

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*

Thompson
Square*

Public
Housing

Section
8**

**Disabled Households only/1 BR Units*

***Includes PBV*

APPLICANT HOUSEHOLD INFORMATION

HEAD OF HOUSEHOLD (HOH):

Last Name

First Name

Initial

Social Security Number

Date of Birth/Birthplace

Sex

Phone: _____

Ethnic Group: _____

Mailing Address: _____

Physical Address: _____

Phone Number: _____ Area Code () _____

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

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

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

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

Are you in need of interpreter services: Yes No

YES, what language do you speak: _____

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.

| | | | | |
|-------------------|------------|------------|---------------------|---|
| First 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 |

| | | | | |
|-------------------|------------|------------|---------------------|---|
| First 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 |

| | | | | |
|-------------------|------------|------------|---------------------|---|
| First 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 |

| | | | | |
|-------------------|------------|------------|---------------------|---|
| First 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 |

| | | | | |
|-------------------|------------|------------|---------------------|---|
| First 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 |

| | | | | |
|-------------------|------------|------------|---------------------|---|
| First 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 |

| | | | | |
|-------------------|------------|------------|---------------------|---|
| First 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 |

| | | | | |
|-------------------|------------|------------|---------------------|---|
| First 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 |

| | | | | |
|-------------------|------------|------------|---------------------|---|
| First 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 |

| | | | | |
|-------------------|------------|------------|---------------------|---|
| First 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

Gross Amount \$

(Before Deductions)

Head of Household: Employed* Not Employed

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 <input type="checkbox"/> | | | | |
| Employment or Workers Compensation <input type="checkbox"/> | <input type="checkbox"/> | | | |
| Spousal Support <input type="checkbox"/> | | | | |
| Child Support (awarded amounts collected or uncollected) <input type="checkbox"/> | <input type="checkbox"/> | | | |
| Social Security (SSA, SSDI, SSI - children's benefits must be disclosed) | | | | |
| Public Assistance (APTD) or Temporary Aid Needy Families (TANF) | | | | |
| Veteran's Benefits | | | | |
| Pensions or Annuities | | | | |
| Company Name: _____ | | | | |
| Address: _____ | | | | |
| Income from rental property or other forms of real estate | | | | |
| Property Address: _____ | | | | |
| By 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 _____

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, vacation homes or commercial property.

Address of Property: _____

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

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
(Examples: 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
(Examples: jewelry, antiques, coins, stamps, etc.)

If YES, Please list: _____

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
If Yes, explain: _____

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

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

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

Name

Address

Area Code

Telephone #

Name

Address

Area Code

Telephone #

Rent

Own

From _____ to _____

Cost Per Month \$ _____

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

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: _____

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 currently live in Concord/Penacook, do you have

rent(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.

APPLICANT CERTIFICATION

Providing True and Complete Information

We certify that all the information provided on household composition, income and family sets, 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

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

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.

Termination of Eligibility

We understand that this is only my/our "Initial Application" and that I/We shall be required to re-apply, at a later time, so that the Housing Authority can determine my/our eligibility for the housing assistance program.

Release of Information

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 provisions 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 COLOR, RELIGION, HANDICAP, FAMILIAL STATUS, SEXUAL ORIENTATION,
SEX, RACE, MARITAL STATUS, AGE 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 WILL NOT BE PROCESSED.**

