



NOTICE  
TO  
APPLICANTS AND RESIDENTS OF  
MARGARET CHASE SMITH HOUSE

Upon request, **Margaret Chase Smith House** provides translated copies of all vital documents necessary to participate in the U.S. Department of Housing and Urban Development housing program. **Margaret Chase Smith House** also provides language assistance and interpreter services, upon request, for applicants at application and for residents at annual recertification and all owner/ agent sponsored community meetings.

The following translated documents are available in other languages:

- Pre-Application for Rental Housing
- Rental Housing Application
- Document Package for Applicants/Tenants Consent to the Release of Information (HUD 9887 /A, Form HUD 9887, Form HUD-9887 IA, and relevant verifications)
- Supplement to Application for Federally Assisted Housing (HUD 92006)
- Lease Agreement
- Lease Addendum-Violence Against Women and Justice Department Reauthorization Act of 2005 (HUD 92067)
- Certification of Domestic Violence, Dating Violence or Stalking (HUD 91066)
- Annual Recertification Initial & Reminder Notices
- Notification of Rent Increase Resulting from Recertification Processing
- Interim Adjustment Initial Notice
- Interim Adjustment Termination of Assistance

The following brochures are available in other languages:

- Equal Opportunity for All
- Are You a Victim of Housing Discrimination
- Resident's Rights and Responsibilities



**NORTHERN  
NEW ENGLAND**

**Please Complete and Return to:**

**Margaret Chase Smith House**

7 Ridge Road

Augusta, ME 04330

T. 207.622.8870

[MargaretChaseSmithHouse@voanne.org](mailto:MargaretChaseSmithHouse@voanne.org)

**For Office Use Only**

Date Received: \_\_\_\_\_  
(mm/dd/yyyy)

Time Received: \_\_\_\_\_ am/pm  
(hh:mm)



**Pre-application for Rental Housing**

All fields are required. If you fill in this page by hand, print neatly and use **blue** or **black** ink.

|  |  |
|--|--|
| <p><b>1. Personal Information of Head of Household</b></p> <p>_____ Student?<br/>Social Security Number <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>_____/_____/_____<br/>Birthdate (mm/dd/yy)</p> <p>(_____) _____<br/>Area Code Telephone Number</p> | <p><b>2. Name and address of Head of Household</b></p> <p>_____ Full Name (Last, First, Middle Initial)</p> <p>_____ Mailing Address City State Zip</p> <p>Would you like to receive communications via Email? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If <b>yes</b>, provide email address: _____</p> |
|--|--|

**3. Disability (Optional. It is not necessary to answer the questions below about your disability unless you are requesting an accommodation)**

a. Do you claim a disability?  Yes  No

b. Do you need an accommodation to help you complete the application process?  Yes  No

c. Do you need an accommodation in housing features as a result of your disability?  Yes  No

d. If "yes" to 3b or 3c, what accommodation do you request? \_\_\_\_\_

e. Accessible units have a preference for households where a member requires the features of an accessible unit. Do you wish to be considered for this preference? (Need for accessible unit will be verified unless need is obvious).  Yes  No

**4. Elderly/Disabled Household Status:**

We are required by the U.S. Department of Housing and Urban Development (HUD) to request the following information for the purpose of determining eligibility for admission to our subsidized program and/or to give special considerations with regard to allowances in determining rent. Please check the box or boxes that apply.

62 years of age or older     Disabled     Neit,her 62 years of age or older nor Disabled

**5. Income and assets: Provide GROSS (before deductions) amounts for all questions**

a. Total Monthly **INCOME**: (Include income from ALL household members. You may estimate). \$ \_\_\_\_\_ .00

b. Value of household **ASSETS**: (Assets include bank accounts, retirement funds, real estate). \$ \_\_\_\_\_ .00

c. Sources of income: (Check all that apply)     Wages     SSA/SSI     Unemployment     Pension     Child support  
 Worker's Comp     Annuity     TANF     Other

**6. List all members of the household:** Include unborn children and live-in aides

| Relationship      | Last Name | First Name | Social Security number | Birthdate (mm/dd/yy) | Student? (Y/N)  |
|-------------------|-----------|------------|------------------------|----------------------|---|
| Head of household |           |            | - -                    | / /                  | <input type="checkbox"/> Y <input type="checkbox"/> N |
|                   |           |            | - -                    | / /                  | <input type="checkbox"/> Y <input type="checkbox"/> N |

- Are you or any member of your household subject to lifetime registration under any states' sex offender program?  Y  N
- Has your housing assistance ever been terminated for fraud, non-payment, failure to recertify or for any other reason?  Y  N
- Have you or any member of your household ever been convicted of a felony or misdemeanor other than a traffic violation?  Y  N
- Have you or any member of your household ever been convicted of the illegal distribution or manufacture of an illegal drug or other illegal controlled substance?  Y  N

I hereby certify that the information I have provided in this pre-application is true and accurate. I understand that my having provided any false information will result in the application being canceled or denied or in the termination of my housing assistance. I understand that at the time I rise to the top of the waiting list, I will be required to verify the information I have provided here. I accept responsibility for keeping Volunteers of America informed of my current address, and I understand that my application may be canceled if I fail to do so.

\_\_\_\_\_  
Signature of Head of Household                      Date                      Signature of Spouse or Co-head of Household                      Date

**Race and Ethnic Data Reporting Form**

U.S. Department of Housing and Urban Development  
Office of Housing

OMB Approval No. 2502-0204  
(Exp. 06/30/2017)

**Name of Property** **Project No.** **Address of Property**

**Name of Owner/Managing Agent** **Type of Assistance or Program Title:**

**Name of Head of Household** **Name of Household Member**

Date (mm/dd/yyyy): \_\_\_\_\_

| Ethnic Categories*                        | Select One            |
|---|-----------------------|
| Hispanic or Latino                        |                       |
| Not-Hispanic or Latino                    |                       |
| Racial Categories*                        | Select All that Apply |
| American Indian or Alaska Native          |                       |
| Asian                                     |                       |
| Black or African American                 |                       |
| Native Hawaiian or Other Pacific Islander |                       |
| White                                     |                       |
| Other                                     |                       |

**\*Definitions of these categories may be found on the reverse side.**

**There is no penalty for persons who do not complete the form.**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

**Public reporting burden** for this collection is estimated to average 10 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. This information is required to obtain benefits and voluntary. HUD may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number.

This information is authorized by the U.S. Housing Act of 1937 as amended, the Housing and Urban Rural Recovery Act of 1983 and Housing and Community Development Technical Amendments of 1984. This information is needed to be in compliance with OMB-mandated changes to Ethnicity and Race categories for recording the 50059 Data Requirements to HUD. Owners/agents must offer the opportunity to the head and co-head of each household to "self certify" during the application interview or lease signing. In-place tenants must complete the format as part of their next interim or annual re-certification. This process will allow the owner/agent to collect the needed information on all members of the household. Completed documents should be stapled together for each household and placed in the household's file. Parents or guardians are to complete the self-certification for children under the age of 18. Once system development funds are provided and the appropriate system upgrades have been implemented, owners/agents will be required to report the race and ethnicity data electronically to the TRACS (Tenant Rental Assistance Certification System). This information is considered non-sensitive and does not require any special protection.

## Instructions for the Race and Ethnic Data Reporting (Form HUD-27061-H)

### A. General Instructions:

This form is to be completed by individuals wishing to be served (applicants) and those that are currently served (tenants) in housing assisted by the Department of Housing and Urban Development.

Owner and agents are required to offer the applicant/tenant the option to complete the form. The form is to be completed at initial application or at lease signing. In-place tenants must also be offered the opportunity to complete the form as part of the next interim or annual recertification. Once the form is completed it need not be completed again unless the head of household or household composition changes. There is no penalty for persons who do not complete the form. However, the owner or agent may place a note in the tenant file stating the applicant/tenant refused to complete the form. **Parents or guardians are to complete the form for children under the age of 18.**

The Office of Housing has been given permission to use this form for gathering race and ethnic data in assisted housing programs. Completed documents for the entire household should be stapled together and placed in the household's file.

1. The two ethnic categories you should choose from are defined below. You should check one of the two categories.

1. **Hispanic or Latino.** A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. The term "Spanish origin" can be used in addition to "Hispanic" or "Latino."
2. **Not Hispanic or Latino.** A person not of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

2. The five racial categories to choose from are defined below: You should check as many as apply to you.

1. **American Indian or Alaska Native.** A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
2. **Asian.** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam
3. **Black or African American.** A person having origins in any of the black racial groups of Africa. Terms such as "Haitian" or "Negro" can be used in addition to "Black" or "African American."
4. **Native Hawaiian or Other Pacific Islander.** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
5. **White.** A person having origins in any of the original peoples of Europe, the Middle East or North Africa.

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

|  |  |
|--|--|
|  |  |
|--|--|

**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.