

Date Stamp

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

APPLICATION FORM

Please circle the programs you are applying for:

Pitman Place\*

Public Housing

Section 8

\*Disabled Households only

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: Area Code ( )

Are there more household members? Yes No

If yes, see below

If YES, describe: Number of other adults Male Female

Number of children Boys Girls

Race: Ethnic Group

Are you enrolled in an educational or vocational Program? Yes No

If Yes, provide the name and address of school:

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

What is the bedroom size you are requesting: 1 2 3 4

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:

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	
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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HOUSEHOLD'S ANNUAL INCOME

**Head of Household:**

Employed\*

Not Employed

Gross Amount \$  
(Before Deductions)

\*Employer Name: \_\_\_\_\_

\$ \_\_\_\_\_ (weekly)

Address: \_\_\_\_\_

# Hours per week: \_\_\_\_\_

Hourly Rate \$ \_\_\_\_\_

Other Household Member:

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

**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 \*(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

\_\_\_\_\_



**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!**

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