

PLEASE BRING THE FOLLOWING VERIFICATIONS WITH YOU

If anyone in the household has	Then bring
<b>A Job</b>	3 or more consecutive pay stubs with name and address of the employer. If pay stubs are not available you may bring a letter from the employer on their letterhead stating the beginning employment date, hourly wage and the average hours worked per week.
<b>Child Support</b>	Letter from absent parent stating how much child support they pay or value of goods they provide; make sure the letter includes their name, mailing address and phone number. If a letter from the absent parent is not available you may bring a letter from the Department of Human Services (1-800-371-3101) verifying the monthly child support.
<b>Social Security SSI</b>	Please bring the Social Security benefit statement sent to you that states your benefit amount.
<b>Bank Accounts</b>	Current bank statements or letter stating account number, account type, interest rate and average balance. If you do not have a statement, then bring the name of all banks and accounts.
<b>Life Insurance</b>	Statement or letter from the life insurance provider, showing the cash surrender value of the life insurance policy and the policy number.
<b>Pension</b>	Statement or letter from source of pension with the claim number and the monthly benefit amount.
<b>Investments</b>	Most recent statements or names and addresses with account numbers.
<b>Savings Bonds</b>	A statement from your financial advisor or copies of the bonds.
<b>Childcare</b>	Statement or letter from daycare provider or babysitter verifying parent portion of the cost only, name of the child(ren) care is provided for and number of hours per week.
<b>Medical Expenses</b> (for families whose head, spouse or co-head is elderly or disabled only)	Letter or computer printout from doctor and/or pharmacy verifying amounts not covered by insurance for the last 12 months and the anticipated out of pocket expenses for the next 12 months.
<b>Financial Aid for College Students</b>	Most recent award letter including grants, loans or work study.
<b>DHS Assistance</b> (TANF or Food Stamps)	Maine DHS/Payment History for all of your household's benefits and or your account card.
<b>Earned Income Tax Credit</b>	Last year's tax return showing the Earned Income Tax Credit.
<b>Student Status</b>	Letter from school with the name of the student, indicating full or part time student status and the date of expected completion (for dependents 17 years old and over or for head of household claiming childcare deduction to attend school).

## Reporting Interim Changes

Program participants **must** report all changes in household composition and all changes in income. The changes must be reported within 10 business days of when the change occurs.

Program participants must report all changes, increases and decreases in household income and assets. This includes but is not limited to new jobs, new benefits, loss of hours at work, layoffs, loss of benefits, retirement, leave of absences, change in public assistance or other circumstances creating a change in household income and assets. All family members, 18 years of age or older must report the changes.

Program participants must report all changes in family composition. The changes must be reported within 10 business days of when the change occurs. This includes additions due to marriage, divorce, separation, death, birth, adoption, court awarded custody or any other circumstances affecting family composition. The family must obtain approval from the Housing Authority prior to all other additions to the household and the individual or group of individuals to be added must meet the Portland Housing Authority eligibility criteria.

Program participants may also report significant changes in medical or other allowable deductions at any time.

Failure to report changes as they occur may result in termination of your lease and/or money owed to Portland Housing Authority.

If Portland Housing Authority finds that there is an unreported change in the household that has not been reported and verifies the information as being true and accurate, then the Portland Housing Authority must determine if there is an act of fraud. If fraud is suspected, the Portland Housing Authority may refer the fraud to the Office of the Inspector General for further investigation and prosecution.

\_\_\_\_\_  
Applicant/Tenant Signature

\_\_\_\_\_  
Date

PORTLAND HOUSING AUTHORITY

PLEASE BRING YOUR  
FOB(S) WITH YOU TO  
YOUR INTERVIEW.

KARIN NEEDS TO CHECK  
THE NUMBERS ON THEM  
AND MAKE SURE THEY  
ARE PROGRAMMED  
CORRECTLY.

THANK YOU FOR YOUR  
COOPERATION

PORTLAND HOUSING AUTHORITY

14 Baxter Boulevard  
Portland, Maine 04101  
(207) 773-4753

**VEHICLE REGISTRATION FORM**

COMMUNITY: \_\_\_\_\_ Parking Space #: \_\_\_\_\_

Head of Household Name: \_\_\_\_\_

Vehicle Owner's Name: \_\_\_\_\_

Telephone #: \_\_\_\_\_

Driver's Name: \_\_\_\_\_

Telephone #: \_\_\_\_\_

Driver's License #: \_\_\_\_\_ State: \_\_\_\_\_

Make of Vehicle: \_\_\_\_\_ Year: \_\_\_\_\_ Color: \_\_\_\_\_

License Plate #: \_\_\_\_\_ State: \_\_\_\_\_

Registration Expiration: \_\_\_\_\_

Inspection Expiration: \_\_\_\_\_

Insurance Expiration: \_\_\_\_\_

\_\_\_\_\_  
Signature Date

## Public Housing Anti-Fraud Policy

The Department of Housing and Urban Development (HUD) is seriously concerned about FRAUD in the Section 8 Housing Choice Voucher Program and/or the Traditional Public Housing Program. Here are some guidelines and information to help you to recognize fraudulent practices.

Fraud is defined as a single act or pattern of actions that include false statements, the omission of information or the concealment of a substantive fact made with the intention of deceiving or misleading the Portland Housing Authority. It results in the inappropriate expenditure of housing funds and is a violation of housing requirements. Although there are numerous different types of fraud, the two most common are the failure to fully report all sources of income and the failure to accurately report who is residing in the residence.

**Some examples of fraudulent practices include:**

- Failure to report all income received by you and/or members of your household and any income you expect to receive in the following year, including but not limited to income from second jobs, overtime, part-time jobs and child support.
- Failure to report the names of everyone living in your household.
- Owners/managers that require extra ("side") payments in excess of the family's share of the rent. Your rent payments to Portland Housing Authority must not be more than the amount of the tenant rent listed on your letter from Portland Housing Authority calculated at the time of review. If you are now paying (or are asked by an owner/manager to pay) any money in addition to this payment, other than for maintenance fees or payment agreements, please report this to Portland Housing Authority at once.
- Owners/managers collecting assistance payments for units that are not occupied.
- Owners/managers bribing Portland Housing Authority employees to certify substandard units as standard.

Incidents of FRAUD, willful misrepresentation, or intent to deceive with regard to the program are criminal acts. If you are suspected of committing fraud, we are required to refer the matter to the proper authority for the appropriate action. When a fraudulent action is discovered, the Portland Housing Authority shall take action in one or more of the following ways, depending on the circumstances and what it deems appropriate.

- Require the resident to immediately repay the amount in question.
- Require the resident to enter into a satisfactory repayment agreement.
- Terminate the resident's tenancy.
- Refer the case for criminal prosecution.
- Take other action, as the Portland Housing Authority deems appropriate.

If you know of any fraudulent activities committed by others, including Portland Housing Authority employees, we ask that you report this immediately to us at (207) 773-4753. Portland Housing Authority urges you to be sure that you are meeting these responsibilities so that you will continue to receive assistance.

**Signature of all household adults (age 18 or over)**

**Date**

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**PHA Staff Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

14 BAXTER BOULEVARD  
PORTLAND, ME 04101  
(207) 773-4753

COMPANION PET OWNERSHIP POLICY

Resident Name: \_\_\_\_\_  
Address: \_\_\_\_\_

Emergency Contact (name address phone): \_\_\_\_\_

Type of Pet	Description of Pet (color/weight)	Neutered Yes No	Rabies Cert. No (dogs only)	Rabies Cert. Exp Date (dogs only)
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_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

License Number (dogs only): \_\_\_\_\_

*\*Proof of registration required for dog owners.*

Is the animal current with all immunizations, and in good health? Yes No

Name of Vet: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Do you have renter's insurance? Yes No *\*Proof of Renters insurance required of all dog owners*

If yes, name of insurance company: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

I, \_\_\_\_\_ acknowledge, understand and agree to the terms of the Portland Housing Authority's Companion Pet Policy. I understand and agree that I am legally and financially responsible for the actions of my pet(s), including aggressive behavior toward PHA staff, other residents and the public; any damage caused to PHA property; or any tasks prevented from being completed by PHA personnel (such as repairs or deliveries). Furthermore, I understand that failure to comply with this policy is a violation of my lease and that I may be subject to legal action including termination of my lease with the Portland Housing Authority.

\_\_\_\_\_  
Tenant Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
PHA Representative

\_\_\_\_\_  
Date

# **NOTICE**

## **Income Reporting**

**Wages - Social Security - SSI - Unemployment - etc.**

The HUD computers that track your income have gotten a lot better. If you are employed, they know it, and they are now sharing this information with us.

When you enter our housing programs, you do so with the PHA's trust that you are telling the truth about your family's situation. If you abuse that trust, you are hurting other people who might need help even more than you

If you are not telling us about all your income, at best you will have to pay back rent owed, and at worst you can lose your housing and be subject to criminal investigation for fraud.

**IF YOU DO NOT REPORT INCOME,  
YOU ARE COMMITTING A FRAUD.  
FRAUD IS A CRIME.**

**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: (Check all that apply)</b>	
<input type="checkbox"/> Emergency <input type="checkbox"/> Unable to contact you <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: _____
<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 102-55, 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.	
<input type="checkbox"/> 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 102-55, 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.

## Tenant Compliance and Reporting Certification

### Giving True and Complete Information

I certify that all the information provided regarding household composition, income, assets and items for allowances and deductions are true and accurate to the best of my knowledge. I have reviewed the certification/application form and certify that the information is true and correct.

### Reporting Changes in Household Composition

I know that I am required to report within ten (10) days any changes in the household size, including additions due to marriage, divorce, separation, death, birth, adoption, court-awarded custody or any other circumstances affecting family composition. The family must obtain approval from the Housing Authority prior to all other additions to the household and the individual or group of individuals to be added must meet the Portland Housing Authority eligibility criteria. Portland Housing Authority approval is required when a person moves into the unit or when a person moves out of the unit. I know I am required to request the approval of Portland Housing Authority before allowing anyone to move into the unit.

### Reporting Changes in Household Income

I know I am required to report within ten (10) days any changes in household income and/or assets. This includes but is not limited to new job, layoff, leave of absence, return to work, change in wages or hours, child support, unemployment, Social Security, SSI, Workers Compensation, pension, TANF, retirement benefits, public assistance or any other circumstances creating a change in household income and/or assets. I know that the income of all family members must be reported, regardless of the family member's age.

### No Duplicate Residence or Assistance

I certify that the unit will be my principle residence and that I will not obtain duplicate Federal housing assistance while I am on this program. I will not live anywhere else without notifying Portland Housing Authority immediately. I will not sublease my assisted residence.

### Cooperation

I know I am required to cooperate in supplying all information needed to determine my eligibility, level of benefits or verify my true and accurate circumstances. Cooperation includes attending scheduled meetings, as well as completing and signing needed forms. I understand that failure or refusal to do so may result in delays in determining levels of benefits, and the termination of my lease with Portland Housing Authority.

### Criminal and Administrative Actions for False Information

I understand that knowingly supplying false, incomplete or inaccurate information is punishable under Federal or State criminal law and grounds for termination of the lease.

Signature of Household Adults

Date

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



# PORTLAND HOUSING AUTHORITY

14 Baxter Boulevard  
Portland, ME 04101-1822  
Administrative Office Telephone (207) 773-4753  
Housing Services Fax (207) 774-6471

## AUTHORIZATION FOR RELEASE OF INFORMATION

We, the undersigned, do hereby authorize any agencies, offices, groups, organizations or business firms to release any information or materials which are deemed necessary to complete my application for housing. These organizations are to include, but are not limited to: financial institutions; child support payers; state employment security commission; past or present employers; past or present landlords; social security administration; utility companies; worker's compensation payers; hospitals; public and private retirement systems; law enforcement agencies; attorneys; realtors; doctors and social workers.

This consent form expires 15 months after date of signature.

### Head of Household:

Print Name: \_\_\_\_\_ Sign: \_\_\_\_\_

Date: \_\_\_\_\_

### All other household members, age 18 or older:

Print Name: \_\_\_\_\_ Sign: \_\_\_\_\_

Print Name: \_\_\_\_\_ Sign: \_\_\_\_\_

Print Name: \_\_\_\_\_ Sign: \_\_\_\_\_

Print Name: \_\_\_\_\_ Sign: \_\_\_\_\_

Print Name: \_\_\_\_\_ Sign: \_\_\_\_\_

Print Name: \_\_\_\_\_ Sign: \_\_\_\_\_

## FLAT RENT

### Effective October 1, 2010 to September 30, 2011

Federal Regulations give Public Housing Residents the opportunity to choose the following rental options at their annual recertification:

- Income Based Rent (30% of adjusted annual income); or
- Flat Rent (based on the schedule below).

**Flat Rent Option:**

- Portland Housing Authority will review family composition annually.
- A recertification of income is required every 3 years (instead of annually).
- Portland Housing Authority will conduct an interim recertification for income reductions or change in family composition.
- If at any time during the year you are unable to pay the Flat Rent amount you may request an interim recertification to revert back to Income-Based Rent. The Flat Rent will be offered again at annual recertification.

Portland Housing Authority has established a Flat Rent amount by bedroom size based on surveyed units from the Rentellect System.

Flat rent is based upon the size of the unit that the family resides unless the following applies.

*\*The Housing Authority shall in the situation of a family who resides in a unit that is larger than what the family qualifies for and has opted for Flat Rent will be charged the Flat Rent amount for the unit size the family qualifies for instead of actual.*

Please choose one:     Flat Rent     Income Based Rent

0 BR Flat Rent	1 BR Flat Rent	2 BR Flat Rent	3 BR Flat Rent	4 BR Flat Rent	5 BR Flat Rent	6 BR Flat Rent
671	976	1172	1337	1575	1879	2161

\_\_\_\_\_  
 Tenant Signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Portland Housing Authority Signature

\_\_\_\_\_  
 Date

**CERTIFICATION OF EXEMPTION STATUS FOR COMMUNITY SERVICE REQUIREMENT**

This form must be completed for every household member age 18 and over

Date \_\_\_\_\_ Head of Household Name \_\_\_\_\_

Household Member Name \_\_\_\_\_

Household Address \_\_\_\_\_  
(street) (apartment #)

Household Phone Number \_\_\_\_\_

Please check all that apply

- I am 62 years of age or older.
- I am legally blind or have another disability that makes me unable to comply with the service provisions of this program.
- I am currently employed at \_\_\_\_\_ for \_\_\_\_\_ hours per week.  
(employer name)
- I am a student at \_\_\_\_\_ for \_\_\_\_\_ hours per week.  
(name of school)
- I am a primary caretaker of an elderly or disabled person(s).  
Please list the person(s) \_\_\_\_\_
- I am receiving TANF benefits and participating in a required economic self sufficiency program or work activity (i.e. *ASPIRE*).
- I am receiving TANF benefits and have been determined exempt from participating in a required economic self sufficiency program or work activity (i.e. *ASPIRE*).
- I am currently involved in community service activities.  
Please list where and when you volunteer. \_\_\_\_\_
- I am currently a participant in an economic self-sufficiency program.  
Please list program. \_\_\_\_\_
- I do not qualify for an exemption (A PHA staff person will contact you to discuss your options).

The Portland Housing Authority may require third party documentation of your exemption status. In that event, please provide the Portland Housing Authority with the necessary forms or information needed to verify your status.

I certify that the above information is complete, true and accurate.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Copy to Joni Date \_\_\_\_\_