

# MDI & ELLSWORTH HOUSING AUTHORITIES

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

Terrance Kelley  
Executive Director

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 may be returned to you to complete.

**Please Note:** We will need copies of birth certificates, social security cards, any type of income including SS, SSDI and SSI, assets, and any other pertinent information as proof.

All information, (i.e.: income, references, employer, etc) will be verified by our office. This process takes approximately 10 to 14 days. You will be notified, in writing, of your eligibility. We will need copies of birth certificates and social security cards for all members of your household.

Beechcliff Apartments accepts Section 8 Vouchers as well as having Rural Development Rental Assistance (these are limited, so call for availability). Rents must follow Rural Development guidelines and are determined by income and income eligibility. Apartments that are NOT subsidized, rents currently start at \$ 490.00 per month (for 2011) for one-bedroom and \$ 630.00 for two-bedroom, plus the cost of utilities (not included). This family project has on-site laundry facility, 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.

Thank You

MDI & Ellsworth Housing Authorities  
Beechcliff Manager

"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 Application

Revised 01/11

This is an application for housing at Beech Cliff located in Southwest Harbor, Maine. Please complete this application and return to MDI & Ellsworth Housing Authorities, agent for management, at the address listed below. Applications are placed in order of date and time received. An applicant may be interviewed only after MDI & Ellsworth Housing Authorities receives the tenant application.

Should you need further assistance in completing this application, please do not hesitate to call our office at the telephone number listed below.

## A. General Information

First / Middle / Last Name : \_\_\_\_\_

Mailing Address: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Present Monthly Rent Amount: \$ \_\_\_\_\_

How long have you lived at Current Address: \_\_\_\_\_

Do you pay for your utilities? \_\_\_\_\_ Yes \_\_\_\_\_ No

Monthly Cost of your Utilities (excluding phone and cable TV) \$ \_\_\_\_\_

Check which utilities you are currently paying each month:

Heat \_\_\_\_\_ Electricity \_\_\_\_\_ Gas \_\_\_\_\_ Other \_\_\_\_\_

Are you currently living in subsidized housing? \_\_\_\_\_ Yes \_\_\_\_\_ No

Do you have a Section 8 Voucher? \_\_\_\_\_ Yes \_\_\_\_\_ No or have you applied? \_\_\_\_\_ Yes \_\_\_\_\_ No

Bedroom Size Requested you are requesting: One Bedroom \_\_\_\_\_  
Two Bedroom \_\_\_\_\_

Have you ever been evicted from any housing in which you resided? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please explain: \_\_\_\_\_

Will there be a change in the family composition within the next twelve months? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please explain: \_\_\_\_\_

United States Department of Agriculture  
Rural Development

**EQUAL HOUSING OPPORTUNITY**  
**MDI & ELLSWORTH HOUSING AUTHORITIES**  
P.O. BOX 28  
BAR HARBOR, ME 04609  
207-288-4770

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**B. Family 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	RELATIONSHIP	BIRTH DATE	MALE or FEMALE (M/F)	SOCIAL SECURITY NUMBER
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Does anyone live with you now who is not listed above?  Yes  No

If yes, please explain: \_\_\_\_\_

Do you plan to have anyone living with you in the future who?  Yes  No

If yes, please explain: \_\_\_\_\_

**C. Income:** List all sources of income and mailing addresses as requested below. Please send proof of all income.....

**Source of Income**

**List Family Member's Name**

Social Security Monthly Amount \$ \_\_\_\_\_

Name of Member: \_\_\_\_\_

Social Security Monthly Amount \$ \_\_\_\_\_

\_\_\_\_\_

SSI Benefit Monthly Amount \$ \_\_\_\_\_

Name of Member: \_\_\_\_\_

SSI Benefit Monthly Amount \$ \_\_\_\_\_

\_\_\_\_\_

State SSI \$ 10.00 Benefit Amount \$ \_\_\_\_\_

Name of Member: \_\_\_\_\_

State SSI \$ 10.00 Benefit Amount \$ \_\_\_\_\_

\_\_\_\_\_

Pension Monthly Amount \$ \_\_\_\_\_

Name of Member: \_\_\_\_\_

Pension Monthly Amount \$ \_\_\_\_\_

\_\_\_\_\_

List Company Name of Pension and mailing address: \_\_\_\_\_

Are you a Veteran?  Yes  No Did you serve 20 years and retire?  Yes  No

Veteran's Benefit Monthly Amount \$ \_\_\_\_\_

Name of Member: \_\_\_\_\_

Veteran's Benefit Monthly Amount \$ \_\_\_\_\_

\_\_\_\_\_

Unemployment Monthly Amount \$ \_\_\_\_\_

Name of Member: \_\_\_\_\_

TANF Monthly Amount \$ \_\_\_\_\_

Name of Member: \_\_\_\_\_

Food Stamps Amount \$ \_\_\_\_\_

Name of Member: \_\_\_\_\_

Alimony / Adult Support Monthly Amount \$ \_\_\_\_\_

Name of Member: \_\_\_\_\_

Child Support Monthly Amount \$ \_\_\_\_\_

Name of Member: \_\_\_\_\_

Child Support Monthly Amount \$ \_\_\_\_\_

\_\_\_\_\_

Is this (child support) money received from DHHS  Yes  No \_\_\_\_\_

Which DHHS Office (city / state): \_\_\_\_\_

If monies not received from DHHS - Is this money received directly from child(ren) father  Yes  No

We will need the father's name and current mailing address for verification: \_\_\_\_\_

Current Employer: \_\_\_\_\_ Name of Member: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Position Held \_\_\_\_\_ How Long? \_\_\_\_\_  
Wages (hourly rate) \$ \_\_\_\_\_ How many hours per week? \_\_\_\_\_

Current Employer: \_\_\_\_\_ Name of Member: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Position Held \_\_\_\_\_ How Long? \_\_\_\_\_  
Wages (hourly rate) \$ \_\_\_\_\_ How many hours per week? \_\_\_\_\_

Current Employer: \_\_\_\_\_ Name of Member: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Position Held \_\_\_\_\_ How Long? \_\_\_\_\_  
Wages (hourly rate) \$ \_\_\_\_\_ How many hours per week? \_\_\_\_\_

Is anyone in household attending college? \_\_\_ Yes \_\_\_ No  
Full-time: \_\_\_\_\_ Part-time: \_\_\_\_\_  
School / College Name: \_\_\_\_\_

Financial Aid Amount \$ \_\_\_\_\_ Name of Member: \_\_\_\_\_  
Financial Aid Amount \$ \_\_\_\_\_ Name of Member: \_\_\_\_\_

Interest Income Monthly Amount \$ \_\_\_\_\_ Name of Member: \_\_\_\_\_  
Interest Income Monthly Amount \$ \_\_\_\_\_  
Please explain: \_\_\_\_\_

Other Income Monthly Amount \$ \_\_\_\_\_ Name of Member: \_\_\_\_\_  
Other Income Monthly Amount \$ \_\_\_\_\_  
Please explain: \_\_\_\_\_

**TOTAL GROSS ANNUAL INCOME:**  
(Base this on the monthly amounts listed above and multiply x 12) \$ \_\_\_\_\_

Do you anticipate any changes in this income in the next 12 months? \_\_\_ Yes \_\_\_ No  
Please explain \_\_\_\_\_

**D. ASSETS (Be sure to include Bank Name and Account Numbers)**

(Include all account for Annuities / 401K / IRA as well as Checking / Savings Accounts)

Bank Account(s): Type \_\_\_\_\_ Name of Member: \_\_\_\_\_  
Acct # \_\_\_\_\_  
Bank Name \_\_\_\_\_  
Balance \$ \_\_\_\_\_

Bank Account(s): Type \_\_\_\_\_ Name of Member: \_\_\_\_\_  
Acct # \_\_\_\_\_  
Bank Name \_\_\_\_\_  
Balance \$ \_\_\_\_\_

Bank Account(s) : Type \_\_\_\_\_ Name of Member: \_\_\_\_\_  
Acct # \_\_\_\_\_  
Bank Name \_\_\_\_\_  
Balance \$ \_\_\_\_\_

Savings Bonds: Certificate(s) # \_\_\_\_\_ Name of Member: \_\_\_\_\_  
Month / Year purchased \_\_\_\_\_

Face Value of Savings Bonds \_\_\_\_\_

Trust Accts/Certificate(s) # \_\_\_\_\_

Name of Member: \_\_\_\_\_

Bank Name \_\_\_\_\_

Balance \$ \_\_\_\_\_

**Real Property:**

Do you own any property? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, type of property \_\_\_\_\_

If you own property, are you currently renting this property: \_\_\_\_\_ Yes \_\_\_\_\_ No

Where is property located? \_\_\_\_\_

Mailing address of Town Office \_\_\_\_\_

Value of property \_\_\_\_\_

Outstanding Mortgage (Balance Remaining) \$ \_\_\_\_\_

Name and Address of Current Mortgage Holder: \_\_\_\_\_

Appraised Market Value \$ \_\_\_\_\_

Amount of Annual Insurance Premium \$ \_\_\_\_\_

Amount of Annual Tax Bill \$ \_\_\_\_\_

Have you sold/disposed of any property in the last two (2) years? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, type of property \_\_\_\_\_

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: \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

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

Name of Member: \_\_\_\_\_

Please explain: \_\_\_\_\_

Do you have any life insurance policies established? \_\_\_\_\_ Yes \_\_\_\_\_ No

Name of Member: \_\_\_\_\_

Company name: \_\_\_\_\_ Face Value of Policy: \_\_\_\_\_

Do you have any funeral trust established? \_\_\_\_\_ Yes \_\_\_\_\_ No

Name of Member: \_\_\_\_\_

Company name: \_\_\_\_\_ Amount in Trust: \_\_\_\_\_

**E. MEDICAL / CHILD CARE / HANDICAP ASSISTANCE EXPENSES**

Complete this part only if head or spouse is 62 or older, or is disabled or handicapped.

Medicare Premiums Monthly Amount \$ \_\_\_\_\_ Name of Member: \_\_\_\_\_

Medicare Premiums Monthly Amount \$ \_\_\_\_\_

Handicap Assistance Expenses. Complete ONLY if handicap expenses allow the handicap or another household member to work. List type of expenses. Weekly amount, 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 person?

?  Yes  No If yes, complete the following:

Care Provider Name \_\_\_\_\_ Amount Paid \_\_\_\_\_ Weekly or Monthly (circle one)

Care Provider Address \_\_\_\_\_ Phone \_\_\_\_\_

## F. PROGRAM INFORMATION

Are you 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 evicted from Public Housing or any other Federal Housing Program?  Yes  No

If yes, where \_\_\_\_\_

When \_\_\_\_\_ Reason \_\_\_\_\_

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 \_\_\_\_\_

Location (Town and/or City / State) of crime \_\_\_\_\_

How did you hear about this housing? \_\_\_\_\_

Will you take an apartment when one is available?  Yes  No

Briefly describe your reasons for applying \_\_\_\_\_

## G. REFERENCE INFORMATION

### Current Landlord:

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

### Previous Landlord Information:

Prior Landlord \_\_\_\_\_

Mailing Address \_\_\_\_\_

Prior Landlord \_\_\_\_\_

Mailing Address \_\_\_\_\_

### Credit References:

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ Acct # \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ Acct# \_\_\_\_\_

Personal References: (Please do not use family members.)

Name \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_

Emergency Contact Information:

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Address \_\_\_\_\_  
Home Phone \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**H. OTHER REQUIRED INFORMATION**

Vehicles: (List any vehicles that you own. Parking will be provided for one vehicle which must be operational, i.e., current inspection sticker. Arrangements with management will be necessary for more than one vehicle).

Type of Vehicle: \_\_\_\_\_ Name of Member: \_\_\_\_\_  
Year/Make / Model \_\_\_\_\_  
Color: \_\_\_\_\_  
License Plate \_\_\_\_\_  
Registration: Month/Year: \_\_\_\_\_

Type of Vehicle: \_\_\_\_\_ Name of Member: \_\_\_\_\_  
Year/Make / Model \_\_\_\_\_  
Color: \_\_\_\_\_  
License Plate \_\_\_\_\_  
Registration: Month/Year: \_\_\_\_\_

Pets:

Do you own any pets?  Yes  No If yes, describe: \_\_\_\_\_  
\_\_\_\_\_

NOW THAT YOU HAVE COMPLETED THE APPLICATION, PLEASE REVIEW TO BE SURE ALL APPLICABLE INFORMATION HAS BEEN INCLUDED (ACCOUNTS on page 4, MAILING ADDRESSES, REFERENCES, ETC.) AND IS CORRECT. THEN BOTH THE HEAD OF HOUSEHOLD AND OTHER ADULT MUST SIGN THE CERTIFICATION AND AUTHORIZATION ON THE FOLLOWING PAGE.

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.

**Signatures:**

SIGNATURE-Head of Household: \_\_\_\_\_ Date: \_\_\_\_\_

Spouse or Other Adult: \_\_\_\_\_ Date: \_\_\_\_\_

Other Adult 18 years of age: \_\_\_\_\_ Date: \_\_\_\_\_

**J. DISCLOSURE STATEMENT**

The information regarding race, national origin, and sex designation solicited on this application is requested in order to assure the Federal Government, acting through the Rural Development, Rural Housing Service, that Federal laws prohibiting discrimination against tenant applicants on the basis of race, color, national origin, religion, sex, familial status, age, and handicap are complied with. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way.

HOWEVER, IF YOU CHOOSE NOT TO FURNISH IT, THE OWNER IS REQUIRED TO NOTE THE RACE/NATIONAL ORIGIN AND SEX OF INDIVIDUAL APPLICANT(S) ON THE BASIS OF VISUAL OBSERVATION OR SURNAME.

Ethnicity (National Origin): \_\_\_\_\_ Hispanic or Latino  
(Please check one) \_\_\_\_\_ Not Hispanic or Latino

Race: \_\_\_\_\_ American Indian or Alaskan Native  
(Please check one) \_\_\_\_\_ Asian  
\_\_\_\_\_ Black or African American  
\_\_\_\_\_ Native Hawaiian or Other Pacific Islander  
\_\_\_\_\_ White

Sex: \_\_\_\_\_ Female  
(Please check one) \_\_\_\_\_ Male

Information Supplied By: \_\_\_\_\_ Applicant  
\_\_\_\_\_ Management

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

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

Is a reasonable accommodation being needed or requested? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_



**I. TENANT CERTIFICATION OF INCOME**

I hereby certify that I will not maintain a separate subsidized rental unit in another 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:**

_____	_____
Head of Household	Date
_____	_____
Spouse or Other Adult	Date
_____	_____
Other Adult over 18 years of age	Date

**K. GENERAL AUTHORIZATION FOR RELEASE OF INFORMATION**

**Consent**

I authorized and direct any FEDERAL, STATE, or LOCAL AGENCY, ORGANIZATION, BUSINESS, or INDIVIDUAL, to release to and verify my application for participation, and/or to maintain my continued assistance under the Rural Development (RD) Section 515 and/or Section 538 Rental Housing programs or other housing assistance programs. I understand and agree that this authorization or the information obtained with its use may be given to and used by Rural Development (RD) and MDI & Ellsworth Housing Authorities in administering and enforcing program rules and policies. I also consent for RD or the manager to release information from my file about my rental history to credit bureaus, collection agencies, or future landlords. This includes records on my payment history, and any violations of my lease or occupancy policies.

**Information Covered**

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

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

I agree that a photocopy of this authorization may be used. This authorization will remain in effect for 15 months (fifteen months) from the date signed. I understand I have a right to review my file and correct any information that I can prove incorrect.

Please sign below with your legal signature and DO NOT sign for others that are over 18 years old.

**Signatures:**

_____	_____	_____
Head of Household	Social Security Number	Date
_____	_____	_____
Spouse or Other Adult	Social Security Number	Date
_____	_____	_____
Anyone over 18 years of age	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 needed, IRS Form 4506, "Request for a Copy of Tax Form" must be prepared and signed separately.

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P.O. Box 28  
80 Mount Desert Street  
Bar Harbor, ME 04609-0028  
Phone & FAX (207) 288-4770

Terrance Kelley,  
Executive Director

## Authorization for Release of Information

Updated 12/2014

I/We do hereby authorize the MDI & Ellsworth Housing Authorities and its staff or authorized representative to contact any Town, State and/or Federal agencies, Social Security Administration, Internal Revenue, funeral homes, educational institutions, current and former employers, financial institution, medical providers, offices, individuals, groups, profit or non-profit organization to obtain and verify any information or materials which is deemed necessary to complete my/our certification and/or recertification for housing in programs administered / managed by MDI & Ellsworth Housing Authorities.

Each member of your household who is 18 years of age or older must sign this consent form. Additional signatures must be obtained from new adult member(s) 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 your landlord and the Housing Authority. Should you add someone to your household without prior consent from this office, your voucher could be terminated.

**Note:** This authorization shall expire 15 months after the date the consent form is signed. I also understand that a photocopy of this release is as valid as the original.

Please sign with your legal signature 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

# LANDLORD INFORMATIONAL SHEET

**Applicant(s) Name:** \_\_\_\_\_

**Please list your addresses and landlord information for the past five (5) years:**

Rental Address	
Length of Time at Address	
Landlord's Name	
Landlord's Address	
Landlord's Telephone Number	

Rental Address	
Length of Time at Address	
Landlord's Name	
Landlord's Address	
Landlord's Telephone Number	

Rental Address	
Length of Time at Address	
Landlord's Name	
Landlord's Address	
Landlord's Telephone Number	

Rental Address	
Length of Time at Address	
Landlord's Name	
Landlord's Address	
Landlord's Telephone Number	

Rental Address	
Length of Time at Address	
Landlord's Name	
Landlord's Address	
Landlord's Telephone Number	

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Bar Harbor, ME 04609-0028  
Phone & FAX (207) 288-4770

Terrance Kelley  
Executive Director

## Landlord Reference Form

I, Applicant / Tenant's name: \_\_\_\_\_

Previously / Currently living at (physical address) \_\_\_\_\_

Applicant's signature: \_\_\_\_\_ Date: \_\_\_\_\_

.....

To: \_\_\_\_\_

**Landlord's Name**

\_\_\_\_\_  
**Landlord's Address**

Landlord, Please release the following information concerning my/our tenancy to:

**MDI & Ellsworth Housing Authorities**  
**P.O. Box 28**  
**Bar Harbor, ME 04609**

Was rent paid on time? \_\_\_\_\_

Was unit maintained in a safe and sanitary manner? \_\_\_\_\_

Did tenant(s) cause any problems with neighbors? \_\_\_\_\_

Were there any damages caused by tenants? \_\_\_\_\_

Were children properly supervised? \_\_\_\_\_

Did Tenant permit other people (than those listed on lease) to live in the unit? \_\_\_\_\_

Does the Applicant/Tenant currently owe you any money for damages or rent? \_\_\_\_\_

Was Applicant/Tenant ever evicted or proceeding ever started? \_\_\_\_\_

Would you rent to this person again? Yes \_\_\_ No \_\_\_ If No, please explain: \_\_\_\_\_

Is Tenant still currently living at this unit? Yes \_\_\_ No \_\_\_

\_\_\_\_\_  
**Landlord's signature**

\_\_\_\_\_  
**Date**

Landlord Please Print Name: \_\_\_\_\_

Is the Landlord related to the Applicant in any way? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

**A photocopy of this signed form may be used to obtain more than one landlord reference at a time and is valid for twelve (12) months from the date it is signed by the person applying for an apartment through MDI & Ellsworth Housing Authorities.**

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Executive Director

## Landlord Reference Form

I, Applicant / Tenant's name: \_\_\_\_\_

Previously / Currently living at (physical address) \_\_\_\_\_

Applicant's signature: \_\_\_\_\_ Date: \_\_\_\_\_

.....

To: \_\_\_\_\_

**Landlord's Name**

\_\_\_\_\_  
**Landlord's Address**

Landlord, Please release the following information concerning my/our tenancy to:

**MDI & Ellsworth Housing Authorities**  
**P.O. Box 28**  
**Bar Harbor, ME 04609**

Was rent paid on time? \_\_\_\_\_

Was unit maintained in a safe and sanitary manner? \_\_\_\_\_

Did tenant(s) cause any problems with neighbors? \_\_\_\_\_

Were there any damages caused by tenants? \_\_\_\_\_

Were children properly supervised? \_\_\_\_\_

Did Tenant permit other people (than those listed on lease) to live in the unit? \_\_\_\_\_

Does the Applicant/Tenant currently owe you any money for damages or rent? \_\_\_\_\_

Was Applicant/Tenant ever evicted or proceeding ever started? \_\_\_\_\_

Would you rent to this person again? Yes \_\_\_ No \_\_\_ If No, please explain: \_\_\_\_\_

Is Tenant still currently living at this unit? Yes \_\_\_ No \_\_\_

\_\_\_\_\_  
**Landlord's signature**

\_\_\_\_\_  
**Date**

Landlord Please Print Name: \_\_\_\_\_

Is the Landlord related to the Applicant in any way? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

**A photocopy of this signed form may be used to obtain more than one landlord reference at a time and is valid for twelve (12) months from the date it is signed by the person applying for an apartment through MDI & Ellsworth Housing Authorities.**

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Terrance Kelley  
Executive Director

## PERSONAL REFERENCES FORM

Pursuant to our policy for Admissions and Continued Occupancy, we are required to complete a thorough background history check for all applicants. Applicants will need to provide personal reference(s).

Applicant, please have someone you know (ie: neighbor, friend, doctor, etc..) fill out this form and mail back to us with the application. The provider needs to fill out their name, address and phone number for verification purposes.

APPLICANTS NAME: \_\_\_\_\_



YOUR NAME/ADDRESS/PHONE#: \_\_\_\_\_

RELATIONSHIP TO APPLICANT (must be a non-relative): \_\_\_\_\_

HOW LONG HAVE YOU KNOWN THE APPLICANT? \_\_\_\_\_

PLEASE PROVIDE A BRIEF TESTIMONIAL AS TO THE APPLICANT'S CHARACTER: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I, \_\_\_\_\_ (please sign) Date \_\_\_\_\_,  
declare that the information I have provided is true to the best of my knowledge,  
and I consent to being notified by the Housing Authority for verification purposes.

# MDI & ELLSWORTH HOUSING AUTHORITIES

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

Terrance Kelley  
Executive Director

## PERSONAL REFERENCES FORM

Pursuant to our policy for Admissions and Continued Occupancy, we are required to complete a thorough background history check for all applicants. Applicants will need to provide personal reference(s).

Applicant, please have someone you know (ie: neighbor, friend, doctor, etc..) fill out this form and mail back to us with the application. The provider needs to fill out their name, address and phone number for verification purposes.

APPLICANTS NAME: \_\_\_\_\_

\_\_\_\_\_

YOUR NAME/ADDRESS/PHONE#: \_\_\_\_\_

\_\_\_\_\_

RELATIONSHIP TO APPLICANT (must be a non-relative): \_\_\_\_\_

HOW LONG HAVE YOU KNOWN THE APPLICANT? \_\_\_\_\_

PLEASE PROVIDE A BRIEF TESTIMONIAL AS TO THE APPLICANT'S CHARACTER: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I, \_\_\_\_\_ (please sign) Date \_\_\_\_\_,  
declare that the information I have provided is true to the best of my knowledge,  
and I consent to being notified by the Housing Authority for verification purposes.

Optional and Supplemental Contact Information for HUD-Assisted Housing Applicants

**SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING**

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

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

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

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

**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.

# VIOLENCE AGAINST WOMEN ACT (VAWA)

A federal law that went into effect in 2006 protects individuals who are victims of domestic violence, dating violence, and stalking. The name of the law is the Violence against Women Act, or "VAWA." 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.

If you fail to provide one of these documents within the required time, the housing authority may evict 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).

**DECLARATION OF CITIZENSHIP**

Tenant ID \_\_\_\_\_

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 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. 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.

**Please fill out the back of this page ONLY if you are an Eligible Non-Citizen  
 (Part 2: Only Applies to Noncitizen Family Members)**

**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.

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**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 08/31/2016.

**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.

**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.

<p><b>This Notice was provided by the below-listed PHA:</b></p>	<p><b>I hereby acknowledge that the PHA provided me with the <i>Debts Owed to PHAs &amp; Termination Notice</i>:</b></p>	
	<p>Signature</p>	<p>Date</p>
<p>Printed Name</p>		



# Rural Housing and Community Programs

Please remove this page from the application for your information

## Things You Should Know About USDA Rural Rental Housing

***Don't risk losing your chances for federally assisted housing by providing false, incomplete, or inaccurate information on your application or recertification***

### ***Penalties for Committing Fraud***

You must provide information about your household status and income when you apply for assisted housing in apartments financed by the U.S. Department of Agriculture (USDA). USDA places a high priority on preventing fraud. If you deliberately omit information or give false information to the management company on your application or recertification forms, you may be:

- Evicted from your apartment;
- Required to repay all the extra rental assistance you received based on faulty information;
- Fined;
- Put in prison and/or barred from receiving future assistance.

*Your State and local governments also may have laws that allow them to impose other penalties for fraud in addition to the ones listed here.*

### ***How To Complete Your Application***

When you meet with the landlord to complete your application, you must provide information about:

- **All Household Income.** List all sources of money that you receive. If any other adults will be living with you in the apartment, you must also list all of their income. Sources of money include:
  - Wages, unemployment and disability compensation, welfare payments, alimony, Social Security benefits, pensions, etc.;
  - Any money you receive on behalf of your children, such as child support, children's Social Security, etc.;
  - Income from assets such as interest from a savings account, credit union, certificate of deposit, stock dividends, etc.;
  - Any income you expect to receive, such as a pay raise or bonus.
- **All Household Assets.** List all assets that you have. If any other adults will be living with you, you must also list all of their assets. Assets include:
  - Bank accounts, savings bonds, certificates of deposit, stocks, real estate, etc.;
  - Any business or asset you sold in the last 2 years for less than its full value, such as selling your home to your children.

- **All Household Members.** List the names of all the people, including adults and children, who will actually live with you in the apartment, whether or not they are related to you.

### ***Ask for Help if You Need It***

If you are having problems understanding any part of the application, let the landlord know and ask for help with any questions you may have. The landlord is trained to help you with the application process.

### ***Before You Sign the Application***

- Make sure that you read the entire application and understand everything it says;
- Check it carefully to ensure that all the questions have been answered completely and accurately;
- Don't sign it unless you are sure that there aren't any errors or missing information.

By signing the application and certification forms, you are stating that they are complete to the best of your knowledge and belief. Signing a form when you know it contains misinformation is considered fraud.

- The management company will verify your information. USDA may conduct computer matches with other Federal, State or private agencies to verify that the income you reported is correct;
- Ask for a copy of your signed application and keep a copy of it for your records.

### ***Tenant Recertification***

Residents in USDA-financed assisted housing must provide updated information to the management company at least once a year. Ask your landlord when you must recertify your income.

You must immediately report:

- Any changes in income of \$100 or more per month;
- Any changes in the number of household members.

For your annual recertification, you must report:

- All income changes, such as increases in pay or benefits, job change or job loss, loss of benefits, etc., for any adult household member;

- Any household member who has moved in or out;
- All assets that you or your adult housemates own, or any assets that were sold in the last 2 years for less than their full value.

## Avoid Fraud, Report Abuse

Prevent fraudulent schemes through these steps:

- Don't pay any money to file your application;
- Don't pay any money to move up on the waiting list;
- Don't pay for anything not covered by your lease;
- Get receipts for any money you do pay;
- Get a written explanation for any money you are required to pay besides rent, such as maintenance charges.

**Report Abuse:** If you know anyone who has falsified an application, or who tries to persuade you to make false statements, report him or her to the manager. If you cannot report to your manager, call your local or state USDA office at 1 (800) 670-6553, or write: USDA, STOP 0782, 1400 Independence Ave., SW, Washington, DC 20250.

## If You Disagree With a Decision

Tenants may file a grievance in writing with the complex owner in response to the owner's actions, or failure to act, that result in a denial, significant reduction, or termination of benefits. Grievances may also be filed when a tenant disputes the owner's notice of proposed adverse action.

### Notice of Adverse Action

The complex owner must notify tenants in writing about any proposed actions that may have adverse consequences, such as denial of occupancy and changes in the occupancy rules or lease. The written notice must give specific reasons for the proposed action, and must also advise tenants of the "right to respond to the notice within 10 calendar days after the date of the notice" and of "the right to a hearing." Housing complexes in areas with a concentration of non-English-speaking people must send notices in English and in the majority non-English language.

### Grievance Process Overview

USDA believes that the best way to resolve grievances is through an informal meeting between tenants and the landlord or owner. Once the owner learns about a tenant grievance, the process should begin with an informal meeting between the two parties. Owners must offer to meet with tenants to discuss the grievance within 10 calendar days of receipt of the complaint. USDA encourages owners and tenants to try to reach a mutually satisfactory resolution to the problem at the meeting.

If the grievance is not resolved, the tenant must request a hearing within 10 days of receipt of the meeting findings. The parties will then select a hearing panel or hearing officer to govern the hearing. All parties are notified of the decision 10 days after the hearing.

### When a Grievance Is Legitimate

The landlord must determine if a grievance is within the established rules for the program. For example, "I want to file a complaint because the manager doesn't speak to me" is not a legitimate complaint. However, "I want to file a complaint because the manager isn't maintaining the property according to USDA guidelines" is a legitimate complaint. Below are examples of cases in which tenants may and may not file a complaint.

A complaint may not be filed with the owner/management if:	A complaint may be filed with the owner/management if:
USDA has authorized a proposed rent change.	There is a modification of the lease, or changes in the rules or rent that are not authorized by USDA.
A tenant believes that he/she has been discriminated against because of race, color, religion, national origin, sex, age, familial status, or disability. Discrimination complaints should be filed with USDA and/or the Department of U.S. Housing and Urban Development (HUD), not with the owner/management.	The owner or management fails to maintain the property in a decent, safe, and sanitary manner.
The complex has formed a tenant's association and all parties have agreed to use the association to settle grievances.	The owner violates a lease provision or occupancy rule.
USDA has required a change in the rules and proper notices have been given.	A tenant is denied admission to the complex.
The tenant is in violation of the lease and the result is termination of tenancy.	
There are disputes between tenants that do not involve the owner/management.	
Tenants are displaced or other adverse effects occur as a result of loan prepayment.	

PA 1998  
December 2008

The U.S. Department of Agriculture (USDA) prohibits discrimination in all its programs and activities on the basis of race, color, national origin, age, disability, and where applicable, sex, marital status, familial status, parental status, religion, sexual orientation, genetic information, political beliefs, reprisal, or because all or a part of an individual's income is derived from any public assistance program. (Not all prohibited bases apply to all programs.) Persons with disabilities who require alternative means for communication of program information (braille, large print, audiotape, etc.) should contact USDA's TARGET Center at (202) 720-2600 (voice and TDD).

To file a complaint of discrimination write to USDA, Director, Office of Civil Rights, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410 or call (800) 795-3272 (voice) or (202) 720-6382 (TDD). USDA is an equal opportunity provider and employer.

# VIOLENCE AGAINST WOMEN ACT (VAWA)

A federal law that went into effect in 2006 protects individuals who are victims of domestic violence, dating violence, and stalking. The name of the law is the Violence against Women Act, or "VAWA." This notice explains your rights under VAWA.

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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.

If you fail to provide one of these documents within the required time, the housing authority may evict 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).

# MDI & ELLSWORTH HOUSING AUTHORITIES

P.O. Box 28  
80 Mount Desert Street  
Bar Harbor, ME 04609-0028  
Phone & FAX (207) 288-4770

Terrance J Kelley,  
Executive Director

## Law Enforcement Agencies \*RELEASE OF INFORMATION

\*As part of our investigation of person(s) applying for subsidized housing, authorized Housing Authorities personnel are required by HUD to check with Law Enforcement Agencies on all applicants 18 years of age and over.

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

Please print your FIRST / MIDDLE / LAST NAME(s) below clearly, then SIGN YOUR LEGAL SIGNATURE on line 1 to 3.

APPLICANT'S NAME, including previous names and/or aliases: \_\_\_\_\_

Co-APPLICANT'S NAME, including previous names and/or aliases: \_\_\_\_\_

OTHER ADULT, including previous names and/or aliases: \_\_\_\_\_

PLEASE LIST THE CURRENT TOWN / CITY / STATE YOU ARE CURRENTLY LIVING IN \_\_\_\_\_

Every household member over the age of 18 years old, must sign below and provide SS number / birth date.

1. \_\_\_\_\_  
Applicant's Signature                      Today's Date                      Social Security Number                      Birth Date

2. \_\_\_\_\_  
Co-Applicant's Signature                      Today's Date                      Social Security Number                      Birth Date

3. \_\_\_\_\_  
Other Adult's Signature                      Today's Date                      Social Security Number                      Birth Date

Your cooperation is appreciated, and this information will be held in the strictest confidence

\_\_\_\_\_  
Terrance J Kelley, Executive Director  
MDI & Ellsworth Housing Authorities

.....  
**This portion is to be filled out by Law Enforcement agents and agencies only.**

This portion is to be filled out by Law Enforcement agents and agencies only. The above named person(s) has applied with the MDI & Ellsworth Housing Authorities. Please forward any information you have on the above person(s), such as record(s) of previous convictions, involvement in civil disturbances, juvenile records, or anything else that might be a determining factor as to whether they would make suitable tenants.

( ) Nothing on record

( ) Comment: \_\_\_\_\_

\_\_\_\_\_  
Agency Name / Authorized Law Enforcement agent/personnel signature \_\_\_\_\_ Date \_\_\_\_\_