

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



Preliminary Application Housing Choice Voucher Rental Assistance

Legal Name of Head of Household: _____

Social Security #: _____

Present Street Address: _____

City: _____

State: _____

Zip: _____

Mailing Address (if different from above): _____

Home Telephone: _____ Work Phone: _____ Cell Phone: _____

E-mail address _____ If we are unable to reach you, who may we contact?

Contact's Name: _____ Relationship: _____ Phone: _____

Address of that person _____

The following information is required for statistical purposes so that HUD may determine the degree to which its programs are utilized by minority families: Head of household: ☐ White ☐ African American ☐ Asian ☐ American Indian ☐ Alaskan Native ☐ Hispanic ☐ Non-Hispanic

Do you speak English ☐ well ☐ not well ☐ not at all? Do you speak another language other than

English at home? What language do you speak if you do not speak English well? _____

| Please list all Household members | Amount of monthly wages | Amount of monthly Social Security | Amount of monthly TANF grant | Monthly Child Support amount | Other Income: 1. Specify source 2. List amount received, if zero, please state that. |
|---|-------------------------|-----------------------------------|------------------------------|------------------------------|--|
| Name of Head of household: SS#: Date of birth: Circle: Male or Female | | | | | |
| Name: Relation to head of household: SS#: Date of birth: Circle: Male or Female | | | | | |
| Name: Relation to head of household: SS#: Date of birth: Circle: Male or Female | | | | | |
| Name: Relation to head of household: SS#: Date of birth: Circle: Male or Female | | | | | |
| List additional household members on separate sheet | | | | | |

How many Adults are in the household? _____ How many children are in the household? _____ Revised 9/06 (over)

For Housing Authority use only: Preference _____ Program _____ Total size: _____ Adults: _____ Children: _____ F/E/S _____
ETH: _____ R: _____ HC: _____ BR size: _____ Date recvd: _____ Yearly gross income _____

Where do you bank? Do you belong to a credit Union? What types of accounts do you have?

| Type/ Location | Value |
|---------------------------------------|------------|
| Savings Account(s) | Account # |
| Bank/Institution: | Balance \$ |
| Checking Account(s) | Account # |
| Bank/Institution: | Balance \$ |
| Certificates of Deposit (CD's) | Account # |
| Bank/Institution: | \$ |
| Stocks & Bonds | Account # |
| Bank/Institution: | \$ |
| Real Estate/Property/Land | Account # |
| Bank/Institution: | \$ |
| Other (please specify) | Account # |
| Bank/Institution: | \$ |

Please answer the following questions:

- Have you given away or sold any assets such as a mobile home, real estate, house, stocks or bonds, certificates of deposit within the past two (2) years? [] Yes [] No
If yes, please state value: \$ _____ Date action completed: _____
- Is the head of household a full time college student? **If no, skip to question 3.** [] Yes [] No
If yes, and you are a full or part-time student, please note that you are not eligible if you are under 24 years of age, unmarried with no dependents, not a veteran or whose parents are not individually or jointly eligible to receive Section 8 assistance. Eligibility is determined when your name reaches the top of the waiting list.
- Does anyone outside of your household pay for any of your bills or expenses? If yes, explain _____ [] Yes [] No
- Have you ever used a name other than the one you are using now? [] Yes [] No
If so, what was it? _____
- Have you ever used a social security number other than the one used above? [] Yes [] No
If so, what was it? _____
- Do you or any members of your household require any type of accommodation to participate in the program? *See attached information regarding reasonable accommodation* [] Yes [] No
- Have you ever received rental assistance before? [] Yes [] No
When? _____ Where? _____
Under what name? _____
Assistance received under what Head of Household name? _____
- Do you owe any money to a Housing Authority? If yes, name and address of Authority? [] Yes [] No

- Have you made arrangements with that Housing Authority to repay the amount you owe? _____ [] Yes [] No

10. Have you been evicted from housing assisted under the Section 8 program? If yes, give the name of the Housing Authority and the dates: _____ [] Yes [] No

11. Have you ever been terminated from the Section 8 certificate or voucher program? If yes, who, when and where? _____ [] Yes [] No

12. For each household member, including head or spouse, over the age of 18, please list all states in which they have lived. _____

13. Have you or anyone in your household ever participated in, been arrested for or convicted of a drug related crime? If yes, who, when and where? _____ [] Yes [] No
Drug related criminal activity is defined as the illegal manufacture, sale, distribution or use of a drug or the possession of a drug with the intent to manufacture, sell, distribute or use the drug.

14. Have you or anyone in your household ever engaged in a violent criminal act, or been arrested for or convicted of participation in a violent crime? If yes, who, when and where? _____ [] Yes [] No
Violent criminal activity is defined as any criminal activity that has as one of its elements the use or threatened use of physical force substantial enough to cause, or be reasonably likely to cause, serious bodily injury or property damage including but not limited to murder, manslaughter, assault and battery, rape, robbery, arson and kidnapping.

15. Are any of the adult household members subject to the lifetime registration requirement under the state sex offender registration law? If yes which family member? _____ [] Yes [] No

16. Have you ever committed any fraud in a federally assisted housing program or been requested to repay money for knowingly misrepresenting information for such housing programs? If yes, who, when and where? _____ [] Yes [] No

I do hereby swear that all of the information on this form is true and correct. I understand that any misrepresentation of information or failure to disclose information requested on this form may disqualify me from consideration for admission or participation and may be grounds for termination of assistance. Please note that the information you have provided is subject to verification through computer matching with other federal agencies through HUD's Upfront Income Verification (UIV) process. This will verify the accuracy of tenant reported income, including but not limited to wages, unemployment and Social Security income. I understand that I am required to notify the Housing Authority (in writing) of any changes of address. If I cannot be contacted at the above address, I understand my name will be removed from the waiting list and I will have to reapply.

Signature: _____ Date completed: _____
(Head of Household)

Signature: _____ Date completed: _____
(Other Adult)

WARNING! Title 18, Section 1001 of the United States code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statement to any Departments or Agencies of the United States.



Currently New Hampshire Housing offers the following preferences or programs. Please indicate by checking below, if you feel you qualify for any of these preferences or programs.

_____ A member of the household has a terminal illness (death will result within 24 months as verified by a physician). Please indicate family member who has the terminal illness: _____

_____ I/We am/are eligible for services through one of the Home and Community Based Medicaid Waiver Programs (HCBC) or Title XX Adult in Home Care Program or certified by a medical professional to need services to stay in the community to prevent institutionalization.
Please indicate name of family member who qualifies for this program: _____

_____ The head or spouse or sole member is a person with disabilities and would like to be considered for one of the 20 mainstream vouchers.

_____ I am eligible for the ACCESS Transition program because:

- I am under 62 and disabled, **and** I am living in a nursing home, assisted living, residential care, community residence or congregate housing, **and**
- I want to transition into a more independent setting.

_____ I am currently homeless, meaning that:

- I/We live in a shelter and lack a fixed, regular and adequate nighttime residence and also have a primary night time residence that is supervised publicly/private operated shelter designed to provide temporary living accommodations (including welfare hotels, congregate shelters and transitional housing), or
- I/We live in a hospital or institution that provides a temporary residence for individuals intended to be institutionalized, or
- I/We live in a public/private place not designed for, or ordinarily used for sleeping by human beings.

_____ I am at risk of becoming homeless because:

- I pay more than half of my gross income towards rent, or
- I/We live with friends or relatives due to an emergency or homeless situation. This is a temporary arrangement. My name is not on the lease. If I were not in this current living arrangement I would otherwise be homeless, or
- I am temporarily living in a substandard living situation i.e. a campground or other temporary placement.

_____ I am a person impacted by a major federally declared disaster who is a Section 8 Voucher holder or Public Housing resident in another jurisdiction.

_____ I am a person impacted by a major federally declared disaster who previously had no housing assistance.

Head of household name: _____ SS#: _____

My name: _____ My SS#: _____

Mod Rehab Option:

The following Mod Rehab properties have vacancies from time to time. If you chose to live in one of these units, you would pay 30% of your monthly-adjusted income. Although you do not receive a voucher when you move in (therefore you cannot take your assistance with you if you move) you can remain on the Housing Choice Voucher waiting list while you are living in one of these units. If your name reaches the top of the Housing Choice Voucher waiting list during the first year of your lease, you would have to go back on waiting list and wait for the next opportunity. **Note:** if you choose to live in a mod rehab unit you will not qualify for the homeless/at risk of homelessness preference because you are paying only 30% of your income for your rent and utilities.

If you are interested in receiving notice of vacancies for a specific property, please place a check mark in the box where indicated. Check as many as you wish. Choosing to be notified does not affect your status on the Housing Choice Voucher waiting list.

| ✓ Check boxes below if you wish to receive vacancy notices for a specific property. *Properties with "**Elderly" are designated for applicants 62 or over or disabled. | Location | Property | Number of Assisted Units |
|---|-----------------|--|--------------------------|
| <input type="checkbox"/> 2 Bedroom | Ossipee (6) | Pine Grove 603 539-9546 | 15 |
| <input type="checkbox"/> 0 Bedroom <input type="checkbox"/> 1 Bedroom <input type="checkbox"/> 2 Bedroom <input type="checkbox"/> 3 Bedroom | Franklin (8) | Central Street 603 934-3032 | 17 |
| <input type="checkbox"/> 2 Bedroom <input type="checkbox"/> 3 Bedroom | Manchester (9) | School & Third St. 603 641-2163 | 16 |
| <input type="checkbox"/> 1 Bedroom (accessible unit) <input type="checkbox"/> 2 Bedroom <input type="checkbox"/> 3 Bedroom | Hinsdale (14) | Post Office Square 623 352-8329 | 10 |
| <input type="checkbox"/> 1 Bedroom *Elderly 62+ | Raymond (15) | Main Street 603 895-6080 | 6 |
| <input type="checkbox"/> 0 Bedroom *Elderly 62+ <input type="checkbox"/> 1 Bedroom *Elderly 62+ | Hinsdale (20) | Todd Block 603 352-8329 | 20 |
| <input type="checkbox"/> 1 Bedroom <input type="checkbox"/> 2 Bedroom | Farmington (22) | Crowley Street 603 817-1843 | 10 |
| <input type="checkbox"/> 1 Bedroom *Elderly 62+ | Bristol (24) | Central Square 603 744-3890 | 2 |
| <input type="checkbox"/> 1 Bedroom +through West Central Behavioral Health | Claremont (29) | High Street 603 543-3118 | 3 |
| <input type="checkbox"/> 2 Bedroom | Winchester (30) | Keene Rd 603 490-3753 | 3 |
| <input type="checkbox"/> 0 Bedroom *Elderly 62+ <input type="checkbox"/> 1 Bedroom *Elderly 62+ | Nashua (31) | Summer Street 603 626-1964 | 11 |

My Name: _____ My SS#: _____

Project Based Voucher option:

The following properties have a set number of units that have subsidy attached to them. A tenant living in one of the assisted units would pay 30% of their monthly-adjusted income. The owner handles tenant selection from the separate waiting list for each property and will contact you directly to determine your eligibility for any vacancies.

If you are interested in being placed on one of the specific property waiting lists, please place a check mark on the line for that property. Choosing to be on the waiting list for a specific property under this Project Based Assistance Program does not affect your status on the regular Housing Choice Voucher waiting list.

| ✓ Check here if you wish to be on this property's waiting list. *Properties with "**Elderly" are designated Housing for Older Persons. Applicants must be 55 or over <u>or</u> 62 or over, depending on owner's tenant selection criteria. | Location | Property | Number of Assisted Units | Barrier Free units: Check the box if you need a barrier free unit. |
|---|------------------------|--|--------------------------|---|
| <input type="checkbox"/> 2 Bedroom | Dover (40) | Bellamy Mill 603-641-2163 | 7 | |
| <input type="checkbox"/> 1 Bedroom *Elderly 55+ <input type="checkbox"/> 2 Bedroom *Elderly 55+ | Deerfield (44) | Sherburne Woods 603-895-0389 | 15 | <input type="checkbox"/> 1 Bedroom |
| <input type="checkbox"/> 3 Bedroom | Farmington (43) | Mad River Apts. 603-516-0590 | 7 | <input type="checkbox"/> 3 Bedroom |
| <input type="checkbox"/> 2 Bedroom | Rochester (39) | Brookside Place 603-641-2163 | 22 | |
| <input type="checkbox"/> 1 Bedroom *Elderly 62+ | Amherst (37) | Parkhurst Place 603-641-2163 | 10 | <input type="checkbox"/> 1 Bedroom |
| <input type="checkbox"/> 1 Bedroom *Elderly 62+ | Pelham (38) | Pelham Terrace 603-641-2163 | 24 | <input type="checkbox"/> 1 Bedroom |
| <input type="checkbox"/> 2 Bedroom <input type="checkbox"/> 3 Bedroom | Belmont (50) | Sandy Ledge 603-225-3295 | 3 | |
| <input type="checkbox"/> 2 Bedroom <input type="checkbox"/> 3 Bedroom | Winchester (51) | Snow Brook 603-352-7512 x284 | 5 | |
| <input type="checkbox"/> 2 Bedroom | Lebanon & Enfield (42) | Upper Valley Transitional 802-748-8235 | 4 | |
| <input type="checkbox"/> 1 Bedroom <input type="checkbox"/> 2 Bedroom | West Swanzey (41) | West Swanzey Family Housing 603-352-7512 x284 | 4 | |
| <input type="checkbox"/> 2 Bedroom <input type="checkbox"/> 3 Bedroom | Penacook (45) | Willow Crossing 603-224-9221 | 4 | <input type="checkbox"/> 2 Bedroom <input type="checkbox"/> 3 Bedroom |
| <input type="checkbox"/> 3 Bedroom | Concord (45) | Willow Crossing 603-224-9221 | 4 | |



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

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

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 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

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

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