

# ADDISON PLACE

## WHITTIER FALLS INC.

62 Whittier Street, Dover, New Hampshire 03820-2994

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**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. 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).
- 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.
- 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 documents with your completed application: **(Required)**

- 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
- Signed and Notarized Criminal Background Check for every household member 18 and older

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.**

# **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.

See below for explanation of Race # and Ethnicity #. The information is requested for reporting purposes only.

**RACE: #**

- |                                   |   |
|-----------------------------------|---|
| 1. White                          | 5. Native Hawaiian/Other Pacific Islander |
| 2. Black/African American         | 6. Other                                  |
| 3. American Indian/Native Alaskan | 7. Decline to Report                      |
| 4. Asian                          |   |

**ETHNICITY: #**

- |                                |
|--------------------------------|
| 1. Hispanic or Latino          |
| 2.. Not Hispanic or Not Latino |
| 3. Decline to Report           |

Name	Relation -ship	DOB	Full time Student	SS# (last 4 digits)	Race #	Ethnicity #	Disabled
1.	Head of House		Yes No				Yes No
2.			Yes No				Yes No
3.			Yes No				Yes No
4.			Yes No				Yes No
5.			Yes No				Yes No
6.			Yes No				Yes No
7.			Yes No				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	<b>Your Previous Address</b>	
	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.

<b>Household Member Name</b>	<b>Source of Income</b>	<b>Gross Monthly Amount</b>
	Social Security	\$
	Social Security	\$
	Social Security	\$
		\$
	SSI Benefits	\$
	SSI Benefits	\$
	SSI Benefits	\$
	Pension (list source)	\$
	Pension (list source)	\$
	Veteran's Benefit (list claim #)	\$
	Veteran's Benefit (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
	<b>Employment amount</b>	\$
	Employer:	
	Employer address:	
	How long employed:	
	<b>Employment amount</b>	\$
	Employer:	
	Employer address:	
	How long employed:	
	<b>Employment amount</b>	\$
	Employer:	
	Employer address:	
	How long employed:	
	<b>Employment amount</b>	\$
	Employer:	
	Employer address:	
	How long employed:	
	<b>Alimony</b>	
	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.	\$
	<b>Child Support</b>	
	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.	\$
	<b>Other Income</b>	\$
	<b>Other Income</b>	\$
	<b>Other Income</b>	\$
<b>TOTAL GROSS ANNUAL INCOME</b> (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
<b>If yes to any of the above, explain:</b>		
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: <b><i>Do you own any property?</i></b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b><i>If yes</i></b> , 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
<b><i>If yes</i></b> , 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
<b><i>If yes</i></b> , 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
<b><i>If yes</i></b> , 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
<b><i>If yes</i></b> , please list:	

<b><u>G. ADDITIONAL INFORMATION</u></b>		
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
<b><i>If yes</i></b> , 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 <b>PROPERTY WIDE SMOKE FREE PROPERTY.</b>		

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**

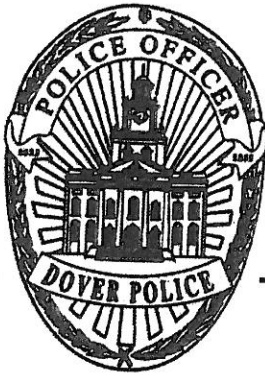
I/We hereby certify that I/We Do/Will Not maintain a separate subsidized rental unit in another location. I/We further certify that this will be my/our permanent residence. I/We understand I/We must pay a security deposit for this apartment prior to occupancy. I/We understand that my eligibility for 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
_____	_____





# 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 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.\*\*

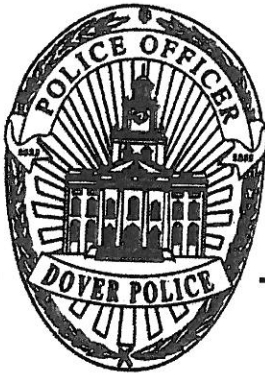
<u>DATE</u>	<u>CHARGE/OFFENSE</u>	<u>CITY/STATE</u>	<u>DISPOSITION</u>

**\*\*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: \_\_\_\_\_



**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 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).
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Eye Color: \_\_\_\_\_ Hair color: \_\_\_\_\_

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

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

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

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

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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: \_\_\_\_\_

**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

**ADDISON PLACE**  
**WHITTIER FALLS INC.**  
62 Whittier Street  
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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)	

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**SIGNATURES**

\_\_\_\_\_  
Head of Household

\_\_\_\_\_  
Date

\_\_\_\_\_  
Household Member 18 or older

\_\_\_\_\_  
Date

\_\_\_\_\_  
Household Member 18 or older

\_\_\_\_\_  
Date

\_\_\_\_\_  
Household Member 18 or older

\_\_\_\_\_  
Date