

# **ADDISON PLACE**

## **Pre-application**

Please circle what size apartment you are applying for:

**2 BR    3BR**

This pre-application is for initial screening purposes only. Please the Addison Place/Dover Housing Authority if your income or contact information changes.

Required features or unit designs such as wheelchair accessibility, visual aids or apparatus for hearing assistance? Circle one: Yes or No. If yes, please describe: \_\_\_\_\_

**Head of Household (HOH): ID and Social Security cards required for all adults with pre-application**

Name: \_\_\_\_\_ Date of Birth (DOB): \_\_\_\_\_ SS# \_\_\_\_\_ Student Y/N ?

Current Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Current Email: \_\_\_\_\_

Current Phone Number: \_\_\_\_\_

<b><u>Name of other adults (18+):</u></b> <b><u>ID required w/pre-application</u></b>	<b><u>Date of birth:</u></b>	<b><u>SS Card Required w/pre-application.</u></b> <b><u>Write # below</u></b>	<b><u>Student?</u></b> <b><u>Write yes or no below</u></b>	<b><u>Relationship to HOH:</u></b>	
<b><u>Names of minors in household:</u></b>	<b><u>Date of birth:</u></b>	<b><u>Social Security Number:</u></b>	<b><u>Student?</u></b> <b><u>Write yes or no below</u></b>	<b><u>Relationship to HOH:</u></b>	<b><u>Full or shared custody of minor?</u></b>

**Income:** Please list all income sources, such as EMPLOYMENT, SS, SSI, CHILD SUPPORT, and other.

<b>Household Member Name</b>	<b>Source of income: (employer or other)</b>	<b>Contact phone or address of source</b>	<b>How long at job if employed?</b>	<b>GROSS Monthly</b>



**Assets: Checking, Savings, other, such as Money Market accts, stocks.**

**Please note: BANK OF AMERICA requires a specific form-please fill that out if you have accounts at that bank. It is attached for your convenience.**

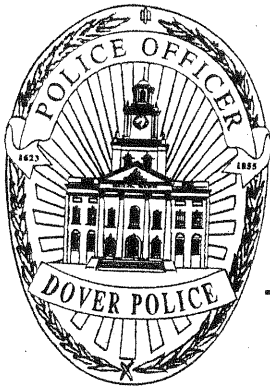
Name(s) on account	Type (checking, savings, other)	Bank	Balance

**References:**

<b>Current Landlord Name:</b>
Landlord's Phone:
Landlord's Address:
How long have you lived there?
<b>Applicant Prior Address:</b>
Prior Landlord Name:
Prior Landlord's Phone:
Prior Landlord's Address:
How long did you live there?
<b>Personal Reference-Name:</b>
Phone:
Address:
How long has this person known you?
How does this person know you?

<b>S8 Housing Choice Voucher:</b>
Do you have a Section 8 Housing Choice Voucher? Circle Yes or No
If yes, how many BR is your voucher for? _____
What Housing Authority do you have the Voucher with? _____
<b>Pets:</b>
Do you own any pets? Circle Yes or No
Please note the only pets allowed are 1 bird or a 10 gallon fish tank. Sorry, no exceptions.
<b>Vehicles:</b>
<b>How many vehicles does this household own?</b> _____
Please note there are a maximum of 2 vehicles allowed per unit. Sorry, no exceptions.

<b>Forms attached are required to be considered for an initial review of qualifications:</b>
1.) <u>Pre-application form</u> must be completely filled out.
2.) <u>City of Dover NH Police Record Release</u> must be completed for <i>every adult</i> in the Household. SIGNATURES MUST BE WITNESSED by a Notary of the Public for this form. We have Notaries on staff if needed.
3.) <u>Applicant/Resident Release and Consent Form</u> must be signed by the Head of Household and each adult.
<b>Also needed to submit with pre-application:</b>
1.) Copy of photo ID for each adult
2.) Copy of Social Security Card for each adult.



# CITY OF DOVER, NEW HAMPSHIRE

## POLICE DEPARTMENT



Anthony F. Colarusso, Jr.  
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 Address: \_\_\_\_\_  
  Street                      City                      State                      Zip

Previous Address: \_\_\_\_\_  
  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: \_\_\_\_\_

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.*

### SECTION 1 – (PLEASE PRINT)

Name: \_\_\_\_\_ Place of birth: \_\_\_\_\_  
                    Last                      First                      Middle                      City                      State

Sex: \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_ Race: \_\_\_\_\_

Eye Color: \_\_\_\_\_ Hair color: \_\_\_\_\_

Drive License/Non-Driver ID#: \_\_\_\_\_ State: \_\_\_\_\_

Have you ever legally had your name changed: ( ) YES ( ) NO

If YES, reason (marriage or other): \_\_\_\_\_ Date: \_\_\_\_\_

Place: \_\_\_\_\_ Court: \_\_\_\_\_

**List previous names including MAIDEN and/or NICKNAMES:**

### SECTION 2

Have you ever been convicted of a crime (violation, misdemeanor or felony) by a court in New Hampshire or in any other state? ( ) YES ( ) NO

If "YES", list date, charge, place and disposition for each.\*\*

<u>DATE</u>	<u>CHARGE/OFFENSE</u>	<u>CITY/STATE</u>	<u>DISPOSITION</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

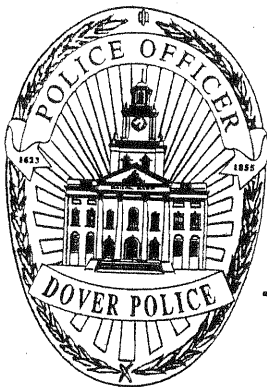
**\*\*DO NOT INCLUDE CONVICTIONS THAT HAVE BEEN ANNULLED/ERASED BY A NEW HAMPSHIRE COURT OR ANY OTHER COURT.**

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.

Signature of Applicant: \_\_\_\_\_

Application Received/Witnessed by: \_\_\_\_\_ Date: \_\_\_\_\_





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Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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                    Last                      First                      Middle                      City                      State

Sex: \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_ Race: \_\_\_\_\_

Eye Color: \_\_\_\_\_ Hair color: \_\_\_\_\_

Drive License/Non-Driver ID#: \_\_\_\_\_ State: \_\_\_\_\_

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<u>DATE</u>	<u>CHARGE/OFFENSE</u>	<u>CITY/STATE</u>	<u>DISPOSITION</u>

**\*\*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.

Signature of Applicant: \_\_\_\_\_

Application Received/Witnessed by: \_\_\_\_\_ Date: \_\_\_\_\_



### Housing Verification of Assets Request Form

This form should only be used by authorized Assisted Housing Authorities to obtain a verification of assets on a Bank of America customer to determine eligibility for low income government assisted housing.

All fields and customer's authorization are required for response. Fax this single form with no additional attachments to 415-343-9306

- Requestor will receive a faxed response within approximately 2 days.

### Bank of America Customer's Information (Please print)

Social Security Number		
Name on Account		
Address on Account :		
Please check account type		Account Number
<input type="checkbox"/> Reg. Checking <input type="checkbox"/> Interest Checking <input type="checkbox"/> Savings <input type="checkbox"/> CD <input type="checkbox"/> IRA		
<input type="checkbox"/> Other		
<input type="checkbox"/> Reg. Checking <input type="checkbox"/> Interest Checking <input type="checkbox"/> Savings <input type="checkbox"/> CD <input type="checkbox"/> IRA		
<input type="checkbox"/> Other		
<input type="checkbox"/> Reg. Checking <input type="checkbox"/> Interest Checking <input type="checkbox"/> Savings <input type="checkbox"/> CD <input type="checkbox"/> IRA		
<input type="checkbox"/> Other		

I authorize Bank of America to release the balance, average balance, interest rate id applicable and opening date on the account(s) listed above to the requestor for the purpose of determining my eligibility for assisted housing. I Understand that if the information I Have provided herein is not accurate or complete that my total account relationship may be reported.

\_\_\_\_\_  
Signature of account holder

\_\_\_\_\_  
Date

### Requesting Housing Agency Information

Housing Agency: Dover Housing Authority, 62 Whittier Street, Dover, NH 03820			
Phone #	603-742-5804	FAX #	603-742-6911

Bank of America may provide account information, including but not limited to opening date, balance and average balance of all accounts listed above and additional accounts not listed. Bank of America shall be held harmless from and against any claim or loss suffered or incurred as a result of the release or use of information here requested.

Credit Inquiry Services  
Phone 803-765-4882





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

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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.

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

