

Date Stamp

Parmenter Place

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

APPLICATION FORM

APPLICANT HOUSEHOLD INFORMATION

Each Adult Household Member must Sign the Application!

HEAD OF HOUSEHOLD:

Last Name First Name Initial

Social Security Number Date of Birth/Birthplace Sex

Please check bedroom size: ☐ 2 ☐ 3

Mailing 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

Race: _____ Ethnic Group _____

Is every member of your household a student? ☐ **Yes**** ☐ No

****If YES**, please complete the following questions:

Is the household comprised of a single parent and children, none of whom are dependents of a third party? ☐ Yes ☐ No

Are all adult members of the household married and have they files a joint tax return for the most recent tax year? ☐ Yes ☐ No

Does any member of the household receive AFDC or TANF? ☐ Yes ☐ No

Is any member of the household enrolled in a Federal, State or local job-training program? ☐ Yes ☐ No

Has any member of the household been under the care or placement of the Foster Care program under Title IV of the Social Security Act? ☐ Yes ☐ No

Do you need a barrier free/accessible unit? ☐ Yes ☐ No

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

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	
Social Security #	DOB	Birthplace	Sex	Student: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time

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

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Social Security #	DOB	Birthplace	Sex	Student: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time

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:

If no other sources of income, check here: ☐ **No 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

☐ **CD or ☐ Money Market Account:**

Balance \$ _____

Account Number

Bank Name

☐ **CD or ☐ Money Market 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
Value)

*(Fair Market

\$

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

Does your household have over \$500 cash
on-hand?

☐ Yes

☐ No

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

☐ Rent

☐ Own

Address

From _____ to _____

Cost Per Month \$ _____

Area Code

Telephone #

2)

Name

☐ Rent

☐ Own

Address

From _____ to _____

Cost Per Month \$ _____

Area Code

Telephone #

Have you ever been evicted from an apartment for any reason?

☐ Yes*

☐ No

*Explain:

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:

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 housing. **I/We understand that each adult member of the household must provide a criminal background check for every state he/she has resided in over the last seven (7) years. Only original documents will be accepted.**

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

Signature of Spouse or Co-Head of Household

CHA DOES NOT DISCRIMINATE BECAUSE OF RACE, COLOR, RELIGION, SEX, HANDICAP, FAMILIAL STATUS, SEXUAL ORIENTATION, AGE, MARITAL STATUS OR NATIONAL ORIGIN.

