

DOVER HOUSING AUTHORITY

62 Whittier Street
Dover, New Hampshire 03820-2994

Please read this carefully before completing the application.

- Completed applications will be date and time stamped. A proof of application letter will be given to those who bring complete applications to the DHA office or one will be mailed, for complete applications received by mail. Incomplete applications will be returned with instructions. ***(Read this cover sheet carefully to avoid returns.)***
- Answer all questions on the application form. **Do not leave any questions blank.** If a question does not apply to you such as, "What is your telephone number?" and you do not have a telephone, write "none". All yes or no questions must be checked either yes or no. A mailing address is a requirement on all application.
- Unless specifically indicated on this application, the questions apply to all members of the household. If you or anyone in your household is a person with disabilities, and you require a specific accommodation in order to fully utilize our programs and services, please call Dover Housing Authority or stop by the office during regular office hours, Monday, Tuesday, Thursday, Friday 8:00 am to 4:00 pm and Wednesday 8:00 am to 6:00 pm.
- **The information that you provide on this application must be true and complete. It is a violation of federal and state criminal law to make false statements on an application for housing assistance. If you do not understand a question, please ask a DHA employee.**
- Be advised that the DHA will conduct, criminal background checks, finger printing if necessary (Dover Police will make this request), landlord references, a debts owed check with all housing authorities in US and a national sex offender registration check on all adult household members (including live-in aides and adult children).

Please submit the following documents with your completed application: (Required)

- ☐ Signed and completed "Declaration of Section 214 Status" for all household members
- ☐ Social Security Cards of all household members (Medicare card does not apply)
- ☐ Picture ID of all household members 17 and older
- ☐ Birth Certificates of all household members
- ☐ Debts Owed for each adult 18 or older
- ☐ Proof of Disability for members 18 and older, (letter from, SSDI, SSI or APTD. Contact DHA staff with any questions or concerns).
- ☐ Criminal Background Check, for every household member 18 and older and must be signed in front of a Notary. The DHA has Notaries on staff for your convenience at no charge.

Only Complete Applications will be accepted. You may drop off during regular business hours, Monday, Tuesday, Thursday, Friday 8:00 am to 4:00 pm and Wednesday 8:00 am to 6:00 pm.

DO NOT FAX APPLICATIONS.

DHA Use Only
Date of Application: _____
Time Received: _____

Dover Housing Authority Application for Housing Assistance

Applicant Name: _____
Address _____ City _____ State _____ Zip _____
Cell #: _____ Home #: _____ Email _____

FAMILY HOUSEHOLD COMPOSITION: List Head of Household first, followed by all members who will reside in the household. Information must be completed for each household member. *(Information required / please complete)*

Name	Relationship	Date of Birth	Sex	Social Security #	Race	Ethnicity
	Head of Household					

Do you own a car? ☐ Yes ☐ No Do you have a dog? ☐ No ☐ Yes *(25 lb. limit for dogs, w/records)*
Disabled? ☐ Y ☐ N Do you or a member of your household require a wheelchair accessible unit? ☐ Y ☐ N

CHECK ALL TYPE(S) OF HOUSING ASSISTANCE FOR WHICH YOU ARE APPLYING:

☐ **Whittier Falls Housing for Families and Persons with Disabilities – (Project Based Voucher)**
☐ 1 bedroom ☐ 2 bedroom ☐ 3 bedroom ☐ 4 bedroom

☐ **Housing Choice Voucher Program (Section 8)**

☐ **Public Housing for Seniors or Persons with Disabilities – (all household members must be 18 and older)**
☐ 1 bedroom ☐ 2 bedroom

Public Housing for Seniors or Persons with Disabilities qualifications: *(Select only one)*

☐ **I do qualify**, because I meet the following criteria: I live or have lived, **OR** currently have immediate family living, working, or have been hired to work, in Dover, Barrington, Durham, Lee, Madbury or Rollinsford. (Immediate family is mother, father, sister, brother, son, daughter, grandson, granddaughter, grandmother or grandfather.) **AND NOT CURRENTLY RECEIVING RENTAL ASSISTANCE FROM ANY FEDERAL PROGRAM.**

Please provide name, relationship and/or address: _____

☐ **I do not qualify** for the residency preferences, listed above.

☐ **Covered Bridge Manor (62 and over)** *(Riverside and Strafford County Residents will receive priority)*

[illegible]

LANDLORD REFERENCE INFORMATION FOR A MINIMUM OF THE PAST FIVE (5) YEARS

Use separate sheet of paper if necessary. (include dates of homelessness or incarceration)

If you currently own your own home, please show **"self"** as landlord. (include current property tax bill)

Your **Current** Address: _____
Street City State Zip

Move in date/year: _____ Relative or friend? ☐ Yes ☐ No
(circle one)

Current Landlord Name: _____
Address: _____
Street City State Zip

Your **Previous** Address: _____
Street City State Zip

Move in date/year: _____ Move out date/year: _____ Relative or friend? ☐ Yes ☐ No
(circle one)

Previous Landlord Name: _____
Address: _____
Street City State Zip

Your **Previous** Address: _____
Street City State Zip

Move in date/year: _____ Move out date/year: _____ Relative or friend? ☐ Yes ☐ No
(circle one)

Previous Landlord Name: _____
Address: _____
Street City State Zip

APPLICANT CERTIFICATION

I/We do hereby certify that all the information provided on this application is true and correct. I understand that any misrepresentation of information or failure to disclose information requested on this form may disqualify me from consideration for admission or participation in the program and may be grounds for termination of assistance.

I understand that I am required to update Dover Housing Authority, in writing, of all changes regarding income, household composition, address or phone number.

WARNING: Title 18, Section 1001 of the United States code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department or agency of The United States and shall be fined not more than \$10,000 or imprisoned for not more than five years or both.

Signature of Head of Household Date

Signature of Spouse Date

Signature of Other Adult Date

Signature of Other Adult Date

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APPLICANT/RESIDENT RELEASE AND CONSENT FORM

PURPOSE: In signing this consent form, you are authorizing Dover Housing Authority to request information from the sources listed below. Dover Housing Authority needs this information or other information, in order to ensure you are eligible for assisted housing benefits and these benefits are set at the correct level. Dover Housing Authority may participate in computer matching programs with these sources in order to verify your eligibility.

SOURCES OF INFORMATION TO BE OBTAINED: The groups or individuals that may be asked to release the authorized information include but are not limited to:

Past and Present Employers	Support and Alimony Providers	Welfare Agencies
Veterans Administrations	Schools and Colleges	Courts and Post Offices
State Unemployment Agencies	Medical & Childcare Providers	Social Service Agencies
Previous Landlords (including	Law Enforcement Agencies	Retirement Systems
Public Housing Agencies)	Friends & or Family	Banks and other
		Financial Institutions

I/We understand Dover Housing Authority is required to protect the information it obtains in accordance with any applicable State privacy law. Dover Housing Authority will maintain all information on the household in strict confidence and divulge this information when required by HUD and by law.

This consent form expires 15 months from the date of signature.

SIGNATURES

Head of Household

Date

Household Member 18 or older

Date

Household Member 18 or older

Date

Household Member 18 or older

Date

Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING

This form is to be provided to each applicant for federally assisted housing

Instructions: Optional Contact Person or Organization: You have the right by law to include as part of your application for housing, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. **You may update, remove, or change the information you provide on this form at any time.** You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form.

Applicant Name:	
Mailing Address:	
Telephone No:	Cell Phone No:
Name of Additional Contact Person or Organization:	
Address:	
Telephone No:	Cell Phone No:
E-Mail Address (if applicable):	
Relationship to Applicant:	
Reason for Contact: (Check all that apply)	
<input type="checkbox"/> Emergency	<input type="checkbox"/> Assist with Recertification Process
<input type="checkbox"/> Unable to contact you	<input type="checkbox"/> Change in lease terms
<input type="checkbox"/> Termination of rental assistance	<input type="checkbox"/> Change in house rules
<input type="checkbox"/> Eviction from unit	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Late payment of rent	
Commitment of Housing Authority or Owner: If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.	
Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
Legal Notification: Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.	

☐ Check this box if you choose not to provide the contact information.

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Signature of Applicant

Date

The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). The public reporting burden is estimated at 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Section 644 of the Housing and Community Development Act of 1992 (42 U.S.C. 13604) imposed on HUD the obligation to require housing providers participating in HUD's assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend, or person associated with a social, health, advocacy, or similar organization. The objective of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any delivery of services or special care to the tenant and assist with resolving any tenancy issues arising during the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and maintained as confidential information. Providing the information is basic to the operations of the HUD Assisted-Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fraud, waste and mismanagement. In accordance with the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless the collection displays a currently valid OMB control number.

Privacy Statement: Public Law 102-550, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions.