

Mail this application to:

The name of the waitlist I'm applying for is: _____

Some waitlists are closed: Before sending this application, check <http://www.housingworks.net/> to see what is open

You **must** answer every question on this application: respond to questions that are not applicable by writing "N/A".
Incomplete applications may be returned or discarded.

Name of HoH: _____

Long-Term Mailing Address _____

City/State/Zip: _____
(this address should ideally work for the next 3-5 years):

Phone(s): _____ - _____ - _____ _____ - _____ - _____

Email: _____

The **SSN** for the head of household is: _____

Does the HoH have a **Social Security Number** (SSN)? ☐ Yes ☐ No *If "Yes" you must provide it above).*

What is your **date of birth**? _____ What is your **gender**? _____

Race (white, black, asian, etc)? _____

What was your **mother's last name** when she was born? *Protects your privacy*) _____

How many people will be living in the unit? _____ people. What **unit size** are you seeking? _____ BR

Describe your **Income Sources** (Job, Food Stamps, SSI, TAFDC, etc.) _____

What is your family's **ANNUAL** income? \$ _____ (do NOT write an hourly, weekly, or monthly amount!)

☐ YES ☐ NO Do you have a **rental voucher** or **some other form of regular rental assistance**?

Specify: ☐ Section 8 ☐ MRVP ☐ AHVP ☐ Homebase ☐ _____

☐ YES ☐ NO Do you need a **wheelchair accessible unit** (or a "no-steps" unit)?

☐ YES ☐ NO Do you need **reasonable accommodations** due to a disability, either during the application period or tenancy? _____

☐ YES ☐ NO Are you or any member of your household subject to a lifetime registration requirement under a **State Sex Offender Registration** program?

☐ YES ☐ NO **Priority/Preference Status:** If there is a section in this application that asks about priorities and preferences, did you claim any?

Office Only: Date/Time Stamp

PHA USE: Date Stamp

CONCORD HOUSING AUTHORITY
15 PITMAN STREET
CONCORD, NH 03301
603-224-4059

APPLICATION FORM
PUBLIC HOUSING ONLY

AS OF JULY 15, 2004 THE SECTION 8 WAITING LIST CLOSED.

APPLICANT HOUSEHOLD INFORMATION

HEAD OF HOUSEHOLD:

Last Name First Name Initial

Social Security Number Date of Birth / Birthplace Sex

MAILING ADDRESS: _____

PHYSICAL ADDRESS: _____

PHONE NUMBER: Include Area Code: () _____

Are there more household members?

Yes (see below) No

If YES, describe: Other Adults: How many? _____ Children? _____
Male Female Boys Girls

Race Ethnic Group

**** If there are other household members, please complete the requested information on Page 2.****

Circle the bedroom size you are requesting: One Two Three Four

Do you require the unit to be handicapped accessible? YES NO

If YES, and you are in need of a "Reasonable Accommodation," please describe your request:

Are you enrolled in an educational or vocational program? YES NO

If YES, how many credit hours per week are you enrolled? _____ Date of enrollment: _____

Name and address of school: _____

CONCORD HOUSING USE ONLY

RES / NO BR SIZE: _____ ANNUAL _____ LIMIT _____

OTHER HOUSEHOLD MEMBERS

Please note you must fill in names and information of all persons who will be residing in the unit.
Please mark N/A on all unused entry places.

Last Name	First Name	Relationship
SSN	DOB Birthplace	Sex Male Female Student: YES NO Full-time or Part-time

Last Name	First Name	Relationship
SSN	DOB Birthplace	Sex Male Female Student: YES NO Full-time or Part-time

Last Name	First Name	Relationship
SSN	DOB Birthplace	Sex Male Female Student: YES NO Full-time or Part-time

Last Name	First Name	Relationship
SSN	DOB Birthplace	Sex Male Female Student: YES NO Full-time or Part-time

Last Name	First Name	Relationship
SSN	DOB Birthplace	Sex Male Female Student: YES NO Full-time or Part-time

Last Name	First Name	Relationship
SSN	DOB Birthplace	Sex Male Female Student: YES NO Full-time or Part-time

Last Name	First Name	Relationship
SSN	DOB Birthplace	Sex Male Female Student: YES NO Full-time or Part-time

HOUSEHOLD'S ANNUAL INCOME

Please circle YES or NO for each of the following types of income your family may or may not receive.

SOURCE OF INCOME	Household Member	GROSS AMOUNT \$ (Before Deductions)
YES NO EMPLOYMENT (include tips, bonuses, commissions)	<u>HEAD</u>	\$ _____ (Weekly)
Company Name _____		# of Hours per week: _____
Address _____		Hourly Rate of Pay: _____
YES NO EMPLOYMENT (include tips, bonuses, commissions)	_____	\$ _____ (Weekly)
Company Name _____		# of Hours per week: _____
Address _____		Hourly Rate of Pay: _____
YES NO SELF EMPLOYMENT	_____	\$ _____ (Weekly)
YES NO UNEMPLOYMENT OR WORKERS COMP.	_____	\$ _____ (Weekly)
YES NO ALIMONY	_____	\$ _____ (Monthly)
YES NO CHILD SUPPORT (Awarded amounts; collected or uncollected)	_____	\$ _____ (Monthly)
YES NO SOCIAL SECURITY (SSA, SSDI, SSI) (*Children's benefits must be disclosed*)	_____ _____	\$ _____ (Monthly) \$ _____ (Monthly)
YES NO PUBLIC ASSISTANCE (APTD) OR AID TO FAMILIES WITH DEPENDENT CHILDREN (TANF)	_____	\$ _____ (Monthly)
YES NO VETERAN'S BENEFITS	_____	\$ _____ (Monthly)
YES NO PENSIONS OR ANNUITIES Company Name _____ Address _____	_____ _____	\$ _____ (Monthly)
YES NO INCOME FROM RENTAL PROPERTY, OR OTHER FORMS OF REAL ESTATE Address of Property _____	_____	\$ _____ (Monthly)
YES NO ANY OTHER INCOME SOURCES/TYPES NOT LISTED Source of other income: _____	_____	\$ _____ (Monthly)

(Do not include dividends/interest; they should be listed in the Asset section of this application)



HOUSEHOLD'S ASSETS

Please circle YES or NO for each of the following types of assets your family may or may not have.

	\$ BALANCE	ACCOUNT NUMBER	BANK
YES NO CHECKING OR SAVINGS ACCOUNTS	\$ _____	_____	_____
YES NO CHECKING OR SAVINGS ACCOUNTS	\$ _____	_____	_____
YES NO CHECKING OR SAVINGS ACCOUNTS	\$ _____	_____	_____
YES NO CD'S, MONEY MARKET ACCOUNTS	\$ _____	_____	_____
YES NO STOCKS	\$ _____ (Total Value)	_____ (# of Shares)	_____ (Company Name)
YES NO BONDS	\$ _____ (Total Value)	_____	_____
YES NO ANNUITY/TRUST ACCOUNTS	\$ _____	_____	_____
YES NO IRA'S, or RETIREMENT ACT.	\$ _____ (Total Value)	_____ (Fund Name)	_____ (Address)
YES NO LIFE INSURANCE-WHOLE	\$ _____ (Cash Value)		
YES NO Do you own any REAL ESTATE (Fair Market Value) (This includes your personal residence, vacant farmland, farms, vacation homes, or commercial property.) Address of property _____			\$ _____
YES NO Have you sold, disposed of or obtained any property in the last 2 years? If YES, Type of Property _____ Date sold, disposed or obtained _____ Appraised Market Value \$ _____ Sold for \$ _____ Mortgage Balance Due \$ _____			
YES NO Have you disposed of or obtained any other assets in the last 2 years? (Example: Given away money to relatives; Set-up Irrevocable Trust Accounts; been given an inheritance) If YES, Describe asset _____ Date of Disposition or Obtained _____ Amount Disposed or Obtained \$ _____			
YES NO Do you have any other assets not listed above? (Examples: jewelry, antiques, coins, stamps) If YES, List _____			

HOUSING HISTORY

List the past seven years of housing history. Start with your present housing.
(If additional space is required, use the back of this page.)

<u>Landlord's Name/Address/Phone #</u>	<u>Your address</u>	<u>Own/Rent</u>
1. _____ _____ _____	_____ _____ _____	Own ____ Rent ____ From ____ To ____ Cost Per Month _____
Phone: (____) _____		
2. _____ _____ _____	_____ _____ _____	Own ____ Rent ____ From ____ To ____ Cost Per Month _____
Phone: (____) _____		
3. _____ _____ _____	_____ _____ _____	Own ____ Rent ____ From ____ To ____ Cost Per Month _____
Phone: (____) _____		

YES NO Have you ever been evicted from an apartment for any reason?

Explanation: _____

YES NO Are you currently receiving Federal Housing Assistance?

YES NO Have you or any member of your household previously received Federal Housing Assistance?
If YES, where? _____

YES NO Do you owe money to any Housing Authority?

If YES, which one and how much? _____

YES NO Has your family's assistance or tenancy in a federally assisted housing program ever been terminated for fraud, nonpayment of rent, or failure to cooperate with re-certification procedures?

YES NO Have you or any member of your household ever committed any fraud in a federally assisted program or been requested to repay money for misrepresenting information in such housing programs?

If YES, please explain: _____

YES NO Are you or any member of your household listed on any local or state offender registration program?

YES NO Have you or any member of your household ever committed or been convicted of a misdemeanor or felony crime or any conviction involving drugs or alcohol?

If YES, please explain: _____

APPLICANT CERTIFICATION

Giving True and Complete Information

I/We certify that all the information provided on household composition, income, and family assets, is accurate and complete to the best of my/our knowledge. I/We have reviewed this Application Form and certify that the information shown is true and correct.

Reporting on Prior Housing Assistance

I/We certify that I/We have disclosed where I/We received any previous Federal housing assistance and whether or not any money is owed. I/We certify that for this previous assistance I/We did not commit any fraud, knowingly misrepresent any information, or vacate the unit in violation of the lease.

Criminal and Administrative Actions for False Information

I/We understand that knowingly supplying false, incomplete or inaccurate information is punishable under Federal or State criminal law. I/We understand that knowingly supplying false, incomplete, or inaccurate information is grounds for denial of this application or termination of housing assistance or termination of tenancy.

Determination of Eligibility

I/We understand that this is only my/our "Initial Application" and that I/We shall be required to up-date, at a later time, so that the Housing Authority can determine my/our eligibility for the housing assistance programs.

Release of Information

I/We do hereby consent and authorize the release of any and all information to the Concord Housing Authority from the sources listed on this application for the purpose of verifying my/our eligibility and benefit level under HUD's assisted housing program. I/We understand and consent to allow Concord Housing Authority to share and discuss the information on this application with other agencies for the purpose of determining my/our eligibility and benefit level. I/We do hereby release, remise, and forever discharge, from any action whatsoever, in law and equity, all Concord Housing Authority employees and agents in connection to the processing, investigation, or credit checking of this application, and will hold harmless from any suit or reprisal whatsoever.

By signing below, I/We attest that all the information contained in this application is true and accurate to the best of my/our knowledge. I/We have read and understand all sections of this application.

ALL ADULT HOUSEHOLD MEMBERS MUST SIGN BELOW

Signature of Head of Household

Date

Signature of Spouse or Co-Head

Date

CONCORD HOUSING AUTHORITY DOES NOT DISCRIMINATE AGAINST ANY PERSON BECAUSE OF RACE, COLOR, RELIGION, SEX, HANDICAP, FAMILIAL STATUS, OR NATIONAL ORIGIN.

**APPLICANT MUST INFORM CHA OF ANY ADDRESS AND TELEPHONE CHANGES IMMEDIATELY.
FAILURE TO DO SO MAY RESULT IN TERMINATION FROM THE WAIT LIST!**

FOR OFFICE USE ONLY

CHA Staff

Date Filed



New Hampshire Housing
Bringing You Home

Assisted Housing
Fax: 472-8729
(800) 439-7247

Home Ownership
Fax: 472-2663
(800) 649-0470

Littleton Office
Fax: 444-7604
(800) 622-5266

Reasonable Accommodation Request Form

The following member of my household has a disability: _____

Please provide the following reasonable accommodation: _____

I need this reasonable accommodation because: _____

In the above explanation you need to tell us how the accommodation will help you take part in our program or help you meet other requirements of our program.

- **Do not** tell us medical information about your disability.
- **Do not** tell us the name of your disability or the nature or extent of your disability.

Date: _____

Name: _____

Address: _____

Telephone: _____

Housing History, Page 1

Note: you can often locate landlord information by using the Tax Assessor's website in each town (or by calling the Tax Assessor's phone number in most towns: To determine if there is an online Tax Assessor page for a town search the web like this: "Tax Assessor, Boston MA" or "Property Assessment, Dallas TX".

CURRENT RESIDENCE

DATES YOU LIVED THERE:

Name on the lease _____ to: _____ or present

Address you lived at: _____
Street and Apt# City State Zip

Landlord's Name and Address _____

Landlord Tel: _____

Did this landlord bring any court action against the leaseholder or you? ☐ Yes ☐ No

Did this landlord return your security deposit? (check one) ☐ Yes ☐ No ☐ N/A

PRIOR RESIDENCE

DATES YOU LIVED THERE:

Name on the lease _____ to _____

Address you lived at: _____
Street and Apt# City State Zip

Landlord's Name and Address _____

Landlord Tel: _____

Did this landlord bring any court action against the leaseholder or you? ☐ Yes ☐ No

Did this landlord return your security deposit? (check one) ☐ Yes ☐ No ☐ N/A

RESIDENCE BEFORE THAT

DATES YOU LIVED THERE:

Name on the lease _____ to _____

Address you lived at: _____
Street and Apt# City State Zip

Landlord's Name and Address _____

Landlord Tel: _____

Did this landlord bring any court action against the leaseholder or you? ☐ Yes ☐ No

Did this landlord return your security deposit? (check one) ☐ Yes ☐ No ☐ N/A

Housing History, Page 2

RESIDENCE BEFORE THAT

DATES YOU LIVED THERE:

Name on the lease _____ to _____

Address you lived at: _____
Street and Apt# City State Zip

Landlord's Name and Address _____

Landlord Tel: _____

Did this landlord bring any court action against the leaseholder or you? ☐ Yes ☐ No

Did this landlord return your security deposit? (check one) ☐ Yes ☐ No ☐ N/A

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Street and Apt# City State Zip

Landlord's Name and Address _____

Landlord Tel: _____

Did this landlord bring any court action against the leaseholder or you? ☐ Yes ☐ No

Did this landlord return your security deposit? (check one) ☐ Yes ☐ No ☐ N/A

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Street and Apt# City State Zip

Landlord's Name and Address _____

Landlord Tel: _____

Did this landlord bring any court action against the leaseholder or you? ☐ Yes ☐ No

Did this landlord return your security deposit? (check one) ☐ Yes ☐ No ☐ N/A

Housing History, Page 3

RESIDENCE BEFORE THAT

DATES YOU LIVED THERE:

Name on the lease _____ to _____

Address you lived at: _____
Street and Apt# City State Zip

Landlord's Name and Address _____

Landlord Tel: _____

Did this landlord bring any court action against the leaseholder or you? ☐ Yes ☐ No

Did this landlord return your security deposit? (check one) ☐ Yes ☐ No ☐ N/A

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