

Mount Desert Island and Ellsworth Housing Authorities

Physical: 80 Mount Desert Street
Mailing: PO Box 28, Bar Harbor, Maine 04609
Phone 207-288-4770 | Fax: 207-288-4559 | TTY 207-288-4770
Executive Director Weston T. Brehm

Dear Applicant,

Thank you for your interest in the MDI & Ellsworth Housing Authorities. **Please read and SIGN this page. In doing so you are acknowledging that you understand the instructions.**

Please fill this application out **completely**. Incomplete applications cannot be processed.

What “complete” means:

- **each page** is filled out, and filled out legibly (if we cannot read it, we cannot process it),
- **each page** that asks for signatures has yours, and if it asks for anyone else’s, theirs as well,
- **ALL** sources of income are listed, for each person receiving it,
- properties that you are interested in are checked off,
- you have provided us with **copies** of **ALL required documentation** listed on the next page. (Your application cannot be processed without the required documents.)

A note about DOCUMENTS:

If you do not have a way to make copies, we can do that for you here at this office. If you are waiting to receive some documentation, wait until you have received and gathered all the documents we need before you turn your application in. Incomplete applications cannot be processed, and they are considered incomplete without copies of all documents.

General Information:

We will date stamp completed applications. Once it has been completely processed you will receive notification by first class mail. This process can take a few weeks.

If you have any questions, call Theresa at 207-288-4770, ext 127, and leave a message. Or you can email theresa.hodgdon@emdiha.org Kindly allow 1 to 3 business days for response, whether by email or phone. Thank you for your cooperation.

APPLICANT HEAD of HOUSEHOLD signature & date _____ / /



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Dear Beechcliff Applicant(s):

Enclosed is the application for Beechcliff Apartments in Southwest Harbor, ME. When you complete the application, please return it to the address above. In the event your application is not filled out accurately or completely, it will be returned to you to be completed.

When submitting an application, be sure to include copies of birth certificates and social security cards for all members of your household. In addition, for all adults, please provide Photo ID's or licenses, proof of any source/type of income including but not limited to employment, Social Security Award, SSDI Award, SSI Benefit, TANF, Child Support, as well as assets, and any other pertinent information. All information, (i.e.: income, references, employment, etc.) will be verified by our staff. You will be notified, in writing, of your eligibility.

Utilities are not included in the rent, residents are responsible for the payment of their own utilities i.e. heat, hot water and electricity. FYI: This development has an on-site laundry facility, provides trash & snow removal and 24-hour emergency maintenance.

Please note: pets are **NOT** accepted at the Beechcliff Apartments.

Thank you for your interest in Beechcliff Apartments and if you have any questions, please call 207-288-4770.

“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).”



BEECH CLIFF APARTMENT APPLICATION

This is an application for housing at the Beech Cliff Apartments located on Forest Avenue in Southwest Harbor, Maine. Please complete this application and return to MDI & Ellsworth Housing Authorities, Managing Agent at P O Box 28 Bar Harbor ME 04609. Phone 207-288-4770 Fax: 207-288-4559.

Applicants are placed on a waiting list in the order of date and time received. An applicant may be interviewed only after MDI & Ellsworth Housing Authorities receives the application.

Please answer all questions; we can only accept completed applications. Incomplete applications will be returned to the applicant, which will delay processing. Please do not leave items blank. If a question does not apply, please answer "No" or "Not Applicable". We will respond to your application via mail or telephone.

A. General Information

Applicant:

First / Middle / Last Name _____

Mailing Address: _____

Physical Address (If you use a P O Box): _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

Driver's License Number: _____ Issuing State: _____

Co-Applicant:

First / Middle / Last Name _____

Mailing Address: _____

Physical Address (If you use a P O Box): _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

Driver's License Number: _____ Issuing State: _____

Are you currently living in subsidized housing? Yes No

Have you ever been evicted from or in the process of being evicted from your apartment? Yes No

If yes, please explain (when/from where/ reason for eviction): _____

Do you currently have a Section 8 Voucher? Yes No

Have you applied for Section 8? Yes No

Bedroom Size Requested you are requesting: One Bedroom Two Bedroom

Do you anticipate any change in the family composition within the next twelve months? Yes No

If yes, please explain: _____

B. Household Composition:

Please list head of household first and then all other persons who will live in the apartment. Please note that if a household member is currently expecting a baby, please write “baby” under name and “due date” under date of birth.

| Name: First, MI, Last | Relationship to Head | DOB | M/F | Social Security No. |
|-----------------------|----------------------|-----|-----|---------------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

C. Household Income:

List all sources of income and mailing addresses as requested below. Please send proof of all income

| Type of Income | Applicant | Co-Applicant / Other | Source (Name and Address) |
|----------------------------|-----------|----------------------|---------------------------|
| Wages/Salaries | \$ | \$ | |
| Wages/Salaries | \$ | \$ | |
| Social Security/SSDI/SSI | \$ | \$ | |
| Maine State SSI (\$ 10.00) | \$ | \$ | |
| Pension/Military Pension | \$ | \$ | |
| TANF | \$ | \$ | |
| Child Support | \$ | \$ | |
| Alimony/Adult Support | \$ | \$ | |
| Unemployment Benefits | \$ | \$ | |
| VA Benefits | \$ | \$ | |
| Disabled/Workman’s | \$ | \$ | |
| Regular Recurring Gifts | \$ | \$ | |
| Food Stamps | \$ | \$ | |

If you receive child support. is it received through DHHS? Yes No

If it is not received from DHHS, is it received directly from the child’s non-custodial parent? Yes No

Name and current mailing address of non-custodial parent paying child support: _____

Is anyone in household attending college? Yes No Full-time or Part-time

Name and address or college/university: _____

Name of Member: _____ Financial Aid Amount \$ _____

Name of Member: _____ Financial Aid Amount \$ _____

Expenses \$ _____ (Please send documentation of both Financial Aide and Expenses)

Monthly Amount of Income from Asset Interest \$ _____

Name of Member: _____ Please explain: _____

Other Income (Not mentioned above) \$ _____ Name of Member: _____

Please explain: _____

Do you anticipate any changes in the household income in the next 12 months? Yes No

Please explain _____

TOTAL GROSS ANNUAL INCOME:

(Base this on the monthly amounts listed above and multiply x 12) \$ _____

D. Household Assets

Be sure to include Bank Name and Account Numbers and information for all accounts including Checking and Savings Accounts, Cd's as well as Annuities, 401K's and IRA's

Name of Account Holder Type of Account Name of Bank Value of Account

| Name of Account Holder | Type of Account | Name of Bank | Value of Account |
|------------------------|-----------------|--------------|------------------|
| | | | \$ |
| | | | \$ |
| | | | \$ |
| | | | \$ |
| | | | \$ |

Savings Bonds: Certificate(s) # _____ Name of Holder: _____

Month/Year purchased _____ Face Value of Bond: \$ _____

Do you currently own any property? Yes No

If yes, where is property located? _____

Street Address

City, State

Zip

Appraised Market Value \$ _____ Outstanding Mortgage \$ _____

Name and Address of Current Mortgage Holder: _____

If you own property, are you currently renting the property: Yes No

Have you sold or disposed of any property or assets in the last two (2) years? Yes No

If yes, type of property/assets _____ Market Value when sold/disposed of \$ _____

Amount sold/disposed for \$ _____ Date of Transactions: _____

Is the income from sale included in the above assets? Yes No

If no, explain _____

Do you have any other assets not listed above (excluding personal property)? Yes No

Name of Member(s): _____

Please explain: _____

Do you have any assets that are held jointly with another person? Yes No

Name of Member: _____

Please explain: _____

Does any household member have a whole-life life insurance policy? Yes No

Name of Member: _____

Company name: _____

Cash Value of Policy: \$ _____

Does any household member have a funeral trust established? Yes No

Name of Member: _____

Company name: _____

Amount in Trust: \$ _____ Is the Funeral Trust Account set up as Revocable or Irrevocable?

E. Medical, Child Care and/or Handicap Assistance Expenses

Medical Expenses: Complete this section **only** if the head, co-head or spouse is 62-years of age or older, or is an individual living with disability.

Medicare Premium: \$ _____ Name of Household Member: _____

Medicare Premium: \$ _____ Name of Household Member: _____

Handicap Assistance Expenses: Complete this section **only** if handicap expenses allow the handicapped individual or another household member to work.

List the type of expenses and weekly amounts, paid to whom, and mailing addresses: _____

Do you employ the services of a Care Provider for a child 12 years or under or for a disabled household member? Yes No

If yes, complete the following: Name of Provider: _____

Provider's Address: _____ Phone: _____

Amount Paid _____ Weekly or Monthly (circle one)

F. Program Information:

Have you been displaced? Yes No If yes, displacement agency: _____

Is your current unit condemned? Yes No If yes, by whom? _____

Have you ever resided in a project financed and/or subsidized by the government? Yes No

If yes, name and address: _____

Have you ever been convicted for the illegal manufacturing, distribution or possession of a controlled substance? Yes No

If yes, date and location of conviction: _____

If yes, are you presently enrolled in a controlled substance abuse program? Yes No

If yes, name and telephone number of program counselor: _____

Do you have a criminal record? Yes No Have you been convicted of a felony? Yes No

If yes, please give details including location (city and state) of crime: _____

Are you, or any member of your household, subject to a lifetime sex offender registration requirement in any state? Yes No

If yes, please explain: _____

Emergency Contact Information:

Name: _____ Relationship: _____

Address: _____

Home Phone: _____ Cell Phone: _____

G. Disclosure Statement

The information regarding race, national origin, and sex designation solicited on this application is requested in order to assure that the Federal Government, acting through the Rural Development, Rural Housing Service, is abiding by the Federal laws prohibiting discrimination against applicants and/or tenants on the basis of race, color, national origin, religion, sex, familial status, age, and/or handicap. 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.

If you choose not to furnish it, the owner is required to note the race/national origin and sex of individual applicant(s) on the basis of visual observation or surname.

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

Sex/Gender?

- Male
- Female

Do you require an American Sign Language Interpreter? Yes No

Do you or anyone in your household require special housing needs? Yes No

If yes, please explain: _____

Is a reasonable accommodation needed or being requested? Yes No

If yes, please explain: _____

Before you sign: Now that you have completed the application, please review the information to be sure that all applicable information has been included (accounts on page 4, mailing addresses, references, etc.) and is correct. All adult household members must sign the certification and authorizations on the following pages.

A correctly completed application and signed certification will help expedite processing to determine eligibility or non-eligibility.

Please Note: We will need copies of birth certificates, social security cards, income, assets, and any other pertinent information as proof when submitting your application.

Applicant Certification

I hereby certify that if my application is accepted and my household is found eligible to participate and I am offered and accept an apartment, I will not maintain a separate subsidized rental unit in any other location. I further certify that this will be my permanent residence. I understand I must pay a security deposit for this apartment prior to occupancy. I understand that my eligibility for housing will be based on Rural Development income/occupancy guidelines and by MDI & Ellsworth Housing Authorities selection criteria. I certify that all information in this application is true to the best of my knowledge and I understand that false statements or information are punishable by law and will lead to cancellation of this application or termination of tenancy after occupancy.

Signatures:

| | |
|--|---------------|
| _____ Signature of Head of Household | _____ Date |
| _____ Signature of Co-Head or Spouse | _____ Date |
| _____ Signature of Other Adult Household Member | _____ Date |
| _____ Signature of Other Adult Household Member | _____ Date |

United States Department of Agriculture - Rural Development

“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).”



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DECLARATION OF CITIZENSHIP

PLEASE PROVIDE ALL INFORMATION REQUESTED AND RETURN TO: MDI / ELLSWORTH HOUSING AUTHORITIES
P.O. BOX 28
Bar Harbor, ME 04609-0028 Ph: 207-288-4770

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.

Mount Desert Island and Ellsworth Housing Authorities

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PO Box 28
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Authorization for Release of Information

Updated 10/2018

Each member of your household who is 18 years of age 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 Authority 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, 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 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.

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

Please sign using legal signatures below. Do not sign for another 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 |

Note: This general consent form may not be used to request a copy of a tax return. If a copy of a tax return is necessary, IRS form 4506, "Request for a Copy of Tax Form" must be prepared and signed separately.

United States Department of Agriculture - Rural Development

"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)."



LANDLORD INFORMATIONAL SHEET

Applicant(s) Name: _____

1. Please check here, if you have not rented from a landlord in the past ten years because you have either owned your own home or are living, or have lived, with a parent or guardian. If you owned your own home, please provide documentation of home ownership. If your current residence is, or your last residence was, with a parent or guardian, please provide verification that you are or were either on their lease or resided in a home they own(ed)
2. Please list your addresses and the addresses of landlords for the past five (5) years:

| | | |
|-----------------------------|-------|-----|
| Rental Address | | |
| Length of Time at Address | From: | To: |
| Landlord's Name | | |
| Landlord's Address | | |
| Landlord's Telephone Number | | |

| | | |
|-----------------------------|-------|-----|
| Rental Address | | |
| Length of Time at Address | From: | To: |
| Landlord's Name | | |
| Landlord's Address | | |
| Landlord's Telephone Number | | |

| | | |
|-----------------------------|-------|-----|
| Rental Address | | |
| Length of Time at Address | From: | To: |
| Landlord's Name | | |
| Landlord's Address | | |
| Landlord's Telephone Number | | |

| | | |
|-----------------------------|-------|-----|
| Rental Address | | |
| Length of Time at Address | From: | To: |
| Landlord's Name | | |
| Landlord's Address | | |
| Landlord's Telephone Number | | |

| | | |
|-----------------------------|-------|-----|
| Rental Address | | |
| Length of Time at Address | From: | To: |
| Landlord's Name | | |
| Landlord's Address | | |
| Landlord's Telephone Number | | |

3. Have you ever been evicted, or had eviction proceedings brought against you? YES NO

4. If so, when, where, and why? _____

MDI & ELLSWORTH HOUSING AUTHORITIES

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

LANDLORD REFERENCE INFORMATION

Pursuant to our policy for Admissions to, and Continued Occupancy of, the subsidized housing programs we administer, we are required to complete a thorough background check of all applicants, including references. Your signature on this form entitles the Housing Authority to collect any relevant information related to previous occupancy and landlord reference.

Please Note: Applicant = Head of Household Co-Applicant = Spouse, partner or other adult(s) over 18)

1) Applicant's name (print please) _____

Applicant's signature: _____ Date: _____

2) Co-Applicant's name (print please) _____

Co-Applicant's signature: _____ Date: _____

3) Co-Applicant's name (print please) _____

Co-Applicant's signature: _____ Date: _____

**** Please Note: Co-Applicant(s) include spouses, partners and other adult household members 18 and over. ****

You must provide two landlord references. All contact information must be accurate and up to date. PLEASE GIVE COMPLETE ADDRESSES, (i.e., house or apartment number, street/road name as well as zip code etc.) Incomplete forms will be returned to you for completion. If you have been a homeowner for at least the past ten years and have had no landlords, please inform us and be prepared to provide documentation of home owned.

References will be verified.

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)

MDI & ELLSWORTH HOUSING AUTHORITIES

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PERSONAL REFERENCE INFORMATION

Pursuant to our policy for Admissions to, and Continued Occupancy of, the subsidized housing programs we administer, we are required to complete a thorough background check for all applicants, including references. Your signature on this form entitles the Housing Authority to collect any relevant information related to a personal and/or character reference.

Please Note: Applicant = Head of Household Co-Applicant = Spouse, partner or other adult(s) over 18)

1) Applicant's name (print please) _____

Applicant's signature: _____ Date: _____

2) Co-Applicant's name (print please) _____

Co-Applicant's signature: _____ Date: _____

3) Co-Applicant's name (print please) _____

Co-Applicant's signature: _____ Date: _____

**** Please Note: Co-Applicant(s) include spouses, partners and other adult household members 18 and over. ****

**You must provide two personal references from non-relatives.
All contact information must be complete, accurate and up to date.
Incomplete forms will be returned to you for completion.
All references will be verified.**

1. Name of Reference: _____

Address: _____
Street Address City State Zip code

Email: _____ Phone Number: _____

Relationship (i.e. friend, employer, former employer, co-worker, neighbor): _____

2. Name of Reference: _____

Address: _____
Street Address City State Zip code

Email: _____ Phone Number: _____

Relationship (i.e. friend, employer, former employer, co-worker, neighbor): _____

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: _____

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

LIST ALL CURRENT AND PREVIOUS CITIES/TOWNS AND STATES IN WHICH YOU HAVE RESIDED

| | |
|------------------------------|------------------------------|
| _____ | _____ |
| 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

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).