriate bedroom size, and the amount your family will pay toward rent and utilities. Other Uses: HUD uses your family income and other information to assist in managing and monitoring HUD-assisted housing programs, to protect the Government's financial interest, and to verify the accuracy of the information you provide. This information may be released to appropriate Federal, State, and local agencies, when relevant, and to civil, criminal, or regulatory investigators and prosecutors. However, the information will not be otherwise disclosed or released outside of HUD, except as permitted or required by law. Penalty: You must provide all of the information requested by the HA, including all Social Security Numbers you, and all other household members age six years and older, have and use. Giving the Social Security Numbers of all household members six years of age and older is mandatory, and not providing the Social Security Numbers will affect your eligibility. 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, the HA and any owner (or any employee of HUD, the HA or the owner) 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 appropriate, against the officer or employee of HUD, the HA or the owner responsible for the unauthorized disclosure or improper use.



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 recordkeeping 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 04/30/2023.

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:
MDI & Ellsworth Housing Authorities
PO BOX 28
Bar Harbor, ME
04609

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

Signature

Date

Printed Name

MDI & ELLSWORTH HOUSING AUTHORITIES

PO Box 28
80 Mount Desert St.
Bar Harbor, ME 04609-0028
Phone (207) 288-4770, Fax (207) 288-4559

Law Enforcement Agencies RELEASE OF INFORMATION

As part of the screening process of persons applying for subsidized housing, the authorized personnel of our Housing Authorities is required by H.U.D. to check with Law Enforcement Agencies regarding all applicants 18 years of age and older.

1. This portion is to be completed by the applicant(s).

I/We, the undersigned, hereby authorize the release of information to the MDI & Ellsworth Housing Authorities, from any and all Law Enforcement Agencies through which they receive information including but not limited to local, state and national agencies.

PLEASE PRINT YOUR FIRST/ LAST/ MIDDLE NAME(S) BELOW CLEARLY, THEN SIGN AS YOU WOULD ANY LEGAL DOCUMENT ON LINES 1-3

Applicant's Name, including Previous Names & Aliases: _____

Co-Applicant's including Previous Names & Aliases: _____

Other Adult including Previous Names & Aliases: _____

Other Adult including Previous Names & Aliases: _____

ALL household members 18 years of age and over must sign and date below and provide SS# and DOB:

1) _____
Applicant's Signature Date Social Security No Date of Birth

2) _____
Other Adult/Co-head or Spouse Signature Date Social Security No Date of Birth

3) _____
Other Adult Household Member Signature Date Social Security No Date of Birth

4) _____
Other Adult Household Member Signature Date Social Security No Date of Birth

LIST ALL CURRENT AND PREVIOUS CITIES/TOWNS AND STATES IN WHICH YOU HAVE RESIDED. If you have resided outside of the state of Maine, please see reverse side of this sheet.

City or town, State Zip code

City or town, State Zip code

City or town, State Zip code

City or town, State Zip code

2. This portion to be completed by Law Enforcement agents and agencies.

The person(s) identified above has applied with the MDI & Ellsworth Housing Authorities to participate in a government funded subsidized housing program. Please provide us with all information you have on the person(s), such as record(s) of previous convictions, involvement in civil disturbances, juvenile records, or anything else that may be a determining factor as to whether they would make suitable tenants.

☐ Nothing on record

☐ Comments: _____

Agency Name

Authorized Law Enforcement agent/personnel signature

Date

Thank you in advance for your cooperation. This information will be held in the strictest confidence.
Executive Director, MDI & Ellsworth Housing Authorities

ADDITIONAL OUT-OF-STATE ADDRESSES

If you have indicated on the Law Enforcement Agencies Release of Information form that you have resided outside of the state of Maine, please provide the following information regarding previous residences if you can.

Street Address	City	State	Zip Code
----------------	------	-------	----------

Date of Residence: _____
From _____ To _____

Street Address	City	State	Zip Code
----------------	------	-------	----------

Date of Residence: _____
From _____ To _____

Street Address	City	State	Zip Code
----------------	------	-------	----------

Date of Residence: _____
From _____ To _____

Street Address	City	State	Zip Code
----------------	------	-------	----------

Date of Residence: _____
From _____ To _____

Mount Desert Island and Ellsworth Housing Authorities

80 Mount Desert Street

PO Box 28

Bar Harbor, Maine 04609

Phone 207-288-4770 | Fax: 207-288-4559 | TTY 207-288-4770

Authorization for Release of Information

Updated 9/2021

Each member of your household 18 or older must sign this consent form. Additional signatures must be obtained for new adult members joining the household or whenever members of the household become 18 years of age.

It is a program violation to add ANYBODY to your household without obtaining permission from the Housing Authorities and your landlord if applicable. Should you add someone to your household without prior consent from this office, your subsidy may be terminated.

I/we do hereby authorize the MDI & Ellsworth Housing Authorities, and its staff, or authorized representative(s) thereof to contact any Town, State and/or Federal agencies, including but not limited to Social Security Administration, Internal Revenue Service, Department of Health and Human Services, Immigration & Naturalization Service (INS), Law Enforcement Agencies, Courts, Landlords, funeral homes, educational institutions, current and former employers, financial institutions, medical providers, offices, individuals, groups, profit or non-profit organization to obtain and verify any information or material which may be deemed necessary to complete my/our initial application, certification and/or recertification process for housing in programs administered and/or managed by MDI & Ellsworth Housing Authorities. I also understand that a photocopy of this release is as valid as the original. If I do not sign this authorization form, my housing assistance may be denied or terminated.

Please sign using legal signatures below – and do not sign for other person(s) in your household

Print Name-Head of Household

Signature of Head of Household

Social Security Number

Date

Print Name-Spouse or Co-Head

Signature of Spouse or Co-Head

Social Security Number

Date

Print Name-Family Member over 18

Signature of Family Member

Social Security Number

Date

Print Name-Family Member over 18

Signature of Family Member

Social Security Number

Date

Print Name-Family Member over 18

Signature of Family Member

Social Security Number

Date

****Authorization expires 15 months from the date signed. ****

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) <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Emergency <input type="checkbox"/> Unable to contact you <input type="checkbox"/> Termination of rental assistance <input type="checkbox"/> Eviction from unit <input type="checkbox"/> Late payment of rent </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Assist with Recertification Process <input type="checkbox"/> Change in lease terms <input type="checkbox"/> Change in house rules <input type="checkbox"/> Other: _____ </td> </tr> </table>		<input type="checkbox"/> Emergency <input type="checkbox"/> Unable to contact you <input type="checkbox"/> Termination of rental assistance <input type="checkbox"/> Eviction from unit <input type="checkbox"/> Late payment of rent	<input type="checkbox"/> Assist with Recertification Process <input type="checkbox"/> Change in lease terms <input type="checkbox"/> Change in house rules <input type="checkbox"/> Other: _____
<input type="checkbox"/> Emergency <input type="checkbox"/> Unable to contact you <input type="checkbox"/> Termination of rental assistance <input type="checkbox"/> Eviction from unit <input type="checkbox"/> Late payment of rent	<input type="checkbox"/> Assist with Recertification Process <input type="checkbox"/> Change in lease terms <input type="checkbox"/> Change in house rules <input type="checkbox"/> 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.

MDI & Ellsworth Housing Authorities

REFERENCES

All information will be verified.

You must provide 2 landlord references & 2 personal references. Information must be accurate, up to date & must include house or apartment number, street/road name as well as zip code, phone numbers & if available, email. If you have been a homeowner for five or more years, provide documentation of home ownership.

PART A: Landlord (Include all landlords in the last five years. If more than two, add on another sheet of paper.),

1. Name of Landlord: _____

Landlord's Address: _____
Street Address City State Zip code

Email: _____ Phone Number: _____

Dates you rented from landlord: _____
From (Month/Year) To (Month/Year)

2. Name of Landlord: _____

Address: _____
Street Address City State Zip code

Email: _____ Phone Number: _____

Dates you rented from landlord: _____
From (Month/Year) To (Month/Year)

3. None: I HAVE OWNED MY OWN HOME FOR _____ YEARS. (Provide proof.)

PART B: Personal MUST BE NON-RELATIVES

1. Name of PERSONAL Reference: _____ Relationship: _____

Address: _____
Street Address City State Zip code

Email: _____ Phone Number: _____

2. Name of PERSONAL Reference: _____ Relationship: _____

Address: _____
Street Address City State Zip code

Email: _____ Phone Number: _____

SIGNATURE (Your signature grants the Housing Authorities permission to contact any of the persons listed above)

DATE ____/____/____

Mount Desert Island and Ellsworth Housing Authorities

80 Mount Desert Street
PO Box 28
Bar Harbor, Maine 04609
Phone 207-288-4770 | Fax: 207-288-4559 | TTY 207-288-4770



CERTIFICATION OF DIVESTITURE OF ASSETS

☐

I certify that I have not disposed of any assets for less than fair market value during the last two (2) years.

☐

I certify that I have disposed of assets for less than fair market value within the last two (2) years as described below:

1. Description of asset owned:

Date of Disposition: _____

Amount Received: \$ _____

Value of assets at the time of disposition: \$ _____

2. Description of asset owned:

Date of Disposition: _____

Amount Received: \$ _____

Value of assets at the time of disposition: \$ _____

Signature: _____ Date: _____

MDI & Ellsworth Housing Authorities

Notice PIH 2012-28 - 06/2012: Procedure during screening of admission to, and at annual recertification for continue participation in, federal housing assistance programs to prevent lifetime registered sex offenders from receiving federal housing assistance

Please read this form, complete the required information at the bottom, and return with your paperwork. Please return whole form, do not tear or separate

Notice PIH 2012-28 requires Public Housing Authorities (PHAs) to refuse, or immediately pursue eviction or termination of assistance, for any household member admitted after June 25, 2001, who was subject to a lifetime sex offender registration requirement at admission. "A household receiving assistance with such a member," says the notice, "is receiving assistance in violation of federal law." For applicant/tenant households containing members subject to a lifetime sex offender registration requirement, the new notice requires PHAs to offer the family the opportunity to remove the member from the household. If the family is unwilling to do so, PHAs must deny admission to the family. However, they must first notify the family of its right to dispute the accuracy and relevance of the criminal background check information.

- The new notice reiterates that, "for admissions **before** June 25, 2001, there is currently no HUD statutory or regulatory basis to evict or terminate the assistance of the household solely on the basis of a household member's sex offender registration status."
- The new notice reminds PHAs that they must destroy the results of a criminal background check in accordance with 24 CFR 5.905(c). However, it requires PHAs to retain "a record of the screening, including the type of screening and the date performed."

At annual recertification/ reexamination, the notice recommends that PHAs:

- Ask whether any member of the tenant household is subject to a state lifetime sex offender registration program in any state.
- Verify this information using the Dru Sjodin National Sex Offender Public Web Site and/or other official federal, state, or local resources.
- Document the verification in the same manner as at admission.
- Pursue eviction or termination of assistance if the household has falsified information or otherwise failed to disclose a criminal history on their application or recertification forms

And at any other time, the notice recommends that PHAs:

- Pursue eviction or termination of assistance "to the extent allowed by HUD requirements, the lease, and state or local law" if any member of a tenant household "engages in criminal activity (including sex offenses) while living in HUD-assisted housing"

Checked on website by office staff (initials): _____ Date: _____

Are you, or is there any member of your current household, subject to a state lifetime sex offender registration program "in any state"?

Please check one, ☐ Yes ☐ No then sign and date confirming the yes/no selection.

Print Name: _____ Date: _____

Signature: _____

If Yes, Who: _____

Please briefly explain: _____

THE VIOLENCE AGAINST WOMEN ACT (VAWA)

VAWA is a federal law that went into effect in 2006 and is designed to protect individuals who are victims of domestic violence, dating violence, and stalking. The name of the law is the Violence against Women Act, or "VAWA" but is not specific to a gender and covers men in domestic violence situations as well as women. This notice explains your rights under VAWA.

Protections for Victims

If you are eligible for public housing, the housing authority cannot refuse to admit you to the public housing program solely because you are a victim of domestic violence, dating violence, or stalking.

If you are the victim of domestic violence, dating violence, or stalking, the housing authority cannot evict you based on acts or threats of violence committed against you. Also, criminal acts directly related to the domestic violence, dating violence, or stalking that are caused by a member of your household or a guest can't be the reason for evicting you if you were the victim of the abuse.

Reasons You Can Be Evicted

The housing authority can still evict you if the housing authority can show there is an *actual* and *imminent* (immediate) threat to other tenants or housing authority staff if you are not evicted. Also, the housing authority can evict you for serious or repeated lease violations that are not related to the domestic violence, dating violence, or stalking against you. The housing authority cannot hold you to a more demanding set of rules than it applies to tenants who are not victims.

Removing the Abuser from the Household

The housing authority may split the lease to evict a tenant who has committed criminal acts of violence against family members or others, while allowing the victim and other household members to stay in the public housing unit. If the housing authority chooses to remove the abuser, it may not take away the remaining tenants' rights to the unit or otherwise punish the remaining tenants. In removing the abuser from the household, the housing authority must follow federal, state, and local eviction procedures.

Proving that You Are a Victim of Domestic Violence, Dating Violence, or Stalking

The housing authority can ask you to prove or "certify" that you are a victim of domestic violence, dating violence, or stalking. In cases of termination or eviction, the housing authority must give you at least 14 business days (i.e. Saturdays, Sundays, and holidays do not count) to provide this proof. The housing authority is free to extend the deadline. There are three ways you can prove that you are a victim:

- Complete the certification form given to you by the housing authority. The form will ask for your name, the name of your abuser, the abuser's relationship to you, the date, time, and location of the incident of violence, and a description of the violence.
- Provide a statement from a victim service provider, attorney, or medical professional who has helped you address incidents of domestic violence, dating violence, or stalking. The professional must state that he or she believes that the incidents of abuse are real. Both you and the professional must sign the statement, and both of you must state that you are signing "under penalty of perjury."
- Provide a police or court record, such as a protective order.

Failure to provide one of these documents within the required time frame may result in the housing authority evicting you.

Confidentiality

The housing authority must keep confidential any information you provide about the violence against you, unless:

- You give written permission to the housing authority to release the information.
- The housing authority needs to use the information in an eviction proceeding, such as to evict your abuser.
- A law requires the housing authority to release the information.

If release of the information would put your safety at risk, you should inform the housing authority.

VAWA and Other Laws

VAWA does not limit the housing authority's duty to honor court orders about access to or control of a public housing unit. This includes orders issued to protect a victim and orders dividing property among household members in cases where a family breaks up.

VAWA does not replace any federal, state, or local law that provides greater protection for victims of domestic violence, dating violence, or stalking.

For Additional Information

If you have any questions regarding VAWA, please contact MDI & Ellsworth Housing Authorities at 207-288-4770.

For help and advice on escaping an abusive relationship, call the National Domestic Violence Hotline at 1-800-799-SAFE (7233) or 1-800-787-3224 (TTY).

PLEASE INITIAL HERE ACKNOWLEDGING THAT YOU'VE READ AND UNDERSTAND THIS STATEMENT

