

**TENANT EMERGENCY RENTAL ASSISTANCE
SUBSEQUENT REQUEST ATTESTATION**

A. TENANT INFORMATION

1. Tenant Contact Information

First Name: _____ Last Name: _____

Email: _____

Phone number: _____

2. Rent Amount. Has your rent changed since you first applied to the Emergency Rental Assistance Program?

Yes _____ No _____

If yes, please state your new rent: \$ _____

3. Address. Has your Rental/Primary Address or mailing address changed since you first applied to the Emergency Rental Assistance Program?

Yes _____ No _____

If yes, please explain: _____

4. Household. Have the members of your household changed since you first applied to the Emergency Rental Assistance Program?

Yes _____ No _____

If yes, please explain: _____

5. Housing Challenges. One or more people in my household has difficulty meeting housing costs without assistance.

Yes _____ No _____

Explain: _____

B. RENTAL ASSISTANCE

1. Payment Request. I am seeking payment for the following number of additional months' rent (check one): 1 ____; 2 ____; or 3 _____. I understand that I can apply for up to 18 months of total past and future rent.

2. State or Federal Rental Assistance. No other governmental rental assistance will pay or has paid the above future rent. If I have local, state, or federal rental assistance, I am applying only for my portion of the rent. If I have had a change in my income, I have told the program administrator and they changed my portion of the rent.

C. UTILITY ASSISTANCE

Past Due to Utility Providers. My household owes these utility providers these past due amounts for electricity, gas, water and sewer, trash removal, or energy costs from March 13, 2020 to now:

Provider: _____ Amount Due: _____
Provider: _____ Amount Due: _____
Provider: _____ Amount Due: _____
Provider: _____ Amount Due: _____
Provider: _____ Amount Due: _____
Provider: _____ Amount Due: _____

Current Amounts Due to Utility Providers. My household owes these utility providers these current amounts for electricity, gas, water and sewer, trash removal, or energy costs:

Provider: _____ Amount Due: _____
Provider: _____ Amount Due: _____
Provider: _____ Amount Due: _____
Provider: _____ Amount Due: _____
Provider: _____ Amount Due: _____
Provider: _____ Amount Due: _____

Submit your current bill for each of the above utility providers.

D. OTHER EXPENSES DURING OR DUE TO COVID-19 RELATED TO HOUSING

Other expenses may include internet, relocation, hotel/motel, and other expenses associated with moving.

Provider: _____ Amount Requested: _____
Provider: _____ Amount Requested: _____
Provider: _____ Amount Requested: _____
Provider: _____ Amount Requested: _____
Provider: _____ Amount Requested: _____
Provider: _____ Amount Requested: _____

You will be required to provide a bill, invoice, or evidence of payment to the provider of the service for each of the above.

Note: Hotel/motel payments must be paid directly to the hotel/motel.

E. FRAUD HOTLINE

If you are worried that someone you know has applied for this program and doesn't really need help, you can contact the [Maine State Auditor's Fraud Hotline](#) at (207) 624-6250 to make a report. MaineHousing also reserves the right to randomly select applications and request supporting documentation to check for program eligibility.

ATTESTATION

Accuracy and Auditing. I certify, attest, and affirm under penalty of perjury that the information I have provided in connection with this Subsequent Request and Application is complete and accurate to the best of my knowledge and belief. I authorize the US Department of Treasury, the Maine State Housing Authority, and the State of Maine to verify and investigate such information with my full cooperation at any time. I understand MaineHousing may randomly select applications and request

supporting documentation. I understand that if I fail to cooperate I may be required to repay funds I received and may be ineligible for future payments.

Civil and Criminal Penalties. I understand that providing false or misleading statements or omissions to the United States Government, the Maine State Housing Authority, and the State of Maine, on this Subsequent Request Attestation may result in federal, state, and local criminal and civil actions for fines, penalties, damages or imprisonment.

Direct Payment to Tenant. I understand that if I receive a direct payment for rent, I must use that payment for the rental unit and primary address described on this Subsequent Request & Attestation. I understand that if I do not use the rent payment for this property, I must repay the assistance I received or face civil action and criminal penalties.

I have read and understand this Subsequent Request Attestation.

I am signing this Subsequent Request Attestation by electronically entering my name below or providing a wet signature.

_____ Date:_____

Signature

Printed Name:_____

Did someone help you fill out this application?

Contact information of person helping you, if applicable:

Helper name:_____

Organization (if applicable):_____

Email:_____ Phone number:_____

Please submit your completed request and accompanying documentation to the Community Action Agency serving your local area, listed below.

<p>ANDROSCOGGIN AND OXFORD COUNTIES AND TOWN OF BRUNSWICK Community Concepts, Inc. 240 Bates Street Lewiston, ME 04240 Tel. 1-800-866-5588 Fax 207-784-6882 Email: rentrelief@community-concepts.org</p> <p>AROOSTOOK COUNTY Aroostook County Action Program 771 Main Street P.O. Box 1116 Presque Isle, ME 04769-1116 Tel. 207-764-3721 Fax 207-768-3021 E-mail: rentrelief@acap-me.org</p> <p>CUMBERLAND COUNTY - EXCEPT FOR THE TOWN OF BRUNSWICK The Opportunity Alliance 190 Lancaster Street, Suite 310 Portland, ME 04101 Tel. 207-874-1175 Fax 207-553-5976 Email: rentassistance@opportunityalliance.org</p> <p>FRANKLIN COUNTY Western Maine Community Action P.O. Box 200 East Wilton, ME 04234-0002 Tel. 207-860-4470 Fax 207-645-0002 Email: info@wmca.org</p> <p>KENNEBEC AND SOMERSET COUNTIES Kennebec Valley Community Action Program 101 Water Street Waterville, ME 04901 Tel. 207-859-1500 or 1-800-542-8227 Fax 207-873-3812 Email: rentrelief@kvcap.org</p>	<p>LINCOLN AND SAGADAHOC COUNTIES Midcoast Maine Community Action 34 Wing Farm Parkway Bath, ME 04530 Tel. 207-442-7963 Fax 207-442-0122 Email: rentrelief@mmcacorp.org</p> <p>KNOX, PENOBSCOT AND PISCATAQUIS COUNTIES Penquis Community Action Program 262 Harlow Street P.O. Box 1162 Bangor, ME 04402-1162 Tel. 207-307-3344 Fax 207-973-3699 Email: rentrelief@penquis.org</p> <p>WALDO COUNTY Waldo Community Action Partners 9 Field Street P.O. Box 130 Belfast, ME 04915-0130 Tel. 207-338-6809 Fax 207-874-1182 Email: rentrelief@waldocap.org</p> <p>WASHINGTON AND HANCOCK COUNTIES Downeast Community Partners 248 Bucksport Road Ellsworth, ME 04605 Tel. 207-664-2424 Fax 207-664-2430 Email: rentrelief@downeastcommunitypartners.org</p> <p>YORK COUNTY York County Community Action Corp. 6 Spruce Street P.O. Box 72 Sanford, ME 04073 Tel. 207-206-1263 Fax 207-459-2828 Email: rentrelief@yccac.org</p>
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