

**MAINE STATE HOUSING AUTHORITY**  
**STEP / TBRA - Preliminary Application**  
**(SHELTER NAVAGATOR USE ONLY)**

MaineHousing  
 26 Edison Drive Augusta,  
 ME 04330-4633  
 1-800-452-4668 Voice  
 7-1-1 (Maine Relay)

***If you would like assistance in completing this application, need this document in an alternative format, need translation assistance or need this document in audiotape form, please call.***

The Fair Housing Act of 1988, Section 504 of the 1973 Rehabilitation Act, and the Americans with Disabilities Act require that we reasonably accommodate persons with disabilities. Do you, or a family member who will be living with you, require a specific accommodation in order to fully participate in the Program?  Yes  No  
 If Yes, MaineHousing may request disability-related information that (1) is necessary to verify that the person meets the definition of "disability," (2) describes the needed accommodation, and (3) shows the relationship between the disability and the requested accommodation. You can also contact the Fair Housing and Equal Opportunity National toll free hot-line number **1-800-424-8590**.

\_\_\_\_\_  
 Name (Head of Household)

\_\_\_\_\_  
 Current Address Apt. No.

\_\_\_\_\_  
 City State Zip Code

\_\_\_\_\_  
 Mailing Address (if different from above\*) Apt. No.

\_\_\_\_\_  
 City State Zip Code

\_\_\_\_\_  
 Primary and Alternate Phone Number(s)

\_\_\_\_\_  
 Zip Code of last permanent address

\_\_\_\_\_  
 Referring Agency

\_\_\_\_\_  
 Navigator/Agency Address

\_\_\_\_\_  
 Navigator's Name

\_\_\_\_\_  
 Navigator's Phone /Fax Number(s)

\_\_\_\_\_  
 Navigator's e-mail address

\*All Program related correspondence will be sent to the Mailing Address listed here unless or until MaineHousing receives a written request from you to update your Mailing Address information. Failure to provide a current Mailing Address may result in the loss or delay of your receipt of important information regarding your participation in the Program.

Have you ever received services or benefits under another name?  Yes  No  
 If "Yes", what name(s)? \_\_\_\_\_

In what city or town do you intend to live? \_\_\_\_\_.

If you know the county where that city or town is located, please check below. Please check only one county.

- |                                     |                                       |                                   |                                   |                                      |                                    |
|-------------------------------------|---------------------------------------|-----------------------------------|-----------------------------------|--------------------------------------|------------------------------------|
| <input type="checkbox"/> Cumberland | <input type="checkbox"/> Androscoggin | <input type="checkbox"/> Franklin | <input type="checkbox"/> Kennebec | <input type="checkbox"/> Aroostook   | <input type="checkbox"/> Hancock   |
| <input type="checkbox"/> York       | <input type="checkbox"/> Knox         | <input type="checkbox"/> Lincoln  | <input type="checkbox"/> Oxford   | <input type="checkbox"/> Piscataquis | <input type="checkbox"/> Penobscot |
|                                     | <input type="checkbox"/> Sagadahoc    | <input type="checkbox"/> Somerset | <input type="checkbox"/> Waldo    | <input type="checkbox"/> Washington  |                                    |

**HOUSEHOLD COMPOSITION AND CHARACTERISTICS**

1. List the Head of Household and **all other household members who will be living with you**. Give the relationship of each member to the Head of Household. If more room is needed for additional members, attach another sheet.

Family Member's Full Name	Relationship To Applicant	Birth Date	Sex	Social Security Number	OPTIONAL	
					Race	Ethnicity
	Head of Household					

Check here if Head of Household is an emancipated minor and can provide documentation.

2. Are you, or any member of your household, a United States Military Veteran?  Yes  No

3. Are any members of your household, who are over the age of 18, a full time student?  Yes  No

If yes, who: \_\_\_\_\_

4. Do you expect any changes in your household composition in the next 6 months?  Yes  No

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

5. Have you or any other members of your household ever received, or are you or they now receiving, rental assistance?

Yes  No

If yes, where and when? \_\_\_\_\_

6. Are you on the waiting list anywhere for rental assistance?

Yes  No

If yes, where and when did you apply? \_\_\_\_\_

**ASSET DECLARATION**

I declare I have the following assets:

Asset Type	Value
Cash	\$
Checking Accounts	\$
Savings Accounts	\$
Money Market Accounts	\$
Trusts*	\$
Investments (stocks, bonds, CDs, etc.)*	\$
Retirement Accounts (IRA, 401(k), Keogh, etc.)*	\$
Other (specify):	\$
<b>Total Assets</b>	<b>\$</b>

**INCOME INFORMATION** Verification of all income must be provided

Income Category	Amount Received (monthly)
Earned Income	\$
Unemployment	\$
Disability Income	\$
Worker's Compensation	\$
TANF	\$
Social Security	\$
Supplemental Security Income (SSI)	\$
Social Security Disability Income (SSDI)	\$
Alimony/Child Support/Foster Care Income	\$
Armed Forces Income	\$
Retirement/Pension	\$
Interest/Dividends	\$
Other (specify):	\$
<b>Total Monthly Income</b>	\$

For purposes of Program Income Deductions:

- a. Is head of household disabled?  Yes  No
- b. Is spouse of head of household disabled?  Yes  No
- c. Are any other household members disabled?  Yes  No

**EXPENSE INFORMATION** If yes on any question, the appropriate verification form must be accompanied with this application

**Out-of-pocket child care expenses for children under 13 years old, and children with a documented disability under 18 years old can be deducted from and reduce overall gross income. This can potentially reduce the tenant portion of the rent.**

Yes  No Does your household pay child care expenses for children under age 13 that enable another family member to work or go to school?

Yes  No Does your household pay for the care of a family member with disabilities that enables another family member to work?

**Out-of-pocket medical expenses in excess of 3% of annual income can be deducted from and reduce overall annual gross income. This can potentially reduce the tenant portion of the rent.** Anticipated, out

Yes  No Does your household have unreimbursed medical expenses in excess of 3 percent of annual income?

**Out of pocket, unreimbursed prescription drug costs can be deducted from and reduce overall annual gross income. This can potentially reduce the tenant portion of the rent.**

Yes  No Does your household have any anticipated out-of-pocket prescription drug expense on a regular basis?

**HOUSEHOLD SCREENING**

MaineHousing screens **all adult household members** for drug-related criminal activities, violent criminal activities, sex offenses and sex offender registrations, debts owed to housing agencies, alcohol related crimes and use of illegal drugs including “medical marijuana”. **MaineHousing’s medical marijuana policy denies usage, possession or cultivation in federally subsidized housing units.**

Yes  No **Do any household members currently use, cultivate or possess illegal drugs including “medical marijuana”?**

*If your answer is “Yes”:* Household Member Name: \_\_\_\_\_

Yes  No **Have any household members ever been arrested for drug-related or violent criminal activity?**

*If your answer is “Yes”:* Household Member Name: \_\_\_\_\_

Where and when: State: \_\_\_\_\_ Year: \_\_\_\_\_

Yes  No **Do any household members owe money to any Housing Authority?**

*If your answer is “Yes”:* Household Member Name: \_\_\_\_\_

Year: \_\_\_\_\_ Amount Owed: \$ \_\_\_\_\_ to \_\_\_\_\_

**Warning:**

**Title 18, Section 101 of the United States Code states that a Person is guilty of felony for knowingly and willingly making false or fraudulent statements to any Department or Agency of the United States, and shall be fined not more than \$10,000, or imprisoned for not more than 5 years, or both.**

I certify that the information given to MaineHousing regarding my household family members, income, assets, allowances and deductions 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 denial of housing assistance.

Signature of Head of Household: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of other Adults in Household \_\_\_\_\_



*MaineHousing Authority does not discriminate on the basis of race, color, religion, sex, sexual orientation, gender identity or expression, national origin, ancestry, physical or mental disability, age, familial status or receipt of public assistance in the admission or access to or treatment in its programs and activities. In employment, MaineHousing does not discriminate on the basis of race, color, religion, sex, sexual orientation, gender identity or expression, national origin, ancestry, age, physical or mental disability or genetic information. MaineHousing will provide appropriate communication auxiliary aids and services upon sufficient notice. MaineHousing will also provide this document in alternative formats upon sufficient notice. MaineHousing has designated the following person responsible for coordinating compliance with applicable federal and state nondiscrimination requirements and addressing grievances: Lauren Bustard, Maine State Housing Authority, 26 Edison Drive, Augusta, Maine 04330-4633, Telephone Number 1-800-452-4668 (voice in state only), (207) 626-4600 (voice) or Maine Relay 711.*