



Southern Maine Affordable Housing

22 South Street | P.O. Box 2287
Biddeford, ME 04005
207-282-6537 | www.bhousing.org

Dear Applicant,

Thank you for your interest in Southern Maine Affordable Housing (SMAH)/Biddeford Housing's properties. This Preliminary Application packet is intended to collect the necessary information to preliminarily determine eligibility for our housing programs. Please complete all application forms in full before submitting them. **We do not accept incomplete applications.**

To complete the pre-application process, you must submit the following:

- Pre-Application Packet (*completed in full and signed by ALL adult household members*)
- Copies of Birth Certificate(s) or other acceptable U.S. Citizenship Verification (*for ALL citizens/nationals*)
- Copies of Immigration Documentation (*for ALL non-citizens in your household*)
- Copies of Social Security Card(s) (*for ALL household members*)

Without these items, your application will be considered incomplete and will be returned to you.

IMPORTANT INFORMATION REGARDING THE WAITING LISTS

- **We DO NOT provide Waiting List positions. Please do not call us to check on your position. You will be contacted once you are near the top of the waiting list to start the full screening process.**
- All applicants will be screened for any criminal records.
- As long as your pre-application is on file with us, it is your responsibility to notify us in writing whenever there is a change in your address, telephone number, income, or household composition.
- It is your responsibility to respond to all waitlist updates within 14 days of receipt. These updates will be sent to the address we have on file.
- After we receive your pre-application, we will make a preliminary determination of eligibility. If your household does not appear eligible, you will receive a denial letter and will not be placed on our wait list. If your household appears to be eligible for housing, your pre application will be placed on a waiting list, but this does not mean that your household will be offered an apartment. If later processing establishes that your household is not actually eligible or does not actually qualify for housing, your pre-application will be declined.
- Applicants are placed on the waiting list based on the received date/time of completed application.

NOTE: Upon request to the property management office, you have the right to receive a copy of the Admissions Plan which summarizes the pre-application process including eligibility and screening requirements for occupancy in our properties.

RETURN COMPLETED APPLICATION AND ACCOMPANYING DOCUMENTS TO:

Southern Maine Affordable Housing
22 South Street
Biddeford, ME 04005



NOTICE OF IMPORTANT DOCUMENT

This is an important document. If you need translation free of charge, please contact the management office.

Este es un documento importante. Si necesita una traducción gratuita, póngase en contacto con la Oficina de Administración. Spanish

C'est un document important. Si vous avez besoin d'une traduction gratuite, veuillez contacter le bureau de gestion. French

Tani waa dukumenti muhiim ah. Haddii aad u baahan tahay turjumaad bilaash ah, fadlan la xiriir xafiiska maamulka. Somali

Ni inyandiko y'ingenzi. Niba ukeneye ubuhinduzi ku buntu, nyamuneka hamagara ibiro by'ubuyobozi. Kinyarwanda

Sa se yon dokiman enpòtan. Si ou gen bezwen tradiksyon gratis, tanpri kontakte biwo jesyon an. Haitian Creole

Arabic هذه وثيقة مهمة. إذا كنت بحاجة إلى ترجمة مجانية، يرجى التواصل مع مكتب الإدارة

Este é um documento importante. Se precisar de tradução gratuita, entre em contato com o escritório de administração. Portuguese (Brazil)

Это важный документ. Если вам нужен бесплатный перевод, свяжитесь с администрацией. Russian

នេះគឺជាឯកសារសំខាន់ណាមួយ
យើងប្រសិនបើអ្នកត្រូវការបកប្រែឯកសារតាមតម្រូវការ
សូមទាក់ទងយើងតាមរយៈយុទ្ធសាស្ត្រប្រចាំ គង។ Khmer



PRELIMINARY APPLICATION

If you or anyone in your household is a person with disabilities and you require a specific accommodation in order to fully utilize our programs and services, or you need any assistance completing the pre-application, please contact us at 207-292-8077.

Every question **must** be answered. Do **NOT** leave blanks. Use N/A when not applicable.
Incomplete applications will be returned.

A. GENERAL INFORMATION

Applicant Name: _____

Email Address: _____

Phone Number: _____ Alternate Phone Number: _____

Mailing Address: _____

Physical Address (if different from above): _____

Do you require an interpreter? YES NO If yes, what language? _____

Please list any accessibility features you require in a unit: _____

B. HOUSEHOLD COMPOSITION

List everyone that will be LIVING in the unit, including yourself:

Household Members <small>(First Name, Middle Initial, Last Name)</small>	Relationship	Gender <small>(M/F)</small>	Date of Birth	Age <small>(Optional)</small>	Social Security Number	Student <small>(Y/N)</small>
	Head of Household					

Race and Ethnicity of **Head of Household** – *(Optional)*

Check ALL that apply:

- White
- Black/African American
- American Indian/Alaskan Native
- Asian
- Native Hawaiian/Other Pacific Islander

Check the ONE that applies:

- Hispanic or Latino
- Non-Hispanic or Non-Latino

F. WAITING LIST SELECTION

There are separate waiting lists for each property. To be added to a waiting list, you must meet its eligibility requirements: age, income, and household size/occupancy standards.

Note that all SMAH/Biddeford Housing properties are **SMOKE-FREE**.

Please check the box(es) for the Properties you want to be considered for.

<input type="checkbox"/> Adams Point (Affordable Housing Units) 69 Adams St, Biddeford, ME	Multi-Family	1 and 2 bedrooms Rent: Starting at \$1,203(1BR)/\$1,444(2BR) Utilities included <i>Vouchers Accepted</i>	Maximum Income <ul style="list-style-type: none"> • \$44,940 (1 person) • \$51,360 (2 people) • \$57,780 (3 people) • \$64,140 (4 people)
<input type="checkbox"/> Adams Point (Project-Based Voucher Units) 69 Adams St, Biddeford, ME	Multi-Family	1, 2, and 3 bedrooms Rent: 30% Adjusted Income Utilities included	Maximum Income <ul style="list-style-type: none"> • \$37,450 (1 person) • \$42,800 (2 people) • \$48,150 (3 people) • \$53,450 (4 people) • \$57,750 (5 people) • \$62,000 (6 people)
<input type="checkbox"/> Mission Hill – St. Andre’s (Affordable Housing Units) 39 Sullivan Street, Biddeford, ME	55 years of age or older	0 and 1 bedrooms Rent: Starting at \$813(0BR)/\$871(1BR) Electricity not included <i>Vouchers Accepted</i>	Maximum Income <ul style="list-style-type: none"> • \$44,940 (1 person) • \$51,360 (2 people)
<input type="checkbox"/> Mission Hill – The Convent (Affordable Housing Units) 41 Sullivan Street, Biddeford, ME	55 years of age or older	0 and 1 bedrooms Rent: Starting at \$1,123(0BR)/\$1,203(1BR) Electricity not included <i>Vouchers Accepted</i>	Maximum Income <ul style="list-style-type: none"> • \$44,940 (1 person) • \$51,360 (2 people)

**Rents and Income Limits as of 4/1/2026. Subject to change.*

NOTE: The following properties do not maintain a waiting list.

Applications are accepted only when units become available.

41 Birch Street, Biddeford, ME	0, 1, and 2 bedrooms
46 Sullivan Street, Biddeford, ME	2 and 3 bedrooms
26 South Street, Biddeford, ME	0 and 1 bedrooms

G. CERTIFICATIONS

- I/We certify that all information provided in this application is true to the best of my/our knowledge.
- I/We understand the submission of false information, misrepresentation of information, or failure to disclose information requested on this application are punishable by law and will lead to denial/cancellation of this application or termination of tenancy after occupancy.
- I/We understand that my/our eligibility for housing will be based on applicable income limits at the time of eligibility determination as well as by management's selection criteria.
- I/We understand that I/we are required to notify Southern Maine Affordable Housing (**in writing**) of any change in our contact information, including phone number, physical and mailing address.
- I/We understand if I/we cannot be contacted at my/our indicated mailing address, my/our name will be removed from the waiting list, and I/we will have to re-apply.
- I/we certify that I/we have attained the age of eighteen (18) and therefore have full capacity to act on my/our own behalf in the matter of contracts or I/we are a legally emancipated minor.
- I/We certify that at the time of application, I/we received a copy of the Notice of Occupancy Rights under the Violence Against Women Act Form along with the Certification of Domestic Violence, Dating Violence, Sexual Assault, or Stalking (HUD-5380 & Form HUD-5382)

All adult applicants, 18 or older, must sign and date the application.

(Signature of Head of Household)

(Date)

(Signature of Other Adult)

(Date)

(Signature of Other Adult)

(Date)

(Signature of Other Adult)

(Date)





Authorization for Release of Information

AUTHORIZATION: I consent to allow Southern Maine Affordable Housing (SMAH) to request and obtain information (including documentation and other materials) about me or my family that is pertinent to eligibility for or participation in, and/or the enforcement of SMAH housing programs. SMAH may use this authorization, photocopies of this authorization, and the information obtained with them to administer and enforce program rules and policies.

I understand that this authorization will expire **15 months** from the date it was signed.

Information that May be Obtained: • Child Care Expenses • Credit History • Criminal Activity • Family Composition • Employment, Income, Pensions, Assets • Federal, State, County, or Local Benefits • Handicapped Assistance Expenses • Identity and Marital Status • Insurance Coverage • Medical Expenses • Social Security Numbers • Residences and Rental History

Individuals or Organizations that May Release Information: • Attorneys • Banks & Other Financial and Lending Institutions • Courts • Credit Bureaus • Dept of Health and Human Services • Dept of Labor and Employment • Employers (Past & Present) • Insurance Agencies • Landlords (Past & Present) • Law Enforcement Agencies • Providers of: Alimony, Child Care, Child Support, Credit GAP, Handicapped Assistance, Medical Care, Pass Through, Pensions/Annuities, Pharmacies, Worker’s Compensation • Realtors • Schools/Colleges • Social Service Agencies • Tax Assessors • U.S. Dept of Veterans Affairs • U.S. Postal Service • U.S. Social Security Administration • Utility Companies

SIGNATURES: Each member of the household who is 18 years of age or older must sign this consent form.

Print Name (Head of Household)	Signature	Date	Last 4 # of SS Number
Print Name (Co-Head/Spouse)	Signature	Date	Last 4 # of SS Number
Print Name (Adult Household Member)	Signature	Date	Last 4 # of SS Number
Print Name (Adult Household Member)	Signature	Date	Last 4 # of SS Number
Print Name (Adult Household Member)	Signature	Date	Last 4 # of SS Number
Print Name (Adult Household Member)	Signature	Date	Last 4 # of SS Number

Failure to sign this form may result in the denial of eligibility or termination of housing.

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.

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: (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	
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.



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Notice to all Applicants:

Reasonable Accommodations for Applicants with Disabilities

SMAH/Biddeford Housing does not discriminate against applicants or participants based on race, color, sex, sexual orientation (including gender identity and gender expression), religion, ancestry, national origin, age, disability, or familial status.

We are also legally required to provide reasonable accommodations to applicants or household members with disabilities. A reasonable accommodation is a change or modification to an apartment or to our policies and procedures that allows an otherwise eligible applicant with a disability to fully participate in our housing programs.

Examples of reasonable accommodations include, but are not limited to:

- Modifying a unit to make it accessible for a household member who uses a wheelchair;
- Adjusting or adding unit features to accommodate a disability;
- Installing flashing strobe smoke detectors for a household member who is hearing impaired;
- Allowing an assistance animal, even if it exceeds standard pet size limits;
- Providing application materials in large print, Braille, audio format, or through a reader for applicants with vision impairments;
- Providing a sign language interpreter to assist an applicant during the screening process.

Applicants with disabilities must still be able to meet the essential obligations of tenancy, such as paying rent, maintaining the unit, providing required information, and respecting neighbors. However, there is no requirement that these responsibilities be completed without assistance.

If you or a household member has a disability and believe you may need a reasonable accommodation, you may request one at any time during the application process or after admission. Requesting an accommodation is entirely your choice. You are not required to disclose any information if you prefer not to do so.

Protections for Victims of Domestic Violence, Dating Violence, Sexual Assault or Stalking

When should I receive this form? A covered housing provider must provide a copy of the Notice of Occupancy Rights Under The Violence Against Women Act (Form HUD-5380) and the Certification of Domestic Violence, Dating Violence, Sexual Assault, or Stalking (Form HUD-5382) when you are admitted as a tenant, when you receive an eviction or termination notice and prior to termination of tenancy, or when you are denied as an applicant. A covered housing provider may provide these forms at additional times.

What is the Violence Against Women Act (“VAWA”)? This notice describes protections that may apply to you as an applicant or a tenant under a housing program covered by a federal law called the Violence Against Women Act (“VAWA”). VAWA provides housing protections for victims of domestic violence, dating violence, sexual assault or stalking. VAWA protections must be in leases and other program documents, as applicable. VAWA protections may be raised at any time. You do not need to know the type or name of the program you are participating in or applying to in order to seek VAWA protections.

What if I require this information in a language other than English? To read this information in Spanish or another language, please contact **Biddeford Housing / Southern Maine Affordable Housing at 207-282-6537**. You can read translated VAWA forms at https://www.hud.gov/program_offices/administration/hudclips/forms/hud5a#4. If you speak or read in a language other than English, your covered housing provider must give you language assistance regarding your VAWA protections (for example, oral interpretation and/or written translation).

What do the words in this notice mean?

- *VAWA violence/abuse* means one or more incidents of domestic violence, dating violence, sexual assault, or stalking.
- *Victim* means any victim of *VAWA violence/abuse*, regardless of actual or perceived sexual orientation, gender identity, sex, or marital status.
- *Affiliated person* means the tenant’s spouse, parent, sibling, or child; or any individual, tenant, or lawful occupant living in the tenant’s household; or anyone for whom the tenant acts as parent/guardian.
- *Covered housing program*¹ includes the following HUD programs:
 - Public Housing
 - Tenant-based vouchers (TBV, also known as Housing Choice Vouchers or HCV) and Project-based Vouchers (PBV) Section 8 programs
 - Section 8 Project-Based Rental Assistance (PBRA)
 - Section 8 Moderate Rehabilitation Single Room Occupancy
 - Section 202 Supportive Housing for the Elderly
 - Section 811 Supportive Housing for Persons with Disabilities
 - Section 221(d)(3)/(d)(5) Multifamily Rental Housing
 - Section 236 Multifamily Rental Housing
 - Housing Opportunities for Persons With AIDS (HOPWA) program
 - HOME Investment Partnerships (HOME) program
 - The Housing Trust Fund
 - Emergency Solutions Grants (ESG) program
 - Continuum of Care program
 - Rural Housing Stability Assistance program
- *Covered housing provider* means the individual or entity under a covered housing program that is responsible for providing or overseeing the VAWA protection in a specific situation. The covered housing provider may be a public housing agency, project sponsor, housing owner, mortgagor, housing manager, State or local government, public agency, or a nonprofit or for-profit organization as the lessor.

¹ For information about non-HUD covered housing programs under VAWA, see Interagency Statement on the Violence Against Women Act’s Housing Provisions at <https://www.hud.gov/sites/dfiles/PA/documents/InteragencyVAWAHousingStmnt092024.pdf>.

What if I am an applicant under a program covered by VAWA? You can't be denied housing, housing assistance, or homeless assistance covered by VAWA just because you (or a household member) are or were a victim or just because of problems you (or a household member) had as a direct result of being or having been a victim. For example, if you have a poor rental or credit history or a criminal record, and that history or record is the direct result of you being a victim of VAWA abuse/violence, that history or record cannot be used as a reason to deny you housing or homeless assistance covered by VAWA.

What if I am a tenant under a program covered by VAWA? You cannot lose housing, housing assistance, or homeless assistance covered by VAWA or be evicted just because you (or a household member) are or were a victim of VAWA violence/abuse. You also cannot lose housing, housing assistance, or homeless assistance covered by VAWA or be evicted just because of problems that you (or a household member) have as a direct result of being or having been a victim. For example, if you are a victim of VAWA abuse/violence that directly results in repeated noise complaints and damage to the property, neither the noise complaints nor property damage can be used as a reason for evicting you from housing covered by VAWA. You also cannot be evicted or removed from housing, housing assistance, or homeless assistance covered by VAWA because of someone else's criminal actions that are directly related to VAWA abuse/violence against you, a household member, or another affiliated person.

How can tenants request an emergency transfer? Victims of VAWA violence/abuse have the right to request an emergency transfer from their current unit to another unit for safety reasons related to the VAWA violence/abuse. An emergency transfer cannot be guaranteed, but you can request an emergency transfer when:

1. You (or a household member) are a victim of VAWA violence/abuse;
2. You expressly request the emergency transfer; **AND**
3. **EITHER**
 - a. you reasonably believe that there is a threat of imminent harm from further violence, including trauma, if you (or a household member) stay in the same dwelling unit; **OR**
 - b. if you (or a household member) are a victim of sexual assault, either you reasonably believe that there is a threat of imminent harm from further violence, including trauma, if you (or a household member) were to stay in the unit, or the sexual assault occurred on the premises and you request an emergency transfer within 90 days (including holidays and weekend days) of when that assault occurred.

You can request an emergency transfer even if you are not lease compliant, for example if you owe rent. If you request an emergency transfer, your request, the information you provided to make the request, and your new unit's location must be kept strictly confidential by the covered housing provider. The covered housing provider is required to maintain a VAWA emergency transfer plan and make it available to you upon request.

To request an emergency transfer or to read the covered housing provider's VAWA emergency transfer plan, contact **Biddeford Housing / Southern Maine Affordable Housing at 207-282-6537**. The VAWA emergency transfer plan includes information about what the covered housing provider does to make sure your address and other relevant information are not disclosed to your perpetrator.

Can the perpetrator be evicted or removed from my lease? Depending on your specific situation, your covered housing provider may be able to divide the lease to evict just the perpetrator. This is called "lease bifurcation."

What happens if the lease bifurcation ends up removing the perpetrator who was the only tenant who qualified for the housing or assistance? In this situation, the covered housing provider must provide you and other remaining household members an opportunity to establish eligibility or to find other housing. If you cannot or don't want to establish eligibility, then the covered housing provider must give you a reasonable time to move or establish eligibility for another covered housing program. This amount of time varies, depending on the covered housing program involved. The table below shows the reasonable time provided under each covered housing programs with HUD. Timeframes for covered housing programs operated by other agencies are determined by those agencies.

Covered Housing Program(s)	Reasonable Time for Remaining Household Members to Continue to Receive Assistance, Establish Eligibility, or Move.
HOME and Housing Trust Fund, Continuum of Care Program (except for permanent supportive housing), ESG program, Section 221(d)(3) Program, Section 221(d)(5) Program, Rural Housing Stability Assistance Program	Because these programs do not provide housing or assistance based on just one person's status or characteristics, the remaining tenant(s), or family member(s) in the CoC program, can keep receiving assistance or living in the assisted housing as applicable.
Permanent supportive housing funded by the Continuum of Care Program	The remaining household member(s) can receive rental assistance until expiration of the lease that is in effect when the qualifying member is evicted.
Housing Choice Voucher, Project-based Voucher, and Public Housing programs (for Special Purpose Vouchers (e.g., HUD-VASH, FUP, FYI, etc.), see also program specific guidance)	<p>If the person removed was the only tenant who established eligible citizenship/immigration status, the remaining household member(s) must be given 30 calendar days from the date of the lease bifurcation to establish program eligibility or find alternative housing.</p> <p>For HUD-VASH, if the veteran is removed, the remaining family member(s) can keep receiving assistance or living in the assisted housing as applicable. If the veteran was the only tenant who established eligible citizenship/immigration status, the remaining household member(s) must be given 30 calendar days to establish program eligibility or find alternative housing.</p>
Section 202/811 PRAC and SPRAC	The remaining household member(s) must be given 90 calendar days from the date of the lease bifurcation or until the lease expires, whichever is first, to establish program eligibility or find alternative housing.
Section 202/8	<p>The remaining household member(s) must be given 90 calendar days from the date of the lease bifurcation or when the lease expires, whichever is first, to establish program eligibility or find alternative housing.</p> <p>If the person removed was the only tenant who established eligible citizenship/immigration status, the remaining household member(s) must be given 30 calendar days from the date of the lease bifurcation to establish program eligibility or find alternative housing.</p>
Section 236 (including RAP); Project-based Section 8 and Mod Rehab/SRO	The remaining household member(s) must be given 30 calendar days from the date of the lease bifurcation to establish program eligibility or find alternative housing.
HOPWA	The remaining household member(s) must be given no less than 90 calendar days, and not more than one year, from the date of the lease bifurcation to establish program eligibility or find alternative housing. The date is set by the HOPWA Grantee or Project Sponsor.

Are there any reasons that I can be evicted or lose assistance? VAWA does not prevent you from being evicted or losing assistance for a lease violation, program violation, or violation of other requirements that are not due to the VAWA violence/abuse committed against you or an affiliated person. However, a covered housing provider cannot be stricter with you than with other tenants, just because you or an affiliated person experienced VAWA abuse/violence. VAWA also will not prevent eviction, termination, or removal if other tenants or housing staff are shown to be in immediate, physical danger that could lead to serious bodily harm or death if you are not evicted or removed from assistance. **But only if no other action can be taken to reduce or eliminate the threat** should a covered housing provider evict you or end your assistance, if the VAWA abuse/violence happens to you or an affiliated person. A covered housing provider must provide a copy of the Notice of Occupancy Rights Under The Violence Against Women Act (Form HUD-5380) and the Certification of Domestic Violence, Dating Violence, Sexual Assault, or Stalking (Form HUD-5382) when you receive an eviction or termination notice and prior to termination of tenancy.

What do I need to document that I am a victim of VAWA abuse/violence? If you ask for VAWA protection, the covered housing provider may request documentation showing that you (or a household member) are a victim. BUT the covered housing provider must make this request in writing and must give you at least 14 business days (weekends and holidays do not count) to respond, and you are free to choose any one of the following:

1. A self-certification form (for example, Form-HUD 5382), which the covered housing provider must give you along with this notice. Either you can fill out the form or someone else can complete it for you;
2. A statement from a victim/survivor service provider, attorney, mental health professional or medical professional who has helped you address incidents of VAWA violence/abuse. The professional must state “under penalty of perjury” that he/she/they believes that the incidents of VAWA violence/abuse are real and covered by VAWA. Both you and the professional must sign the statement;
3. A police, administrative, or court record (such as a protective order) that shows you (or a household member) were a victim of VAWA violence/abuse; OR
4. If allowed by your covered housing provider, any other statement or evidence provided by you.

It is your choice which documentation to provide and the covered housing provider must accept any one of the above as documentation. The covered housing provider is prohibited from seeking additional documentation of victim status or requiring more than one of these types of documentation, unless the covered housing provider receives conflicting information about the VAWA violence/abuse.

If you do not provide one of these types of documentation by the deadline, the covered housing provider does not have to provide the VAWA protections you requested. If the documentation received by the covered housing provider contains conflicting information about the VAWA violence/abuse, the covered housing provider may require you to provide additional documentation from the list above, but the covered housing provider must give you another 30 calendar days to do so.

Will my information be kept confidential? If you share information with a covered housing provider about why you need VAWA protections, the covered housing provider must keep the information you share strictly confidential. This information should be securely and separately kept from your other tenant files. No one who works for your covered housing provider will have access to this information, unless there is a reason that specifically calls for them to access this information, your covered housing provider explicitly authorizes their access for that reason, and that authorization is consistent with applicable law.

Your information **will not be disclosed** to anyone else or put in a database shared with anyone else, except in the following situations:

1. If you give the covered housing provider written permission to share the information for a limited time;
2. If the covered housing provider needs to use that information in an eviction proceeding or hearing; or
3. If other applicable law requires the covered housing provider to share the information.

How do other laws apply? VAWA does not limit the covered housing provider's duty to honor court orders about access to or control of the property, or civil protection orders issued to protect a victim of VAWA abuse/violence.

Additionally, VAWA does not limit the covered housing provider's duty to comply with a court order with respect to the distribution or possession of property among household members during a family break up. The covered housing provider must follow all applicable fair housing and civil rights requirements.

Can I request a reasonable accommodation? If you have a disability, your covered housing provider must provide reasonable accommodations to rules, policies, practices, or services that may be necessary to allow you to equally benefit from VAWA protections (for example, giving you more time to submit documents or assistance with filling out forms). You may request a reasonable accommodation at any time, even for the first time during an eviction. If a provider is denying a specific reasonable accommodation because it is not reasonable, your covered housing provider must first engage in the interactive process with you to identify possible alternative accommodations. **To request a reasonable accommodation, please contact Biddeford Housing / Southern Maine Affordable Housing at 207-282-6537.** Your covered housing provider must also ensure effective communication with individuals with disabilities.

Have your protections under VAWA been denied? If you believe that the covered housing provider has violated these rights, you may seek help by contacting the **HUD Boston Regional Office at 617-994-8200, or for persons with hearing impairments 617-565-5433 (TTY).** You can also find additional information on filing VAWA complaints at <https://www.hud.gov/VAWA> and https://www.hud.gov/program_offices/fair_housing_equal_opp/VAWA. To file a VAWA complaint, visit <https://www.hud.gov/fairhousing/fileacomplaint>.

Need further help?

- For additional information on VAWA and to find help in your area, visit <https://www.hud.gov/vawa>.
- To talk with a housing advocate, contact **Through These Doors, a free confidential helpline, at 1-800-537-6066.**

Public reporting burden for this collection of information is estimated to range from 45 to 90 minutes per each covered housing provider's response, depending on the program. This includes time to print and distribute the form. Comments concerning the accuracy of this burden estimate and any suggestions for reducing this burden can be sent to the Reports Management Officer, QDAM, Department of Housing and Urban Development, 451 7th Street, SW, Washington, D.C. 20410. This notice is required for covered housing programs under section 41411 of VAWA and 24 CFR 5.2003. Covered housing providers must give this notice to applicants and tenants to inform them of the VAWA protections as specified in section 41411(d)(2). This is a model notice, and no information is being collected. A Federal agency may not collect this information, and you are not required to complete this form, unless it displays a currently valid Office of Management and Budget control number.

**CERTIFICATION OF DOMESTIC VIOLENCE, DATING VIOLENCE,
SEXUAL ASSAULT, OR STALKING**

Confidentiality Note: Any personal information you share in this form will be maintained by your covered housing provider according to the confidentiality provisions below.

Purpose of Form: If you are a tenant of or applicant for housing assisted under a covered housing program, or if you are applying for or receiving transitional housing or rental assistance under a covered housing program, and ask for protection under the Violence Against Women Act (“VAWA”), you may use this form to comply with a covered housing provider's request for written documentation of your status as a "victim". This form is accompanied by a "Notice of Occupancy Rights Under the Violence Against Women Act," Form HUD-5380.

VAWA protects individuals and families regardless of a victim’s age or actual or perceived sexual orientation, gender identity, sex, or marital status.

You are not expected **and cannot be asked or required** to claim, document, or prove victim status or VAWA violence/abuse other than as stated in "Notice of Occupancy Rights Under the Violence Against Women Act," Form HUD-5380.

This form is **one of your available options** for responding to a covered housing provider’s written request for documentation of victim status or the incident(s) of VAWA violence/abuse. If you choose, you may submit one of the types of third-party documentation described in Form HUD-5380, in the section titled, “What do I need to document that I am a victim?”. Your covered housing provider must give you at least 14 business days (weekends and holidays do not count) to respond to their written request for this documentation.

Will my information be kept confidential? Whenever you ask for or about VAWA protections, your covered housing provider must keep any information you provide about the VAWA violence/abuse or the fact you (or a household member) are a victim, including the information on this form, strictly confidential. This information should be securely and separately kept from your other tenant files. This information can only be accessed by an employee/agent of your covered housing provider if (1) access is required for a specific reason, (2) your covered housing provider explicitly authorizes that person’s access for that reason, **and** (3) the authorization complies with applicable law. This information will not be given to anyone else or put in a database shared with anyone else, unless your covered housing provider (1) gets your written permission to do so for a limited time, (2) is required to do so as part of an eviction or termination hearing, **or** (3) is required to do so by law.

In addition, your covered housing provider must keep your address strictly confidential to ensure that it is not disclosed to a person who committed or threatened to commit VAWA violence/abuse against you (or a household member).

What if I require this information in a language other than English? To read this in Spanish or another language, please contact **Biddeford Housing / Southern Maine Affordable Housing at 207-282-6537**.

You can read translated VAWA forms at https://www.hud.gov/program_offices/administration/hudclips/forms/hud5a#4. If you speak or read in a language other than English, your covered housing provider must give you language assistance regarding your VAWA protections (for example, oral interpretation and/or written translation).

Can I request a reasonable accommodation? If you have a disability, your covered housing provider must provide reasonable accommodations to rules, policies, practices, or services that may be necessary to allow you to equally benefit from VAWA protections (for example, giving you more time to submit documents or assistance with filling out forms). You may request a reasonable accommodation at any time, even for the first time during an eviction. If a provider is denying a specific reasonable accommodation because it is not reasonable, your

covered housing provider must first engage in the interactive process with you to identify possible alternative accommodations. Your covered housing provider must also ensure effective communication with individuals with disabilities.

Need further help? For additional information on VAWA and to find help in your area, visit <https://www.hud.gov/vawa>. To speak with a housing advocate, contact **Through These Doors, a free confidential helpline, at 1-800-537-6066.**

TO BE COMPLETED BY OR ON BEHALF OF THE VICTIM OF DOMESTIC VIOLENCE, DATING VIOLENCE, SEXUAL ASSAULT, OR STALKING

1. Name(s) of victim(s): _____

2. Your name (if different from victim 's): _____

3. Name(s) of other member(s) of the household: _____

4. Name of the perpetrator (if known and can be safely disclosed): _____

5. What is the safest and most secure way to contact you? (You may choose more than one.)

If any contact information changes or is no longer a safe contact method, notify your covered housing provider.

Phone Phone Number: _____

Safe to receive a voicemail: Yes No

E-mail E-mail Address: _____

Safe to receive an email: Yes No

Mail Mailing Address: _____

Safe to receive mail from your housing provider: Yes No

Other Please List: _____

6. Anything else your housing provider should know to safely communicate with you?

Applicable definitions of domestic violence, dating violence, sexual assault, or stalking:

Domestic violence includes felony or misdemeanor crimes of violence committed by a current or former spouse or intimate partner of the victim, by a person with whom the victim shares a child in common, by a person who lives with or has lived with the victim as a spouse or intimate partner, by a person similarly situated to a spouse of the victim under the domestic or family violence laws of the jurisdiction, or by any other person against an adult or youth victim who is protected from that person's acts under the domestic or family violence laws of the jurisdiction.

Spouse or intimate partner of the victim includes a person who is or has been in a social relationship of a romantic or intimate nature with the victim, as determined by the length of the relationship, the type of the relationship, and the frequency of interaction between the persons involved in the relationship.

Dating violence means violence committed by a person:

- (1) Who is or has been in a social relationship of a romantic or intimate nature with the victim; **and**
- (2) Where the existence of such a relationship shall be determined based on a consideration of the following factors: (i) The length of the relationship; (ii) The type of relationship; and (iii) The frequency of interaction between the persons involved in the relationship.

Sexual assault means any nonconsensual sexual act proscribed by Federal, tribal, or State law, including when the victim lacks capacity to consent.

Stalking means engaging in a course of conduct directed at a specific person that would cause a reasonable person to:

- (1) Fear for the person's individual safety or the safety of others **or**
- (2) Suffer substantial emotional distress.

Certification of Applicant or Tenant: By signing below, I am certifying that the information provided on this form is true and correct to the best of my knowledge and recollection, and that one or more members of my household is or has been a victim of domestic violence, dating violence, sexual assault, or stalking as described in the applicable definitions above.

Signature

Date

Public Reporting Burden for this collection of information is estimated to average 20 minutes per response. This includes the time for collecting, reviewing, and reporting. Comments concerning the accuracy of this burden estimate and any suggestions for reducing this burden can be sent to the Reports Management Officer, QDAM, Department of Housing and Urban Development, 451 7th Street, SW, Washington, DC 20410. Housing providers in programs covered by VAWA may request certification that the applicant or tenant is a victim of VAWA violence/abuse. A Federal agency may not collect this information, and you are not required to complete this form, unless it displays a currently valid Office of Management and Budget control number.