

DOVER HOUSING AUTHORITY

62 Whittier Street
Dover, New Hampshire 03820-2994

Please read this carefully before completing the application.

- 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.
- Completed applications will be marked with the date and time when received by DHA. DHA will notify you in writing of placement on the waiting list. If ineligible for placement on the waiting list, the notice will state the reason(s) and will offer the family an opportunity for an informal review.
- 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.
- Unless specifically indicated on this application, the questions apply to all members of the household.
- You are responsible for submitting any change of address or family size in writing. When your name reaches the top of the waiting list you will be contacted by mail.
- 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 DHA will conduct criminal background checks and sex offender registration checks on all adult household members (including live-in aides).

Please submit the following information with completed application:

- Signed and completed "Declaration of Section 214 Status" for all household members
- Signed and completed "Dover Police Department" form for household members 17 and older **(Signatures MUST be notarized either before you turn it in or at our office.)**
- Signed and completed "Debts Owed to Public Housing Agencies and Terminations" for all household members 18 and older
- Most current benefit award letter from all income sources (examples: Wages, SS, SSI, TANF, OAA, Child Support, Alimony, Unemployment, Pensions, etc.)
- Most current statement of assets including savings, checking, certificates of deposit, money markets, stocks, bonds, IRA, real estate, etc.
- Social Security Cards of all household members
- Picture ID of all household members 17 and older
- Birth Certificates of all household members

Completed Applications will be accepted by Dover Housing Authority (DHA) during regular business hours, Monday, Tuesday, Thursday, Friday 8:00 am to 4:00 pm and Wednesday 8:00 am to 6:00 pm.



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

Dover Housing Authority APPLICATION FOR SECTION 8 HCV/ PUBLIC / ELDERLY HOUSING

Public Housing Family: _____ Bedroom Size: _____ and/or Section 8 HCV: _____
 Public Housing Elderly/Disabled: _____ Do you require an accessible unit?: _____
 Covered Bridge Manor _____ (62 and Over)

Applicants who are elderly or disabled: Do you own a car? _____
 Do you have a dog? _____
 (If you have a dog, please provide current rabies vaccination certificate.)

All sections of this application must be completed in order for DHA to determine eligibility.

Head of Household:

Present Address: _____ City: _____ State _____ Zip: _____
 Move in date: _____ Rent Amount: _____
 Home #: _____ Work #: _____ Cell #: _____
 Emergency Contact Name: _____ Phone #: _____
 Address of Emergency Contact: _____

HOUSEHOLD INFORMATION: (List all persons who will be permanent members of your household).

Relationship	Name	Social Security Number	DOB	SEX	RACE*	Ethnic** Origin
1. HEAD						
2.						
3.						
4.						
5.						
6.						

Household composition Family Elderly Disabled (check all that apply)

List additional household members on back of this paper → → → → → → → → →

Any expected changes in household size? _____

Information on race and ethnic origin is required for statistical purposes so that HUD may determine which programs are used by minority families.

***RACE**

- 1 White
- 2 Black/African American
- 3 American Indian/ Native Alaskan
- 4 Asian
- 5 Native Hawaiian/Other Pacific Island

****ETHNIC ORIGIN**

- 1 Hispanic
- 2 Non-Hispanic

Part D: Landlord Reference Information for a minimum of the past five (5) years

Use separate sheet of paper if necessary.

Current Landlord Information

Relative or friend? Yes No

Name: _____

Address : _____

Street

City

State

Zip

Your Previous Address: _____

Street

City

State

Zip

Move in date: _____ Move out date: _____

Previous Landlord Information

Relative or friend? Yes No

Name: _____

Address : _____

Street

City

State

Zip

Your Previous Address: _____

Street

City

State

Zip

Move in date: _____ Move out date: _____

Previous Landlord Information

Relative or friend? Yes No

Name: _____

Address : _____

Street

City

State

Zip

Part E: Applicant Certification

I do hereby certify that all of the information I have 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. Please note the income information provided is subject to verification through computer matching with other federal agencies through HUD's Enterprise Income Verification (EIV) process. This will verify the accuracy of reported income, including but not limited to wages, unemployment and Social Security income. **I understand that I am required to update Dover Housing Authority (in writing) of any changes of address. If I cannot be contacted at the address I have provided, I understand my name will be removed from the waiting list and I will have to reapply.**

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 Household Member 18 or older

Date

Dover Housing Authority Representative

Date

DOVER HOUSING AUTHORITY

62 Whittier Street
Dover, New Hampshire 03820-2994

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 Public Housing Agencies)	Law enforcement Agencies	Retirement Systems
	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.

CRIMINAL RECORD RELEASE ONLY: I/We authorize Dover Housing Authority 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.

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

Optional and Supplemental 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.

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

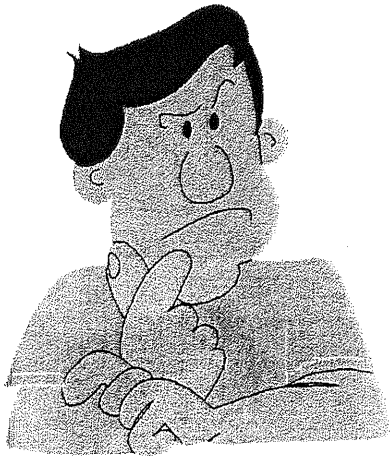
Applicant Name:	
Mailing Address:	
Telephone No:	Cell Phone No:
Name of Additional Contact Person or Organization:	
Address:	
Telephone No:	Cell Phone No:
E-Mail Address (if applicable):	
Relationship to Applicant:	
Reason for Contact: (Check all that apply)	
<input type="checkbox"/> Emergency	<input 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.	

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.



APPLYING FOR HUD HOUSING ASSISTANCE?

**THINK ABOUT THIS...
IS FRAUD WORTH IT?**

Do You Realize...

If you commit fraud to obtain assisted housing from HUD, you could be:

- Evicted from your apartment or house.
- Required to repay all overpaid rental assistance you received.
- Fined up to \$10,000.
- Imprisoned for up to five years.
- Prohibited from receiving future assistance.
- Subject to State and local government penalties.

Do You Know...

You are committing fraud if you sign a form knowing that you provided false or misleading information.

The information you provide on housing assistance application and recertification forms will be checked. The local housing agency, HUD, or the Office of Inspector General will check the income and asset information you provide with other Federal, State, or local governments and with private agencies. Certifying false information is fraud.

So Be Careful!

When you fill out your application and yearly recertification for assisted housing from HUD make sure your answers to the questions are accurate and honest. You must include:

All sources of income and changes in income you or any members of your household receive, such as wages, welfare payments, social security and veterans' benefits, pensions, retirement, etc.

Any money you receive on behalf of your children, such as child support, AFDC payments, social security for children, etc.

Any increase in income, such as wages from a new job or an expected pay raise or bonus.

All assets, such as bank accounts, savings bonds, certificates of deposit, stocks, real estate, etc., that are owned by you or any member of your household.

All income from assets, such as interest from savings and checking accounts, stock dividends, etc.

Any business or asset (your home) that you sold in the last two years at less than full value.

The names of everyone, adults or children, relatives and non-relatives, who are living with you and make up your household.

(Important Notice for Hurricane Katrina and Hurricane Rita Evacuees: HUD's reporting requirements may be temporarily waived or suspended because of your circumstances. Contact the local housing agency before you complete the housing assistance application.)

Ask Questions

If you don't understand something on the application or recertification forms, always ask questions. It's better to be safe than sorry.

Watch Out for Housing Assistance Scams!

- Don't pay money to have someone fill out housing assistance application and recertification forms for you.
- Don't pay money to move up on a waiting list.
- Don't pay for anything that is not covered by your lease.
- Get a receipt for any money you pay.
- Get a written explanation if you are required to pay for anything other than rent (maintenance or utility charges).

Report Fraud

If you know of anyone who provided false information on a HUD housing assistance application or recertification or if anyone tells you to provide false information, report that person to the HUD Office of Inspector General Hotline. You can call the Hotline toll-free Monday through Friday, from 10:00 a.m. to 4:30 p.m., Eastern Time, at 1-800-347-3735. You can fax information to (202) 708-4829 or e-mail it to Hotline@hudoig.gov. You can write the Hotline at:



HUD OIG Hotline, GFI
451 7th Street, SW
Washington, DC 20410

Signature

form HUD-1141
(12/2005)

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Know your rights under the Violence Against Women Act (VAWA)

On January 5, 2006, President Bush signed VAWA into law. VAWA prohibits the eviction of or removal of assistance from persons living in Public or Section 8-assisted housing if the grounds for those actions come from a domestic violence, dating violence, sexual assault or stalking incident. In addition, it requires Housing Authorities to make tenants and owners participating in the Section 8 program aware of the requirements.

If you or an immediate family member is a victim of domestic violence, dating violence or stalking:

- ▶ You have the right to not have your tenancy terminated by your landlord.
- ▶ You have the right to not have your program assistance terminated on the basis of any of those actions happening to you.
- ▶ You have the right not to be denied a move under portability if you have moved out of the assisted unit in violation of the lease to avoid harm from any of those things.
- ▶ You have the right to confidentiality if you provide certification of any of those actions.
- ▶ You have the right to all of these protections from eviction or termination provided under this ACT but only if you provide certification of any of those actions within 14 days of the request. That certification is to be done on the HUD approved certification form or alternative certification as established by the owner or the housing authority.

Please acknowledge the receipt of the above information by signing and dating this document. Then return to the Dover Housing Authority. If you have any questions please feel free to call (603) 742-5804.

Head of Household

Date

Household Member 18 or older

Date

Household Member 18 or older

Date