



Executive Director



Diane Small

Screening Application for Housing

PROPERTY(IES) APPLYING FOR: ___ Village View ___ Sunset Tower ___ East Side Acres ___ Maples ___ Mayflower

Village View-must be age 62 or older
Sunset Tower-must be age 55 or older
East Side Acres-family housing (minor child in the home, or pregnant woman)
Maples-must be age 55 or older
Mayflower-must be age 55 or older

HEAD OF HOUSEHOLD GENERAL INFORMATION:

Last Name: _____ First: _____ Middle: _____ Phone: _____

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

Are you a US citizen? ___ Are you disabled? ___ Are you receiving disability benefits? ___ Are you a veteran? ___

Physical Address _____ if homeless, what town/city are you sleeping in _____

Mailing Address (if different from above): _____ Email Address: _____

Emergency Contact Name: _____ 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 _____ - _____ - _____

Are any additional household members listed above disabled? If so, who? _____

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

Number of bedrooms Required: _____

***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

PLEASE ANSWER THE FOLLOWING QUESTIONS

1. ___ Yes ___ No Are head of household or co-head 62 years of age or more?
2. ___ Yes ___ No Are head of household or co-head working? If so, what town do you work in? _____
3. ___ Yes ___ No Is the head of household or co-head currently pregnant?
4. ___ Yes ___ No Is anyone, other than minors, a full-time student? If so, who? _____
5. ___ Yes ___ No Are any adult members enrolled in an educational and/or training program?
6. ___ Yes ___ No Are you currently living in a subsidized unit? If so, please give name of property _____
7. ___ Yes ___ No Have you ever participated in the Section 8 program? If so, when _____



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

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8. ____ Yes ____ No Do you currently have a Section 8/BRAP/VASH/Shelter + Care voucher or another subsidy?
9. ____ Yes ____ No Have you lived in other states besides Maine, if so which other state(s)? _____
10. ____ Yes ____ No Have you used a name other than the one you are using now? If so, what name _____
11. ____ Yes ____ No Has anyone in your household been evicted from public/subsidized housing? Year: _____
12. ____ Yes ____ No Have you ever violated a family obligation in a HUD-assisted program?
13. ____ Yes ____ No Does anyone in your household use medical marijuana? *at this time, no possession or use can occur on property
14. ____ Yes ____ No Is anyone in the household required to register as a sexual offender?
15. ____ Yes ____ No Has anyone in your household ever been convicted of a felony? Who? _____ When? _____
16. ____ Yes ____ No Has anyone in your household used, sold, manufactured, or distributed controlled substances? Who? _____
17. ____ Yes ____ No Do you have any pets?
18. ____ Yes ____ No Do you owe Sanford Housing Authority any money from previous housing or subsidy?
19. ____ Yes ____ No Do you own property you could live in such as a home, mobile home, condo, or apartment building?

If you own real estate property, please answer the following questions

1. Where is the property located? _____
2. Are you the owner/joint owner of this property? _____
3. Do you have the legal right to sell this property? _____
4. Please provide explanation of why you cannot live in the property: _____
5. What are your intentions (sell, rent, surrender) _____
6. What is the current value of this property? _____

Beginning in 2024, HUD began requiring that Housing Authorities start to implement requirements under the Housing Opportunity Through Modernization Act (HOTMA), with full implementation required by January 1, 2025. Under HOTMA, HUD has made some changes to eligibility requirements that identifies households with assets over \$100,000.00 or households owning real estate property they could live in being ineligible for subsidy. SHA will evaluate what you put on this application to assist in determining if you are eligible for waiting list placement.

Income Source PLEASE ANSWER ALL QUESTIONS	Y	N	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 that are recurring					

Asset Source PLEASE ANSWER ALL QUESTIONS	Yes	No	Names on Account	Value	Bank or Company Name
Checking Account					
Savings Account					
Cash Card or Cash App account					
Stocks/Mutual Funds/Bonds/Treasury Bill					
Money Market					
Investment Accounts					
Life Insurance Policy					
Trust Fund					



Retirement Account Not being Drawn On					
Capital Gains or Annuities					
Cash on hand from sale of assets					
Personal Property PLEASE ANSWER ALL QUESTION	Yes	No	Type of Personal Property	Value	Is this fully owned or jointly owned?
Collections such as jewelry or coins					
Personal Property (boat, motor home, trailer)					
Other property of value					

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 phone number or mailing address given, my name may be removed from the waiting lists and I will have to reapply. I understand if I do not respond to the annual update requirement, I will 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 _____
Signature of head of household **Date**

X _____
Signature of co-head of household Date

VILLAGE VIEW: 13/21 Pleasant Street (Springvale) low-income property for Elderly (62 years and older) Two, 3 story buildings. Rent is based on 30% of adjusted monthly income.

SUNSET TOWER 941 Main Street (Sanford)Section 8 PBVs for single adults or couples who are at least 55 years of age

EAST SIDE ACRES Emery/Bates/Bowdoin Street (Sanford) Section 8 PBVs for families with minor children requiring 2, 3- or 4-bedroom units, located on Bates, Emery and Bowdoin St. Townhouse 2 story style units.

MAPLES 20 Mayflower Drive (South Sanford) 26-unit tax credit property for adults 55 and older. Some units serve income levels at 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

MAYFLOWER 27 Mayflower Drive 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.

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: ___ Emergency ___ Unable to contact you ___ Assist with Application Process ___ Termination of Rental Assistance ___ Eviction from Unit ___ Late Payment of rent ___ Assist with Recertification process ___ Change in lease terms ___ Change in House Rules ___ 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)

