



HOUSING AUTHORITY OF FORT FAIRFIELD

18 FIELDS LANE
FORT FAIRFIELD, MAINE 04742
PHONE 207-476-5771
FAX 207-476-5450



Dear Applicant:

This is your preliminary application for Housing Assistance. Please read this through carefully and answer all questions that pertain to you. When your application is completed please bring it to our office or mail it to the above address.

Please provide copies of any items that pertain to you which are listed below as well as income verification from all sources, which includes, Wages, Retirement Funds, Social Security, S.S.I., Disability, TANF, Child Support, Alimony, Unemployment, or other Income for each member of your household.

Please bring or send:

1. Copy of Birth Certificates for all family members.
2. Social Security cards for each family member.
3. Drivers license for each licensed driver.
4. If divorced, bring a copy of the divorce decree.
5. If married, a copy of the marriage certificate.

PLEASE DO NOT BRING CHILDREN WITH YOU TO YOUR INTERVIEW.

Your application will not be put on the "waiting list" unless all documents and the application have been completed.

If you have any questions pertaining to this application please call the office at 476-5771.

I am applying for: (Circle all that apply)

Section 8 Voucher Public Housing (Elderly/Disabled)

Public Housing (Family) Morningview (Section 23/8 Project Based)

Applicant SSN				
Applicant Name				
Full Address				
Telephone (H, W, Cell)				
Household Size		Emancipated Minor?	YES or NO	
Accessibility features requested? (Circle)				
	Vision	Hearing	Wheelchair	Physical
Previous Address				
City, State, Zip				
Lived there from	Month/Year	TO	Month/Year	
Reason for Moving				
Previous Landlord # 1				
Address				
City, State, Zip				
Telephone #				
Previous Landlord #2				
Address				
City, State, Zip				
Telephone #				
Lived there from	Month/Year	TO	Month/Year	
Reason for Moving				
Previously lived in Public Housing	YES	NO		
If yes, Where?				
Did you ever receive Earned Income Disallowance? Y or N				
Pet Information	Cat?	Dog?	Other?	
Our Policy Limits you to one cat or dog, 2 birds are allowed and multiple fish up to 20 gal aquarium size.				
Comments				

Program Integrity

Has anyone in your household been arrested or convicted for the use, sale, manufacture, or distribution of controlled substances (drugs)? Yes or No	
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If yes, please explain.	
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Does anyone in your household currently use a controlled or illegal drug? Yes or No	
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If yes, Who? When? For What?	
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Has anyone in your household been convicted of any criminal activity? Yes or No	
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If yes, Who? When? For What?	
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Family Composition Information

Name	SSN	Relation to Head	Student (Y or N)	Birthday MM/DD/YY
Head:	Entered Previously	Self		

Family Composition Information (Continued)

Birth Place	Gender (M/F)	Race (1,2,3,4,5)	Ethnicity (Hispanic)	Eligibility (EC, EN, IN, PV)
Head: (Previously Entered)				

Race Codes	1 = White, 2 = Black/African American, 3 = American Indian/Alaska Native, 4 = Asian, 5 = Native Hawaiian/Other Pacific Islander
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Eligibility Codes:	EC = Eligible Citizen, EN = Eligible Noncitizen, IN = Ineligible Noncitizen, PV= Eligibility Pending
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Employment/Income Information

Enter each type of income that any household member will have in the next year.

Family Member				
Income Type				
Income Per (Hour, week, month, year)	H	W	M	Y
Source				
Address				
Telephone				
Family Member				
Income Type				
Income Per (Hour, week, month, year)	H	W	M	Y
Source				
Address				
Telephone				
Family Member				
Income Type				
Income Per (Hour, week, month, year)	H	W	M	Y
Source				
Address				
Telephone				
Family Member				
Income Type				
Income Per (Hour, week, month, year)	H	W	M	Y
Source				
Address				
Telephone				
Does anyone outside of your household pay for any of your bills or expenses? Yes or No				
If yes: Who? When? For What?				

Asset Information

Enter the assets that your household currently possesses, or has disposed of within the last two years for less than fair market value.

Enter the anticipated or actual income from each asset next to Annual Income.

Family Member Name		Source	
Description of Asset		Contact	
Cash Value		Address	
Annual Income		City, State, Zip	
		Telephone	
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Family Member Name		Source	
Description of Asset		Contact	
Cash Value		Address	
Annual Income		City, State, Zip	
		Telephone	
<hr/>			
Family Member Name		Source	
Description of Asset		Contact	
Cash Value		Address	
Annual Income		City, State, Zip	
		Telephone	
<hr/>			
Family Member Name		Source	
Description of Asset		Contact	
Cash Value		Address	
Annual Income		City, State, Zip	
		Telephone	

Other Comments

Certification of Information

Warning! Title 18, Section 1001 of the United States Code, states that a person who knowingly and willingly makes false or fraudulent statements to any Department or Agency of the U.S. government is guilty of a felony.

I understand that any misrepresentation of information or failure to disclose information requested in this application may disqualify me from consideration for admission or participation, and may be grounds for eviction or termination of assistance.

**Title 17-A Maine Criminal Code, Chapter 19: Falsification in Official Matters
Subsection 453. UNSWORN FALSIFICATION**

1. A person is guilty of unsworn falsification if:
 - A. He/she makes a written false statement which he/she does not believe to be true, on or pursuant to, a form conspicuously bearing notification authorized by statute or regulation to the effect that false statements made therein are punishable: [1981, C. 317, ~ 16 (amd).]
 - B. With the intent to deceive a public servant in the performance of his official duties, he (2) knowingly creates, or attempts to create, a false impression in a written application for any pecuniary or other benefit by omitting information necessary to prevent statements therein from being misleading;

2. Unsworn falsification is a Class D crime. [1975, c. 499, ~ 1 (new).]

Initial here to certify that you have read and understand this statement. _____

I do hereby certify that the above information is true, accurate, and complete to the best of my knowledge

Applicant		Date	
Co-applicant		Date	
Other member over 18		Date	
Other member over 18		Date	
Other member over 18		Date	

Authorization for the Release of Information

<p>Organization Requesting Release of Information</p> <p>Fort Fairfield Housing Authority (FFHA) PO Box 230 Fort Fairfield, ME 04742 (207) 476-5771</p> <p>Purpose The FFHA may use this authorization and the information obtained with it to administer and enforce program rules and policies</p> <p>Authorization I authorize the release of any information (including documentation and other materials) pertinent to eligibility for or participation under any of the following programs Low-Income Rental Indian Housing Low-Income Rental Public Housing Rental Assistance Program (RAP) Rent Supplement Section 8 Housing Assistance Payments Program Section 23 and 10 © leased Housing Section 23 Housing Assistance Payments Section 202 Section 221 (d) (3) Below Market Interest Rate Turnkey III Home Ownership Opportunities Program</p> <p>I authorize the above named organization to obtain Information about me or my family that is pertinent to Eligibility for or participation in assisted housing programs. I authorize only the FFHA to obtain information on wages or unemployment from State Employment Securities Agencies</p> <p>Information that may be obtained Child Care Expenses Credit History Drug/Alcohol Abuse Family Composition Employment, Income, Pensions, and Assets Federal, State, Tribal, or Local Benefits</p>	<p>Handicapped Assistance Expenses Identity and Marital Status Medical Expenses Social Security Numbers Residences and Rental History</p> <p>Individual/Organizations that may Release Information</p> <p>Banks and Financial Institutions Courts Law Enforcement Agencies Credit Bureaus Employers, Past & Present Land/Tenants Businesses and Individuals Providers of: Alimony Child Care Child Support Credit Handicapped Assistance Medical Care Pensions/Annuities Schools/Colleges U.S. Department of Veteran’s Affairs Utility Companies Welfare Agencies</p> <p>Conditions</p> <p>I agree that photocopies of this authorization may be used for the purposes stated above.</p> <p>If I do not sign this authorization I also understand that my housing assistance may be denied or terminated.</p> <p>Signature, Printed Name of _____ Date _____ Adult Member of the Household</p> <p>X _____ _____ X _____ _____ X _____ _____</p>
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**Original is retained by the requesting organization.
 THIS STATEMENT OF RELEASE SHALL BE VALID FOR 15 Months**

RE:

COUNTY: Aroostook

BEDROOM SIZE:

CERTIFICATION FOR DIVESTITURE OF ASSETS

_____ I hereby certify that during the two year (24 month) period preceding the effective date of my certification or recertification of eligibility for program participation, I have not disposed of assets for less than fair market value within the two year period preceding the effective date of my certification or recertification.

_____ I have disposed of assets for less than fair market value within the two year period preceding the effective date of my certification or recertification.

DESCRIPTION OF ASSETS OWNED:

DATE OF DISPOSITION: _____

AMOUNT RECEIVED: _____

VALUE OF ASSETS AT THE TIME OF DISPOSITTON: _____

I have been made aware of the provisions of Section 1001 of Title 18 of the U.S. Code. I understand that it is a criminal offense, punishable by \$10,000.00 fine or 10 years imprisonment or both, to make willful statements of misrepresentation to any Department or Agency of the United States as to any matter within its jurisdiction.

Signature of Applicant/Resident

Date

DECLARATION OF SECTION 214 STATUS

NOTICE TO APPLICANTS AND TENANTS: In order to be eligible to receive the housing assistance sought, each applicant for, or recipient of, housing assistance must be lawfully within the United States. Please read the Declaration statement carefully, sign and return it to the Housing Authority office. Please feel free to consult with an immigration lawyer or other immigration expert of your choice.

I, _____, certify, under penalty of perjury 1/, that, to the best of my knowledge, I am lawfully within the United States because (please check appropriate box):

- () I am a citizen by birth, a naturalized citizen, or a national of the United States; or
- () I have eligible immigration status and I am 62 years of age or older. (attach proof of age); or
- () I have eligible immigration status as checked below (see reverse side of this form for explanations). Attach INS document(s) evidencing eligible immigration status and signed verification consent form.
 - [] Immigrant status under 101(a or 1010(a)(20) of the INA 3/; or
 - [] Permanent residence under 249 of INA 4/; or
 - [] Refugee, asylum, or conditional entry status under 207, 208, or 203 of the INA /5; or
 - [] Parole status under 212(d)(5) of the INA /6; or
 - [] Threat to life or freedom under 243(h) of the INA /7; or
 - [] Amnesty under 245A of the INA 8/.

Signature

Date

***PARENT/GUARDIAN must sign for family members under age 18. DO NOT sign child's name.**