

ADDISON PLACE

APPLICATION INSTRUCTIONS

If eligible, how do I apply and get an apartment?

To get on the wait list, completely fill out the Application, provide the documentation required, and deliver it to Dover Housing Authority, 62 Whittier Street, Dover NH 03820 by mail or in person when possible.

Applications are considered on a first-come first-serve basis and are date and time stamped.

“Complete” means: All questions are answered on the application or n/a marked if it does not apply to you. All the following documents are required:

- Application form (8 pages)
- Applicant/Resident Release and Consent Form. All adult signatures required.
- Criminal Background Check Form for each adult completed, and signatures notarized
- Photo IDs for each adult
- Birth Certificates and Social Security Cards for ALL members

You will be notified by mail if you do not pass the preliminary screening for income or household size, or if your application is not complete.

Only COMPLETED applications that appear to meet income and household size can be considered. The information that you provide on this application must be true and no questions should be left blank. 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. If it does not apply to you, write “N/A “or “none”. Unless specifically indicated on this application, the questions apply to all members of the household.

If your name comes to the top of the list, but we do not have a complete application, we must go on to the next application. It is your responsibility to provide up-to-date contact information and any income and household changes.

When your name nears the top of the waitlist, you will be contacted to verify and update information. After that is complete, your file will be reviewed by an outside auditor and if approved, we then could offer you a unit.

If you or a household member require a specific accommodation to fully utilize our programs and services, please call Dover Housing Authority 603-742-5804.

How much is rent at Addison?

Without HCV subsidy (Housing Choice Voucher) rent is:

2 Bedroom Unit: \$850 H/HW included

3 Bedroom Unit: \$1106 H/HW included

With HCV subsidy, contract rent is:

2 Bedroom Unit: \$1125 H/HW included

3 Bedroom: \$1400 H/HW included

ADDISON PLACE

APPLICATION FOR HOUSING

Low-Income Housing Tax Credit Property Managed by Dover Housing Authority

Please return completed application and documents to: Addison Place, 62 Whittier Street, Dover NH 03820
 Applications are placed in order of date and time received.

A. GENERAL INFORMATION

Applicant Name(s): _____

Address: _____
Street Apt.# City State ZIP

Daytime Phone: _____ Evening Phone: _____

Email Address: *Please print legibly* _____

UNIT TYPE REQUESTED:

Number of bedrooms requested: (circle one) **TWO BR** or **THREE BR**

Do you need a handicap accessible unit? Yes No

CURRENT STATUS OF RENTAL ASSISTANCE:

Do you have a Section 8 Housing Choice Voucher? Yes No

If yes, what housing authority is it with? _____

Voucher is for (circle one) Two BR unit OR Three BR unit

Have you applied for a Voucher? Yes No Date applied: _____

Do you have other rental assistance? If yes, please explain: _____

CURRENT HOUSING:

Number of Bedrooms in current unit _____ Do you (circle one) rent or own?

Amount of current monthly rent or mortgage payment: _____

If owned, do you receive monthly rental income from your property? _____

What utilities are paid by you? (circle all that apply) Heat Electricity Gas Other (specify) _____

Approximate monthly cost of utilities paid by you (excluding phone and cable TV): \$ _____

B. 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.

Name	Relationship	DOB	Full time Student	SS# (last 4 digits)
1.	Head of House		Yes No	
2.			Yes No	
3.			Yes No	
4.			Yes No	
5.			Yes No	
6.			Yes No	
7.			Yes No	

Are all members listed above living in the same household presently? Yes No

If no, explain _____

Will all listed minors be living in the unit at least 50% of the time? Yes No

Have there been any changes in household composition in the last twelve months? Yes No

If yes, explain: _____

Do you anticipate any changes in household composition in the next twelve months? Yes No

If yes, explain: _____

Is there someone not listed above who would normally be living with the household? Yes No

If yes, explain: _____

C. STUDENT STATUS:

Will **ALL** household members (including Head of Household) be or have been full-time students during five calendar months of this year or plan to be full-time students in the next calendar year at an educational institution (other than a correspondence school) with regular faculty and students? Yes No

IF YES, ANSWER THE FOLLOWING QUESTIONS:

Are any full-time student(s) married and filing a joint tax return?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are any student(s) enrolled in a job-training program receiving assistance under the Job Training Partnership Act?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are any full-time student(s) a TANF or a title IV recipient?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are any full-time student(s) a single parent living with his/her child(ren) who is not a Dependant on another's tax return and whose children are not dependents of anyone other than a parent?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is any student a person who was previously under the care and placement of a foster care program (under Part B or E of Title IV of the Social Security Act)?	<input type="checkbox"/> Yes	No

D. REFERENCE INFORMATION

Current Landlord	Landlord (LL) Name	
	LL Address	
	LL Phone	
	How long?	
Prior Landlord	Your Previous Address	
	LL Name	
	LL Address	
	LL Phone	
	How long?	

Personal Reference #1:	
Address:	
Relationship:	Phone #:
Personal Reference #2:	
Address:	
Relationship:	Phone #:

In case of emergency notify:	
Address:	
Relationship:	Phone #:

E. INCOME

List ALL sources of income as requested below. If a section doesn't apply, cross out or write NA.

Household Member Name	Source of Income	Gross Monthly Amount
	Social Security	\$
	Social Security	\$
	Social Security	\$
		\$
	SSI Benefits	\$
	SSI Benefits	\$
	SSI Benefits	\$
	Pension (list source)	\$
	Pension (list source)	\$
	Veteran's Benefits (list claim #)	\$
	Veteran's Benefits (list claim #)	\$
	Unemployment Compensation	\$
	Unemployment Compensation	\$
	Public Assistance (Title IV/TANF etc.)	\$
	Contributions to the Household (monetary or not)	\$
	Full-Time Student Income (18 & Over Only)	\$
	Financial Aid (excluding loans)	\$
	Annuities (list sources)	\$
		\$
	Long Term Medical Care Insurance Payments in excess of \$180/day	\$
	Scheduled Payments from Investments	\$

Household Member Name	Source of Income	Monthly Amount
	Employment amount	\$
	Employer:	
	Employer address:	
	How long employed:	
	Employment amount	\$
	Employer:	
	Employer address:	
	How long employed:	
	Employment amount	\$
	Employer:	
	Employer address:	
	How long employed:	
	Employment amount	\$
	Employer:	
	Employer address:	
	How long employed:	
	Alimony	
	Are you <i>legally entitled</i> to receive alimony?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, list the amount you are <i>entitled</i> to receive.	\$
	Do you receive alimony?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes list amount you receive.	\$
	Child Support	
	Are you <i>legally entitled</i> to receive child support?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes list the amount you are <i>entitled</i> to receive.	\$
	Do you receive child support?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, list the amount you receive.	\$
	Other Income	\$
	Other Income	\$
	Other Income	\$
TOTAL GROSS ANNUAL INCOME (Based on the monthly amounts listed above x 12)		\$
TOTAL GROSS ANNUAL INCOME FROM PREVIOUS YEAR		\$
Do you anticipate any changes in this income in the next 12 months?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is any member of the household legally entitled to receive income assistance?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is any member of the household likely to receive income or assistance (<i>monetary or not</i>) from someone who is not a member of the household as listed on Page 2 etc.)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes to any of the above, explain:		
.....		
.....		
Is the income received?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

F. ASSETS

If your assets are too numerous to list here, please request an additional form.
If a section doesn't apply, cross out or write NA.

Checking Accounts	#	Bank	Balance \$	
	#	Bank	Balance \$	
	#	Bank	Balance \$	
Savings Accounts	#	Bank	Balance \$	
	#	Bank	Balance \$	
	#	Bank	Balance \$	
Trust Account	#	Bank	Balance \$	
Direct Deposit Cards For SS, SSI, SSP, TANF, Child Support, Work	#	Bank	Balance \$	
	#	Bank	Balance \$	
	#	Bank	Balance \$	
Certificates of Deposit	#	Bank	Balance \$	
	#	Bank	Balance \$	
	#	Bank	Balance \$	
	#	Bank	Balance \$	
Money Market Accounts	#	Bank	Balance \$	
	#	Bank	Balance \$	
Savings Bonds	#	Maturity Date	Value \$	
	#	Maturity Date	Value \$	
	#	Maturity Date	Value \$	
Life Insurance Policy	#	Whole or Term? (circle one)	Cash Value \$	
Life Insurance Policy	#	Whole or Term? (circle one)	Cash Value \$	
Mutual Funds	Name:	#Shares:	Interest or Dividend \$	Value \$
	Name:	#Shares:	Interest or Dividend \$	Value \$
	Name:	#Shares:	Interest or Dividend \$	Value \$
Stocks	Name:	#Shares:	Dividend Paid \$	Value \$
	Name:	#Shares:	Dividend Paid \$	Value \$
	Name:	#Shares:	Dividend Paid \$	Value \$
Bonds	Name:	#Shares:	Interest or Dividend \$	Value \$
	Name:	#Shares:	Interest or Dividend \$	Value \$

Investment Property		Appraised Value \$
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Real Estate Property: Do you own any property?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes , Type of property	
Location of property	
Appraised Market Value	\$
Mortgage or outstanding loans balance due	\$
Amount of annual insurance premium	\$
Amount of most recent tax bill	\$

Does any member of the household have an asset(s) owned jointly with a person who is NOT a member of the household as listed on Page 2?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes , describe:	
Do they have access to the asset(s)?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Have you sold/disposed of any property in the last 2 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes , Type of property:	
Market value when sold/disposed	\$
Amount sold/disposed for	\$
Date of transaction:	

Have you disposed of any other assets in the last 2 years (Example: Given away money to relatives, set up Irrevocable Trust Accounts)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes , describe the asset:	
Date of disposition:	
Amount disposed	\$

Do you have any other assets not listed above (excluding personal property)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes , please list:	

<u>G. ADDITIONAL INFORMATION</u>		
Are you or any member of your family currently using an illegal substance?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you or any member of your family ever been convicted of a felony?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes , describe:		

Have you or any member of your family ever been evicted from any housing?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>If yes, describe</i>		

Have you ever filed for bankruptcy?	Yes	No
<i>If yes, describe</i>		

Will you take an apartment when one is available?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you own any pets? (circle one) Yes or No If yes, describe _____ Please note there are restrictions on animals allowed according to Policy. Please inquire.		
Do you or any member of your household smoke? (circle one) Yes or No Please note Addison Place is a PROPERTY WIDE SMOKE FREE PROPERTY.		

H. VEHICLE INFORMATION (if applicable)

List any cars, trucks, or other vehicles owned. Parking will be provided for no more than two vehicles.

1. Type of Vehicle	2. Type of Vehicle
License Plate #	License Plate #
Year/Make	Year/Make
Color	Color

CERTIFICATION

I/We hereby certify that I/We Do/Will Not maintain a separate subsidized rental unit in another location. I/We further certify that this will be my/our permanent residence. I/We understand I/We must pay a security deposit for this apartment prior to occupancy. I/We understand that my eligibility for housing will be based on applicable income limits and by management's selection criteria.

I/We certify that all information in this application is true to the best of my/our knowledge and I/We understand that false statements or information are punishable by law and will lead to cancellation of this application or termination of tenancy after occupancy. All adult applicants, 18 or older, must sign application.

SIGNATURE (S):

(Signature of Tenant)

Date

(Signature of Co-Tenant)

Date

(Signature of Co-Tenant)

Date

ADDISON PLACE
WHITTIER FALLS INC.
62 Whittier Street
Dover, New Hampshire 03820-2994

APPLICANT/RESIDENT RELEASE AND CONSENT FORM

PURPOSE: In signing this consent form, you are authorizing Whittier Falls Inc., managed by the Dover Housing Authority to request information from the sources listed below. Whittier Falls Inc. 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. Whittier Falls Inc. 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	Law Enforcement Agencies
Veterans Administrations	Schools and Colleges
Courts and Post Offices	Friends & or Family
State Unemployment Agencies	Social Service Agencies
Banks and other Financial Institutions	Retirement Systems
Medical & Childcare Providers	
Previous Landlords (including Public Housing Agencies)	

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

CRIMINAL RECORD RELEASE ONLY: I/We authorize Whittier Falls Inc. to disclose and discuss any criminal record information of any adult household member with the head of household. This information is obtained as part of the eligibility determination for assisted housing benefits.

SIGNATURES

Head of Household

Date

Household Member 18 or older

Date

Household Member 18 or older

Date

Household Member 18 or older

Date

