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Screening Application for Housing

Office Use Only: ID in System #BR

PROPERTY DESCRIPTIONS:

VILLAGE VIEW: \$54,050 1-person low income, \$61,800 2 person low income, \$20,300 1 person extremely low income, \$23,200 2 person extremely low income
13/21 Pleasant Street (Springvale) low-income property for Elderly (62 years and older) households requiring 1 or 2 bedroom or 1 bedroom handicapped accessible apartments. Two, 3 story buildings. Rent is based on 30% of adjusted monthly income. All utilities are included and laundry facilities are on site.

SUNSET TOWER \$54,050 1 person low income, \$61,800 2 person low income

941 Main Street (Sanford) Public Housing for Elderly (62 years of age or older) OR Disabled (of any aged 18 and older) households requiring 1 bedroom or efficiency or 1 bedroom handicapped accessible style units. High-rise building. Rent is based on 30% of adjusted monthly income. All utilities are included. Laundry facility on site.

EAST SIDE ACRES \$61,800 2 person, \$69,500 3 person, \$77,200 4 person, \$83,400 5 person

Emery/Bates/Bowdoin Street (Sanford) Public Housing for families with minor children requiring 2, 3- or 4-bedroom units, located on Bates, Emery and Bowdoin St. Townhouse 2 story style units. Rent and security deposit is based on 30% of adjusted monthly income and an allowance for utilities. Each unit has an individual basement with washer/dryer hook-ups.

MAPLES 1 person (50%) 34,450, 2 person (50%) 39,350, 1 person (60%) 41,340, 2 person (60%) 47,220

Mayflower Drive (South Sanford) 26-unit tax credit property for adults 55 and older. Some units serve income levels at or below 50% of area median income, others at or below 60%. In addition, 16 of the units at the Maples have project-based section 8 vouchers attached, requiring individuals to also meet Section 8 income guidelines. One and two-bedroom units, in a 3-story building, with an elevator, parking, and multiple community rooms available for tenant use.

MAYFLOWER PLACE 1 person (50%) 34,450, 2 person (50%) 39,350, 1 person (60%) 41,340, 2 person (60%) 47,220

35-unit tax credit property for adults 55 and older. Some units serve income levels at or below 50% of area median income, others 60% or below..

PROPERTY(IES) APPLYING FOR:

Village View Sunset Tower East Side Acres Maples Mayflower

HEAD OF HOUSEHOLD GENERAL INFORMATION:

Last Name: First Name: Middle Name:

Social Security Number: Date of Birth: Place of Birth:

Physical Address:

Mailing Address (if different from above):

Email Address: Phone Number:

Does anyone require a handicapped-adapted apartment (i.e., wheel-chair accessible, grab bars) Yes No If yes, what requirements do you have?

Was anyone in the household age 62 or older on/after January 31, 2010? Yes No If yes, does that person have a valid social security number? Yes No If no, did that person receive HUD housing assistance on or after January 31, 2010? Where?

ADDITIONAL HOUSEHOLD MEMBERS (please list all members who will be living in the household with you):

Name: Relationship Date of birth SSN

Name Relationship Date of birth SSN

Name Relationship Date of birth SSN

Name Relationship Date of birth SSN

Number of bedrooms Required:

Are all household members citizens of the United States? yes no If no, please identify who is not a citizen

*If you are willing, please answer the following questions-it will not impact your placement on the waiting list, and is not required in order to obtain housing. It is for statistical purposes only.

Race of Head of Household White Black or African American American Indian/Alaskan Native Asian Native Hawaiian or other Pacific Islander Other

Ethnicity of Head of Household (check one- for statistics only) Hispanic or Latino Non-Hispanic or Latino



17 School Street, P.O. Box 1008 Sanford, ME 04073 | P: (207) 324-6747 F: (207) 324-6870

TDD Communicator: (800) 545-1833 Ext. 514

Website: www.sanfordhousing.org | Email: info@sanfordhousing.org



PLEASE ANSWER THE FOLLOWING QUESTIONS

1. Yes No Has Head/co-head served in the Military? If yes, do you have your DD-214? yes
2. Yes No Are head of household or co-head receiving disability benefits?
3. Yes No Are head of household or co-head 62 years of age or more?
4. Yes No Are head of household or co-head working? If so, what town do you work in? _____
5. Yes No Is the head of household or co-head currently pregnant?
6. Yes No Is anyone, other than minors, a full-time student? If so, who? _____
7. Yes No Are any adult members enrolled in an educational and/or training program?
8. Yes No Are you currently living in a subsidized unit? If so, please give name of property _____
9. Yes No Have you ever participated in the Section 8 program? If so, when _____
10. Yes No Do you currently have a Section 8 voucher?
11. Yes No Have you lived in other states besides Maine, if so which other state(s)? _____
12. Yes No Have you used a name other than the one you are using now? If so, what name _____
13. Yes No Have you ever been evicted from Public or Assisted Housing for violent criminal or drug activity?
14. Yes No Have you ever violated a family obligation in a HUD-assisted program?
15. Yes No Does anyone in your household use medical marijuana?
16. Yes No Does anyone in your household register as a sex offender?
17. Yes No Have anyone in your household ever been convicted of a felony? Who? _____
18. Yes No Has anyone in your household used, sold, manufactured, or distributed controlled substances? Who? _____
19. Yes No Do you have any pets? *pets must be approved, must have updated shots, be registered, and be neutered/spayed

INCOME INFORMATION-Do you or anyone in your household have any of the following? *Please answer ALL questions, and fill in required information

Income Source	Yes	No	Who Receives This Income?	Monthly Amount	Name of Income Source
Wages, salaries, tips, bonuses, commission					
Unemployment					
Self-employment					
Trust fund income/interest from investments					
Social security/SSI/SSDI					
State Supplement					
TANF					
General Assistance					
Child Support					
Alimony					
Military or Veteran's Pay or Pension					
Annuities					
Pensions					
Retirement from an IRA or 403B or 401K					
Worker's Compensation or Severance Pay					
Death Benefits					
Adoption Assistance Payments					
Rental Income					
Lottery Winnings					

ASSET INFORMATION: Do you or anyone in your household have any of the following? *Please answer ALL questions, and fill in required information.

Asset Source	Yes	No	Names on Account	Value	Bank or Company Name
Checking Account					
Savings Account					
Stocks/Mutual Funds/Bonds/Treasury Bill					
Money Market					
Investment Accounts					
Real Estate Property					



Trust Fund					
Retirement Account Not being Drawn On					
Inheritance					
Cash on hand from sale of assets					
Life Insurance Policy					
Capital Gains or Annuities					
Settlements for personal or property losses					
Personal Property (boat, motor home, trailer)					

I certify that the information provided in this application is accurate and complete. I understand that submission of false information or misrepresentation may result in loss of eligibility to participate in any Sanford Housing Authority housing programs. Title 1, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of agency of the U.S. or the Department of Housing and Urban Development. 9/24/2020

I understand I am required to notify Sanford Housing of any changes in information on this application, **within 10 days of the change**. I understand that if I am unable to be contacted at the last mailing address given, my name may be removed from the waiting lists and I will have to reapply.

I certify that I am 18 years of age or I am an emancipated minor and therefore have the full legal capacity to act on my own behalf in the matter of contracts.

Persons with disabilities have the right to request reasonable accommodations to participate in the application process.

If you are a victim of domestic violence, dating violence, stalking, or sexual assault, you are protected under Violence Against Women’s Act (VAWA). If you would like more information regarding your rights under VAWA, please visit our website at www.sanfordhousing.org, or call 324-6747, ext. 115 and request the information be mailed to you.

Nondiscrimination Notice: Sanford Housing Authority (Sanford Housing) does not discriminate on the basis of race, color, religion, sex, sexual orientation, national origin, ancestry, age, physical or mental disability, or familial status in the admission or access to, or treatment or employment in, its programs and activities. Sanford housing will also provide this document in alternative formats upon sufficient notice. Sanford Housing has designated the following person responsible for coordinating compliance with applicable federal and state nondiscrimination requirements and addressing grievances: Risk and Compliance Manager, Sanford Housing, PO Box 1008 Sanford, ME 04073

X _____ Date
Signature of head of household

X _____ Date
Signature of co-head of household



Supplement to Application for Federally Assisted Housing HUD Form 92006

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

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

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

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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. Form **HUD- 92006** (05/09)

