

Date Stamp

Concord Housing & Redevelopment Authority
The Concord Center, 10 Ferry Street, Suite 302
Concord, NH 03301
603-224-4059

APPLICATION FORM

Please circle the programs you are applying for: Public Housing Section 8

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
Boys	Girls

Number of children _____

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

Gross Amount \$

Head of Household:	<input type="checkbox"/> Employed*	Not Employed	(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

<input type="checkbox"/> Checking or <input type="checkbox"/> Savings Account:	Balance \$ _____
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Account Number	Bank Name		
<input type="checkbox"/> Checking or <input type="checkbox"/> Savings Account:	Balance \$		
Account Number	Bank Name		
<input type="checkbox"/> Checking or <input type="checkbox"/> Savings Account:	Balance \$		
Account Number	Bank Name		
<input type="checkbox"/> CD or <input type="checkbox"/> Money Market Account:	Balance \$		
Account Number	Bank Name		
<input type="checkbox"/> CD or <input type="checkbox"/> Money Market Account:	Balance \$		
Account Number	Bank Name		
<input type="checkbox"/> Stocks	\$		
Stock Name	Total Value	# Shares	
Stock Name	Total Value	# Shares	
<input type="checkbox"/> Bonds	\$	\$	\$
Total Value	Total Value	Total Value	Total Value
<input type="checkbox"/> Annuity/Trust Accounts:	Balance \$		
Account Number	Bank Name		
<input type="checkbox"/> IRA or <input type="checkbox"/> Retirement Account:	Balance \$		
Account Number	Bank Name		
<input type="checkbox"/> Life Insurance - Whole	Cash Value \$		
HOUSEHOLD'S ASSETS (continued)			
Do you own any Real Estate? <input type="checkbox"/> Yes* <input type="checkbox"/> 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

					<input type="checkbox"/> Rent	<input type="checkbox"/> Own
Address				From _____ to _____		
Cost Per Month \$ _____						
Area Code	Telephone #					
2)						
Name				<input type="checkbox"/> Rent <input type="checkbox"/> Own		
Address				From _____ to _____		
Cost Per Month \$ _____						
Area Code	Telephone #					
3)						
Name				<input type="checkbox"/> Rent <input type="checkbox"/> Own		
Address				From _____ to _____		
Cost Per Month \$ _____						
Area Code	Telephone #					
Have you ever been evicted from an apartment for any reason?				<input type="checkbox"/> Yes* <input type="checkbox"/> No		
*Explain:						

Are you currently receiving Federal Housing Assistance?				<input type="checkbox"/> Yes <input type="checkbox"/> No		
Have you or any member of your household previously received Federal Housing assistance?				<input type="checkbox"/> Yes <input type="checkbox"/> No		
If YES, where:				_____		
Do you owe money to any Housing Authority?				<input type="checkbox"/> Yes* <input type="checkbox"/> 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?						
				<input type="checkbox"/> Yes <input type="checkbox"/> 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?						
				<input type="checkbox"/> Yes* <input type="checkbox"/> 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 _____
Type _____ Weight _____
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!**

**COMPLETED APPLICATIONS WILL BE ADDED TO THE WAITLIST ON THE DATE THEY ARE RECEIVED AT THE MAIN OFFICE.
INCOMPLETE APPLICATIONS MAY BE SENT BACK TO APPLICANT.**