

Date Stamp

CONCORD HOUSING AUTHORITY

23 Green Street
CONCORD, NH 03301
603-224-4059

APPLICATION FORM

Please check the boxes for
the programs you are
applying for:

Pitman
Place*

**Disabled Households only/1 BR Units*

Thompson
Square*

Public
Housing

Section
8

APPLICANT HOUSEHOLD INFORMATION

HEAD OF HOUSEHOLD (HOH):

Last Name

First Name

Initial

Social Security Number

Date of Birth/Birthplace

Sex

Race: _____

Ethnic Group: _____

Mailing Address: _____

Physical Address: _____

Phone Number: Area Code () _____

Are there **more** household members? ☐ Yes ☐ No

If YES, describe: Number of other adults

Male

Female

Number of children

Boys

Girls

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

What is the bedroom size you are requesting: ☐ Studio/1 ☐ 2 ☐ 3 ☐ 4
*PP/TS Only

Are you or another adult member of the household disabled: ☐ Yes ☐ No

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

Are you in need of interpretor services: ☐ Yes ☐ No

If YES, what language do you speak: _____

CHA USE ONLY

RES / NO

BR SIZE: _____

ANNUAL: _____

LIMIT: _____

OTHER HOUSEHOLD MEMBERS

Please note that you must fill in names and information for **all persons** who will be residing in the unit. Mark N/A in all unused entry places.

Last Name	First Name		Relationship to HOH	
Social Security #	DOB	Birthplace	Sex	Disabled: <input type="checkbox"/> Yes <input type="checkbox"/> No Full-Time Student: <input type="checkbox"/> Yes <input type="checkbox"/> No

Last Name	First Name		Relationship to HOH	
Social Security #	DOB	Birthplace	Sex	Disabled: <input type="checkbox"/> Yes <input type="checkbox"/> No Full-Time Student: <input type="checkbox"/> Yes <input type="checkbox"/> No

Last Name	First Name		Relationship to HOH	
Social Security #	DOB	Birthplace	Sex	Disabled: <input type="checkbox"/> Yes <input type="checkbox"/> No Full-Time Student: <input type="checkbox"/> Yes <input type="checkbox"/> No

Last Name	First Name		Relationship to HOH	
Social Security #	DOB	Birthplace	Sex	Disabled: <input type="checkbox"/> Yes <input type="checkbox"/> No Full-Time Student: <input type="checkbox"/> Yes <input type="checkbox"/> No

Last Name	First Name		Relationship to HOH	
Social Security #	DOB	Birthplace	Sex	Disabled: <input type="checkbox"/> Yes <input type="checkbox"/> No Full-Time Student: <input type="checkbox"/> Yes <input type="checkbox"/> No

Last Name	First Name		Relationship to HOH	
Social Security #	DOB	Birthplace	Sex	Disabled: <input type="checkbox"/> Yes <input type="checkbox"/> No Full-Time Student: <input type="checkbox"/> Yes <input type="checkbox"/> No

Last Name	First Name		Relationship to HOH	
Social Security #	DOB	Birthplace	Sex	Disabled: <input type="checkbox"/> Yes <input type="checkbox"/> No Full-Time Student: <input type="checkbox"/> Yes <input type="checkbox"/> No

Last Name	First Name		Relationship to HOH	
Social Security #	DOB	Birthplace	Sex	Disabled: <input type="checkbox"/> Yes <input type="checkbox"/> No Full-Time Student: <input type="checkbox"/> Yes <input type="checkbox"/> No

Last Name	First Name		Relationship to HOH	
Social Security #	DOB	Birthplace	Sex	Disabled: <input type="checkbox"/> Yes <input type="checkbox"/> No Full-Time Student: <input type="checkbox"/> Yes <input type="checkbox"/> No

HOUSEHOLD'S ANNUAL INCOME

Head of Household:

☐ Employed*

☐ Not Employed

Gross Amount \$
(Before Deductions)

*Employer Name: _____

\$ _____ (weekly)

Address: _____

Hours per week: _____

Other Household Member:

Hourly Rate \$ _____

Employer Name: _____

\$ _____ (weekly)

Address: _____

Hours per week: _____

Hourly Rate \$ _____

Other sources of income:

Source	Who Collects		Amount	Monthly or Weekly
	Head	Other		
Self Employment				
Unemployment or Workers Compensation				
Alimony				
Child Support (awarded amounts collected or uncollected)				
Social Security (SSA, SSDI, SSI - children's benefits must be disclosed)				
Public Assistance (APTD) or Temporary Aid to Needy Families (TANF)				
Veteran's Benefits				
Pensions or Annuities				
Company Name: _____				
Address: _____				
Income from rental property or other forms of real estate				
Property Address: _____				
Any other income sources/types not listed				
Source of Income _____				
Source of Income _____				

DO NOT INCLUDE DIVIDENDS/INTEREST; THEY SHOULD BE LISTED IN THE ASSET SECTION OF THIS APPLICATION

HOUSEHOLD'S ASSETS

☐ **Checking or ☐ Savings Account:**

Balance \$ _____

Account Number

Bank Name

☐ **Checking or ☐ Savings Account:**

Balance \$ _____

Account Number

Bank Name

☐ **Checking or ☐ Savings Account:**

Balance \$ _____

Account Number

Bank Name

☐ **Stocks**

_____	\$ _____	_____
Stock Name	Total Value	# Shares
_____	\$ _____	_____
Stock Name	Total Value	# Shares

☐ **Bonds**

\$ _____	\$ _____	\$ _____
Total Value	Total Value	Total Value

☐ **Annuity/Trust Accounts:**

Balance \$ _____

Account Number

Bank Name

☐ **IRA or ☐ Retirement Account:**

Balance \$ _____

Account Number

Bank Name

☐ **Life Insurance - Whole**

Cash Value \$ _____

HOUSEHOLD'S ASSETS (continued)

Do you own any Real Estate? ☐ Yes* ☐ No *(Fair Market Value) \$ _____

This includes your personal residence, vacant farmland, farms, vacations homes or commercial property.

Address of Property: _____

Have you *sold, disposed of* or *obtained* any property in the last two (2) years? ☐ Yes ☐ No

If YES, type of property: _____

Date sold, disposed or obtained: _____

Appraised Market Value: \$ _____ Sold For: \$ _____

Mortgage Balance Due: \$ _____

Have you *disposed of or obtained* any *other assets* in the last two (2) years? ☐ Yes ☐ No
(Ex: Given away money to relatives, set-up Irrevocable Trust Accounts, been given an inheritance, etc.)

If yes, describe asset: _____

Date of Disposition or Obtained: ☐ Disposed _____ ☐ Obtained _____

Do you have any other assets not listed above ☐ Yes* ☐ No
(Ex: jewelry, antiques, coins, stamps, etc.)

* If YES, Please list:

HOUSING HISTORY

List the past seven (7) years of housing history. Start with your present housing.

(If additional space is required, use the back of this page.)

Landlord or Mortgage Information

Your Address

1) _____
Name

Address

Area Code _____ Telephone # _____

☐ Rent ☐ Own
From _____ to _____
Cost Per Month \$ _____

2) _____
Name

Address

Area Code _____ Telephone # _____

☐ Rent ☐ Own
From _____ to _____
Cost Per Month \$ _____

Have you ever been evicted from an apartment for any reason? ☐ Yes* ☐ No
*Explain: _____

Are you or any member of the household using marijuana medicinally? Y ☐ Yes ☐ No

Are you currently receiving Federal Housing Assistance? ☐ Yes ☐ No

Have you or any member of your household previously received Federal Housing assistance? ☐ Yes ☐ No If YES, where: _____

Do you owe money to any Housing Authority? ☐ Yes* ☐ No

If YES, which one and how much? _____ \$ _____

Has your family's assistance or tenancy in a federally assisted housing program ever been terminated for fraud, non-payment 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 or misrepresenting information in such housing programs? ☐ Yes* ☐ No

*Explain: _____

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? ☐ Yes* ☐ No

*Explain: _____

If you currently do not live in Concord or Penacook, have you ever lived in Concord and/or Penacook? ☐ Yes ☐ No

If yes, you will be asked for verification at a later date?

If you are elderly and/or disabled and do not live in Concord/Penacook, do you have parent(s) and/or a son/daughter who live in Concord/Penacook? ☐ Yes* ☐ No

If yes, you will be asked for verification at a later date?

Do you own any pets? ☐ No ☐ Yes: Type _____ Weight _____

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 update, at a later time, so that the Housing Authority can determine my/our eligibility for the housing assistance program.

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. 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 of Household

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!**

MAIN OFFICE. INCOMPLETE APPLICATIONS MAY BE SENT BACK TO APPLICANT.

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) <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> Emergency <input type="checkbox"/> Unable to contact you <input type="checkbox"/> Termination of rental assistance <input type="checkbox"/> Eviction from unit <input type="checkbox"/> Late payment of rent </div> <div style="width: 45%;"> <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: _____ </div> </div>	
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.