

# Brunswick Housing Authority

12 Stone Street, PO Box A  
Brunswick, ME 04011  
Phone (207) 725-8711 Fax (207) 729-2642

## **Instructions for Completing the PRELIMINARY APPLICATION FOR HOUSING**

1. **Please complete all areas** of this application and attached addendums
2. **All adult household members (18 and older) are required to sign this application and attached form (Debt Owed to Public Housing Agencies & Terminations).**
3. **When your name reaches the top of our wait list, you will then be required to provide us with the following documentation: copies of Birth Certificates and Social Security Cards for all household members, copy of Social Security Awards Letter (if you are receiving), copies of Pay Check Stubs, and any other documentation required to determine your eligibility.**
5. **RETURN YOUR APPLICATION TO:**

**Brunswick Housing Authority  
PO Box A  
Brunswick, ME 04011**

Brunswick Housing Authority does not discriminate in the rental of housing, the provision of services, or in any other matter, based on race, color, age, religion, sex, ancestry, national origin, disability, familial status, sexual orientation or status as a recipient of public assistance.

Brunswick Housing Authority is an Equal Housing Opportunity Provider. Complaints of discrimination should be sent to: US Dept of HUD, Assistant Secretary for Fair Housing & Equal Opportunity, Washington, DC 20410 (1-800-669-9777) or TTY (1-800-927-9275)

**All changes to your application must be put in writing to our office.**

**You must notify us of any change to your address. Failure to notify us of a move may result in your name being dropped from the waiting list.**

**If you believe you have been discriminated against, you may call the fair housing and equal opportunity national toll-free hot line at (800) 424-8590.**

**BRUNSWICK TOPSHAM HOUSING AUTHORITY  
PRELIMINARY APPLICATION**

<b>Office Use Only:</b>
Date Received: _____
Time Received: _____

**Applicant Full Name and Mailing Address:**

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

**Legal Address if different from mailing address:**

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

Home Telephone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ What states have you lived in? \_\_\_\_\_

Alt. Telephone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Alt. Telephone Type: \_\_\_ Mobile \_\_\_ Work \_\_\_ Other

*\*If your legal or mailing address changes, you must notify this office in writing to maintain your wait list status.*

**Part 1: Head of Household**

**Social Security Number:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ **Sex:** \_\_\_ Female \_\_\_ Male

**Date of Birth:** \_\_\_\_ - \_\_\_\_ - \_\_\_\_ **Are you disabled?** \_\_\_ Yes \_\_\_ No

Are you a citizen of the United States? \_\_\_ Yes \_\_\_ No

**Race:**

- ( ) White
- ( ) Black
- ( ) American Indian/Alaskan Native
- ( ) Asian/Pacific Islander

**Ethnicity:**

- ( ) Hispanic
- ( ) Non-Hispanic

*(Race and ethnic data for statistical purposes only.)*

**Part 2: Household Information**

List information for adults first, then children under the age of 18. Use "F" or "M" to indicate sex. If a household member is disabled check the "Y" check box, if not disabled, check "N". List relationship of each person to the Head of Household. Attach additional sheet if family member has more than eight members.

Name	Social Security #	Date of Birth	Sex	Disabled	Relationship	Citizen Y/N
_____	_____	_____	_____	___Y___N	_____	_____
_____	_____	_____	_____	___Y___N	_____	_____
_____	_____	_____	_____	___Y___N	_____	_____
_____	_____	_____	_____	___Y___N	_____	_____
_____	_____	_____	_____	___Y___N	_____	_____
_____	_____	_____	_____	___Y___N	_____	_____

Are any household members subject to the lifetime sex offender registration program in any state? \_\_\_\_\_

Would your household qualify for our **homeless family preference**? \_\_\_ Yes \_\_\_ No (families only)

**Part 3: Family Income and Assets**

List total gross income (before taxes) and payments received by all household members (including children) for wages, military pay, pensions, social security, SSI, Child Support, unemployment, business, TANF, alimony, etc.

<u>First Name</u>	<u>Gross Income</u>	<u>How Often</u>		<u>Type of Income</u>
_____	\$ _____	<input type="checkbox"/> Weekly	<input type="checkbox"/> Monthly	_____
		<input type="checkbox"/> Bi-Weekly	<input type="checkbox"/> Yearly	
_____	\$ _____	<input type="checkbox"/> Weekly	<input type="checkbox"/> Monthly	_____
		<input type="checkbox"/> Bi-Weekly	<input type="checkbox"/> Yearly	
_____	\$ _____	<input type="checkbox"/> Weekly	<input type="checkbox"/> Monthly	_____
		<input type="checkbox"/> Bi-Weekly	<input type="checkbox"/> Yearly	
_____	\$ _____	<input type="checkbox"/> Weekly	<input type="checkbox"/> Monthly	_____
		<input type="checkbox"/> Bi-Weekly	<input type="checkbox"/> Yearly	

List total cash value and total income received from assets owned for all household members (including children).

<u>Type of Asset</u>	<u>Cash Value of Asset</u>	<u>Income Earned from Asset</u>
Checking Account	\$ _____	\$ _____
Savings Account	\$ _____	\$ _____
Stocks, Bonds, CDs, Investments	\$ _____	\$ _____
Real Estate	\$ _____	\$ _____
Other	\$ _____	\$ _____

**Part 4: Wait List Interest (please check as many that apply to your family composition:**

**Elderly Housing:**

- Creskide Village  1 bedroom  2 bedroom **Must be 55 years (+)**
  - Campus Commons, Lisbon  1 bedroom  2 bedroom
- (Rent amount varies by program eligibility)

**Senior / Disabled Housing**

- Woodlawn Tower  1 bedroom  2 bedroom
- Woodlawn Terrace  1 bedroom

**Public / Family Housing**

- Old Gurnet(Wilson St, Heath St, Purchase St)  2 bedroom  3 bedroom
- Perryman Village  2 bedroom  3 bedroom  4 bedroom  5 bedroom

**Section 8 Voucher Program**

**Part 5: Certification**

I certify that the information given to Brunswick Housing Authority, regarding household composition, income, and net family assets is accurate and complete to the best of my knowledge and belief. I understand that false statements or information are punishable under Federal Law. I also understand that false statements or information are grounds for termination of housing assistance and termination of tenancy.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



**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:** The information collection requirements contained in this notice have been approved by the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3520) and assigned OMB control number 2577-0266. In accordance with the Paperwork Reduction Act, HUD may not conduct or sponsor, and a person is not required to respond to a collection of information unless the collection displays a current valid OMB control number.

**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, your current rental assistance may be terminated and your future request for HUD rental assistance may be denied for a period of up to ten years from the date you moved out of an assisted unit or were terminated from a HUD rental assistance program.

**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.
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?**

You should contact the PHA, who has reported this information about you, in writing, if you disagree with the reported information. 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. Disputes must be made within three years from the end of participation date. Otherwise the debt and termination information is presumed correct. Only the PHA who reported the adverse information about you can delete or correct your record.

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

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

This Notice was provided by the below-listed PHA:

Brunswick Housing Authority  
PO Box A / 12 Stone Street  
Brunswick, ME 04011  
(207) 725-8711 / (207) 729-2642 (fax)

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

Signature

Date

Printed Name

Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

**SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING**

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

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

<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: (Check all that apply)</b>	
<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.	

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

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**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.