

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	
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	
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	
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	
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	

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:

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

<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"/> 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	
<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? Yes* No
Market Value)

*(Fair

\$ _____

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

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 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

