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:				ZIP
Daytime Phone:		Eveni	ng Phone:	
Email Address: Please print legibl	V			·····
	UNIT TY	PE REQUES	ГЕD:	
Number of bedrooms request	ed: (circle one) T	WO BR or TH	IREE BR	
Do you need a handicap acce	ssible unit?	Yes	🗌 No	
C	CURRENT STATU	S OF RENTA	L ASSISTANCE:	
Do you have a Section 8 Hou	sing Choice Vouch	er? 🗌 Yes	🗌 No	
If yes, what housing authority	y is it with?			
Voucher is for (circle one) Ty	wo BR unit OR Thre	ee BR unit		
Have you applied for a Vouc	her? 🗌 Yes	No Date	applied:	
Do you have other rental assi	stance? If yes, pleas	e explain:		
	CURF	RENT HOUSI	NG:	
Number of Bedrooms in curr	ent unit		Do you	(circle one) rent or own?
Amount of current monthly r	ent or mortgage pay	ment:		
If owned, do you receive mor	nthly rental income	from your prop	perty?	
What utilities are paid by you	1? (circle all that app	oly) Heat Elec	tricity Gas Other (s	pecify)

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

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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 <u>ALL</u> 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?

IF YES. ANSWER THE FOLLOWING QUESTIONS:		
Are any full-time student(s) married and filing a joint tax return?	Yes	□ N ₀
Are any student(s) enrolled in a job-training program receiving assistance under the Job Training Partnership Act?	☐ Yes	🗆 No
Are any full-time student(s) a TANF or a title IV recipient?	Yes	□ 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?	<u>Y</u> es	□ 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)?	□ Yes	No

D. REFERENCE INFORMATION

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

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

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

Page **3** of **8**

E. INCOME

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	\$

Household Member Name	Source of Income		nthly ount
	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?	□ Yes	No No
	If yes, list the amount you are <i>entitled</i> to receive.	\$	
	Do you receive alimony?	🗌 Yes	🗌 No
	If yes list amount you receive.	\$	
	Child Support		
	Are you <i>legally entitled</i> to receive child support?	☐ Yes	🗆 No
	If yes list the amount you are <i>entitled</i> to receive.	\$	
	Do you receive child support?	Ves	No
	If yes, list the amount you receive.	\$	
	Other Income	\$	
	Other Income	\$	
	Other Income	\$	
TOTAL CROSS ANNUAL INCOME OF			
TOTAL GROSS ANNUAL INCOME (Bas TOTAL GROSS ANNUAL INCOME FRO	sed on the monthly amounts listed above x 12)	\$	
TOTAL OROSS ANNUAL INCOME FRO	JWI FREVIOUS I EAK	\$	
Do you anticipate any changes in this in	ncome in the next 12 months?	<u> </u>	\square N ₀
Is any member of the household legally	v entitled to receive income assistance?	Y es	\square N ₀
Is any member of the household likely	to receive income or assistance (monetary or not)		
from someone who is not a member of		Yes	\square N ₀
If yes to any of the above, explain:	<u> </u>		
T. d			
Is the income received?		🗌 Yes	🗌 <u>N</u> o

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			F. ASSETS		1.0	
lf yo	our assets are 1 If a	too numerous section does	s to list here, p n't apply ero	blease request an addition ss out or write NA.	al form.	
ounts	#	section does	Bank	55 out of write 144.	Balar	nce \$
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	#	Maturity Date		Value \$		
Policy	#		Whole or Te	orm? (circle one)	Cash	Value \$
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		#Shares:		Interest or Dividend \$		Value \$
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Investment	Appraised
Property	Value \$

Real Estate Property: Do you own any property?	□ Yes	\square 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?	<u> </u>	□ No
If yes, describe:		
Do they have access to the asset(s)?	□ Yes	🗆 No
Have you sold/disposed of any property in the last 2 years?	□ Yes	□ 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)?			
	□ Yes	🗆 No	
If yes, describe the asset:			
Date of disposition:			
Amount disposed	\$		

Do you have any other assets not listed above (excluding personal property)?			\square No
If yes, please list:			

G. ADDITIONAL INFORMATION				
Are you or any member of your family currently using an illegal substance?	$\square Y_{es}$	<u>∐ N</u> o		
Have you or any member of your family ever been convicted of a felony?	□ Yes	🗆 No		
If yes, describe:				

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Have you or any member of your family ever been evicted from any housing?	□ Yes	□ No
If yes, describe		
Have you ever filed for bankruptcy?	Yes	No
If yes, describe		
Will you take an apartment when one is available?	\Box Yes	\square 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

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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



CITY OF DOVER, NEW HAMPSHIRE

POLICE DEPARTMENT



William M. Breault Chief of Police

RETURN THIS TO DOVER HOUSING AUTHORITY NOT THE POLICE DEPARTMENT

AUTHORIZATION FOR DOVER POLICE TO RELEASE RECORD INFORMATION

Name:				DOB:	
	First	MI	Last	MM	DD YYYY
Current Ad	ldress:				
		Street	City	State	Zip
Previous A	ddress:				
		Street	City	State	Zip
SS#:				Phone:	

- 1) I certify that I am the individual described above and the information provided is true under the penalty of Forgery (NH RSA 638:1) and Unsworn Falsification (NH RSA 641:3).
- 2) I authorize the release of my criminal record as well as any other contact between myself and the Dover Police Department. (i.e. copies of arrest complaints pending final disposition in the courts, reports of disturbances in which I was involved, documented cases of substance or alcohol consumption, domestic disputes, records of suicide attempts or committals for involuntary hospitalization).
- 3) I hereby authorize the Dover Police Department to release the above information to:

THE DOVER HOUSING AUTHORITY, 62 WHITTIER ST, DOVER NH 03820

4) I further authorize the release of the above information to the DOVER HOUSING AUTHORITY for the period of time during which I am an applicant for housing. I also authorize the future release of the above listed information to the DOVER HOUSING AUTHORITY concerning my activity which may occur on Housing Authority property, if I am accepted for and choose residency under the control of the DOVER HOUSING AUTHORITY.

Signature:	Date:
Notarized by:	Date:
	Date:
My Commission Expires:	

(SEE REVERSE SIDE)

CRIMINAL ACTIVITY INFORMATION FORM

The following information is requested for the purpose of determining eligibility for housing assistance through the Dover Housing Authority.

WARNING

It is a crime to knowingly provide false information on this application form. Persons doing so will be investigated and prosecuted by the Dover Police Department. All criminal convictions must be acknowledged as requested except when they have been annulled or erased. A conviction has been annulled or erased ONLY if you have formally petitioned the court to do so and the court has granted that petition. *If you have any questions as to what should be included on this application form, please ask Dover Housing Authority for assistance.*

<u>SECTION 1 – (PLEASE PRINT)</u>

Name:		First		Place of birt	h:	
_	Last	First	Middle		City	State
Sex:		Height	Weight			
Eye Col	lor:	Hair color:				
Drive L	license/Non-Dri	ver ID#:		State:	_	
Have yo	ou ever legally h	ad your name changed:	() YES	() NO		
	If YES, reason	(marriage or other):			Date:	
Place:						
List pro		cluding MAIDEN and				
SECTIO	<u>ON 2</u>					
		been convicted of a crin e or in any other state?			felony) by a	court in
	If "YES", list d	ate, charge, place and d	isposition for e	ach.**		
<u>DATE</u>		CHARGE/OFFENSE	CITY	<u>Y/STATE</u>		DISPOSITION

**DO NOT INCLUDE CONVICTIONS THAT HAVE BEEN ANNULLED/ERASED BY A NEW HAMPSHIRE COURT OR ANY OTHER COURT.

I declare that this information provided by me in this application is true and complete to the best of my knowledge. I understand that any intentional false answers to any question will be just cause for refusal of my application and is punishable under NH RSA 641:3.

Signa	ature of Applicant:	
Application Received/Witnessed by: _		Date: