

INFORMATION SHEET FOR SOMERSET PLACE

Physical Address: 5 Somerset Street, Brewer, ME

Somerset Place, a Low-Income Housing Tax Credit (LIHTC) property, managed by The Housing Authority of the City of Brewer (BHA), features 28 one-bedroom apartments for individuals who are **55 years of age and older**. This property includes a community room, auditorium, exercise area, coin-op laundry machines on each floor, and on-site reserved parking. Rents are restricted by income and include electric, heat, domestic hot water, sewer, water, and basic internet access. Somerset Place is a **smoke free property**.

There are two separate wait lists for Somerset Place. If you are interested in applying for a Tax Credit apartment, which offers restricted rent amounts (*not a portion of your income*) please contact BHA by calling 989-7890 to request an application or visit their website www.brewerhousing.com to apply online or download an application. If you are interested in applying for a Section 8 – Project Based voucher, please read the information below and complete the attached application.

Some of the apartments at Somerset Place have an attached Section 8 Project Based Voucher (PBV) which is issued through MaineHousing. If approved for housing, rent will be 30% of the household's annual Adjusted Gross Income. Please note applicants must meet eligibility requirements for both MaineHousing and BHA. *Applicants who accept these PBV units do so with the understanding the voucher cannot be transferred away from Somerset Place if they happen to move.*

Please read the following page for specific information as it relates to applying for **Section 8 – Project Based Voucher – Somerset Place.**



2023 Gross Income Limits for Project Based Vouchers

1 person \$18,100 / 2 person \$20,700

Please read the following carefully before completing the application form.

- If there is not enough space to answer a particular question or to provide any additional explanation that you want to make, please feel free to attach one or more pages to the application.
- Be advised that BHA will conduct criminal background checks and sex-offender registration checks on all adult household members, including live-in aides.

Eligibility requirements for Brewer Housing Authority include but are not limited to:

- Have a gross annual income at the time of admission that does not exceed the income limits established by MaineHousing.
- Provide documentation of Social Security numbers for all family members, or certify that they do not have Social Security numbers.
- Sign authorization forms to enable verification of eligibility requirements.
- Not have any household members who are engaged in any criminal activity that threatens the life, health, safety, or right to peaceful enjoyment of the premises by other residents, and not have any household members who are engaged in any drug-related or violent criminal activity.
- Qualify as a suitable renter by passing screening of prior rental history and financial responsibility.

Please submit the completed application to:

**MaineHousing, HVC Department
26 Edison Drive
Augusta, ME 04330**

If you have questions specific to Somerset Place property, please contact BHA at 989-7890 or scurry@brewerhousing.com

If you have questions specific to the Section 8 – Project Based Voucher program, please contact MaineHousing at section8hcv@mainehousing.org



For Owner/Agency Use Only

Date/Time Received: _____

PBV Property:

Somerset Place

PROJECT BASED VOUCHER PRE-APPLICATION
COMPLETE ALL INFORMATION

1. HEAD OF HOUSEHOLD

First Name		Middle Initial	Last Name		Suffix (Sr./Jr.)
Date of Birth	Gender		Are you Disabled? <input type="checkbox"/> Yes	Social Security Number	
Physical/Home Address (Do not list a P.O. Box)					Unit/Apartment #
City/Town		State		Zip Code	
Home Phone #	Cell Phone #	Email Address (optional)			
Mailing Address					Unit/Apartment #
City/Town		State		Zip Code	

2. SPOUSE/CO-HEAD OF HOUSEHOLD (if applicable)

First Name		Middle Initial	Last Name		Suffix (Sr./Jr.)
Date of Birth	Gender		Spouse/Co-Head Disabled? <input type="checkbox"/>	Social Security Number	
Phone #		Email Address (optional)			

3. TOTAL NUMBER OF PEOPLE WHO WILL LIVE IN THE UNIT (Including yourself):

# of Adults	# of children (under 18)
-------------	--------------------------

4. ANNUAL HOUSEHOLD INCOME (income before deductions for all family members):

Total GROSS Amount per YEAR
\$ _____

5. RACE AND ETHNICITY OF HEAD OF HOUSEHOLD (Not Mandatory – For HUD Statistics Only)

Check all that apply:

White Black/African American American Indian/ Alaskan Native

Asian Native Hawaiian/Other Pacific Islander

Check One: Hispanic or Latino Non-Hispanic or Non-Latino

Nationality: _____

Do you require a translator or interpreter? Yes No If yes, what Language? _____

Do you or a family member require any accommodation to participate fully in this application process? Yes No

If yes, describe the accommodation you require: _____

6. I CERTIFY THAT THE INFORMATION PROVIDED IN THIS APPLICATION IS ACCURATE AND COMPLETE. I understand that submission of false information or misrepresentation may result in loss of eligibility to participate in the Project Based Voucher program. I understand I am required to notify MaineHousing of any change in information on this application. I understand if I cannot be contacted at the last mailing address given, my name may be removed from the waiting list and I will have to reapply. I certify that I have attained the age of 18 yrs. or I am an emancipated minor and therefore have the full legal capacity to act on my own behalf in the matter of contracts.

Signature of Head of Household: _____ Date: _____

Equal Access. We need your help to ensure all of our programs, services and activities are fully accessible to persons with disabilities. If you, or anyone in your family, encounters any type of barrier that prevents them from receiving the full benefit of the Project Based Voucher Program, please contact us. You can also contact the Fair Housing and Equal Opportunity National toll-free hot line number: 1-800-669-9777.

Applicants may request a "reasonable accommodation" if they or any other family member has a disability when such an accommodation is necessary to afford persons with disabilities an equal opportunity to use and enjoy their housing. Language assistance and other appropriate communication auxiliary aids and services are available upon request. Please contact MaineHousing if you have questions about your rights to accommodation.

Note: Federal regulations prohibit rental assistance to persons other than United States citizens, nationals, or certain categories of eligible non-U.S. citizens. Families with some eligible family members may be entitled to prorated housing assistance.

Maine State Housing Authority ("MaineHousing") does not discriminate on the basis of race, color, religion, sex, sexual orientation, 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, 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), (207) 626-4600 (voice) or 711 (Maine Relay)

Please submit the completed application to MaineHousing, HCV Department, 26 Edison Drive, Augusta, ME 04330

Incomplete applications will not be accepted. They will be returned, if possible, for completion.

If you have any questions, please contact MaineHousing at (207) 624-5789 or section8hcv@mainehousing.org

Revised 8/2021

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"/> Unable to contact you <input type="checkbox"/> Assist with Application Process <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: _____
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.

--	--

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.