

Somersworth Housing Authority

Central Office: 25 Bartlett Ave Suite A, Somersworth, N.H. 03878
Phone (603) 692-2864 Fax (603) 692-2877 TDD (800) 545-1833 Ext 113
Web Address: www.somersworthhousing.org

APPLICATION FORM

APPLICANT HOUSEHOLD INFORMATION

HEAD OF HOUSEHOLD:

_____	_____	_____	_____
Last Name	First Name	Mid Initial	Maiden Name
_____	_____	_____	
Social Security Number	Date of Birth	Gender M/F	

PHYSICAL ADDRESS: _____

MAILING ADDRESS (IF DIFFERENT): _____

E-MAIL ADDRESS: _____

PRIMARY PHONE NUMBER: () _____ **ALT. PHONE NUMBER:** () _____

Personal Contact: (OPTIONAL) List a person to contact in the event we are unable to reach you

Name/Address: _____

Phone: () _____ **Relationship:** _____

NOTE: If you are in need of a "Reasonable Accommodation," please describe your request:

Bedroom Size Requested: One Two Three Four

Wheelchair accessible Unit with no stairs or has elevator accessibility Hearing Impaired Accessibility

Type of Housing Applied for: **Family** Albert J. Nadeau **Smoky Hollow Commons**

Elder/Disabled Adult Charpentier Filion Terrace

Preservation Park Queensbury Mill

Albert J. LaBonte

Housing Choice Voucher (Section 8)

Do you own a pet? Yes (Circle one) Cat Dog (Weight? _____ Lbs) Other: _____

No

Elderly housing for applicants 62 years or older. Adults under age 62 applying for housing in Elderly/Disabled developments must submit verification of disability to qualify. In accordance with HUD policy, ALL Somersworth Housing Developments (units, common areas and grounds are SMOKE-FREE.

HOUSEHOLD MEMBERS

List all other members in the household. If you are pregnant, please list as “unborn child” and indicate the estimated due date.

Key to Race and Ethnicity Columns (Providing this information is optional)

Ethnicity: Hispanic or Latino -1

Not Hispanic or Latino - 2

Race: American Indian or Alaska Native – 1
Native Hawaiian or Other Pacific Islander - 4

Asian – 2
White -5

Black or African American – 3
Other - 6

Relationship To Head of Household	First Name	Middle Initial	Last Name	Social Security Number	DOB	M/F	Student? Yes/No Full Time Part Time	Ethnicity Use above key	Race Use Above key
Head									

YOUR HOUSEHOLD’S ANNUAL INCOME

Please check off all types of income your household receives.

SOURCE of INCOME: **No Income**

EMPLOYMENT (Include tips, bonuses, commissions)

UNEMPLOYMENT OR WORKERS COMPENSATION

CHILD SUPPORT (CIRCLE ONE: Collected OR Uncollected)

PENSIONS OR ANNUITIES

PUBLIC ASSISTANCE (APTD) OR AID TO FAMILIES WITH DEPENDENT CHILDREN (TANF)

OTHER INCOME SOURCES/TYPES NOT LISTED _____

SELF EMPLOYMENT

SOCIAL SECURITY: circle (SSA, SSDI, SSI)

ALIMONY/PARTNER SUPPORT

VETERAN’S BENEFITS

RENTAL /REAL ESTATE INCOME

Provide information below for any CHECKED income source (from page 2)

Type of Income (from Checked Box)	Employer Name & Address (if applicable)	Amount Received	Weekly/Bi-weekly or Monthly?	Who is receiving Income?
		\$		
		\$		
		\$		
		\$		

Do you receive any regular contributions, monetary or not from other people/sources? Yes No
 (Three or more times a year is regular) If YES, From Who? _____ Amt \$ _____ How Often? _____

YOUR HOUSEHOLD'S ASSETS

Check any that apply:

- No Assets
- | | | |
|--|---|--|
| <input type="checkbox"/> Checking Accounts | <input type="checkbox"/> Savings Accounts | <input type="checkbox"/> CDs, Money Market Accounts |
| <input type="checkbox"/> Stocks | <input type="checkbox"/> Bonds | <input type="checkbox"/> IRAs or other Retirement Accounts |
| <input type="checkbox"/> Life Insurance (Whole) | <input type="checkbox"/> Annuity Account | <input type="checkbox"/> Real Estate (Fair Market Value) |
| <input type="checkbox"/> Direct Express/EBT /Pre-paid Debit Card | | <input type="checkbox"/> Any other Asset not listed |

Provide information below for any **CHECKED** asset: Attach a separate page if necessary

Asset Type (from checked Box)	Balance of Account or Value of Asset	Account #	Bank or Company Name	Whose Name is on the Account?
	\$			
	\$			
	\$			
	\$			
	\$			

In the past 2 years: Have you **sold/disposed** of any property in **excess of \$5,000** Yes No
 (If YES, check appropriate box)

Property Any other asset (Example: Given away money to relatives, created an Irrevocable Trust Account(s) etc.)

Provide information below for any **CHECKED** sold/disposed asset: (Attach separate page if necessary)

Property Type	Date of Sale / Disposition	Appraised Market Value	Amount Property Sold For	Mortgage Balance Due	Net Gain Actual Amt. Rec'd

YOUR HOUSING HISTORY

Do you currently live in subsidized housing? Yes No

List your housing history for the past **FIVE** years. **Start with Present Housing**
 Attach a separate page if necessary

Landlord's Name: & Address	Your Address (While Renting)	Length of Tenancy (month/year)		Your Name on Lease? Yes / No	Staying w/ Friends/Family? Yes / No
		From	To		

HAVE YOU OR ANY HOUSEHOLD MEMBER OVER 18 YEARS:

- Received Housing Authority rental assistance before from any state? **Yes** . **No** .
- Owe(d) any money to a Housing Authority? **Yes** . **No** .
- Ever been evicted from a housing assistance program? **Yes** . **No** .
- Ever been terminated from the Section 8 certificate or voucher program? **Yes** . **No** .

Provide information below for any **CHECKED YES**

Name of Housing Authority	Dates of Tenancy/Section 8	Head of Household	Evicted? Terminated?	Amount Owed? Payment Arrangement	
				Y	N

Please list any other states you or other adult (over 18 yrs. old) household members have lived in:

Have you or anyone in your household ever convicted of a criminal misdemeanor or felony?

Yes . (Check applicable boxes below) **No** .

A drug related crime? Crimes of physical violence against persons or property.?

Subject to a lifetime state sex offender registration program in any state?

Provide information below for any checked question:

What Household Member	Date(s) of Offense/Conviction	What Court Jurisdiction (City/State)

APPLICANT CERTIFICATION

Giving True and Complete Information

I certify that all the information provided on household composition, income, and family assets, is accurate and complete to the best of my knowledge. I have reviewed this Application Form and certify that the information shown is true and correct. I acknowledge that I have read the form “**THINGS YOU SHOULD KNOW**” and the rights under the **Violence Against Women Act** and have initialed here to confirm that.

Initial(s)

Reporting on Prior Housing Assistance

I certify that I have disclosed where I received any previous Federal housing assistance and whether or not any money is owed. I certify that for this previous assistance I did not commit any fraud, knowingly misrepresent any information, or vacate the unit in violation of the lease.

Criminal and Administrative Actions for False Information

I understand that knowingly supplying false, incomplete or inaccurate information is punishable under Federal or State criminal law. I understand that knowingly supplying false, incomplete, or inaccurate information is grounds for denial of this application or termination of housing assistance or termination of tenancy.

Determination of Eligibility

I understand that this is only my “Initial Application” and that I shall be required to up-date, at a later time, so that the Housing Authority can determine my eligibility for the housing assistance programs.

ALL ADULT HOUSEHOLD MEMBERS MUST SIGN BELOW

Signature of Head of Household

Date

Signature of Spouse

Date

Signature of Other Household Member over 18

Date

FOR OFFICE USE ONLY

Occupancy Assistant

Date

Somersworth Housing Authority

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Applicant/Resident Release and Consent Form

I (we), the undersigned, understand that in order to be considered eligible for housing assistance, the Somersworth Housing Authority will process an initial application and routine re-certifications (for residents) in which I (we) have provided all of the information that the U.S. Department of Housing and Urban Development (HUD) requires in determining both initial and, if a resident, ongoing housing assistance eligibility.

I (we) understand that the Somersworth Housing Authority may seek authorized information from the following, but not limited to, listed entities as they apply to the household (herein defined as the undersigned and any other listed household members) to meet HUD requirements and determine eligibility under HUD regulations/guidelines. Somersworth Housing Authority utilizes **Enterprise Income Verification Systems** and other computer matching programs to verify information relating to applicants and residents

- **Income Verification/Assets Verification**

- Employment – Unemployment Benefits – Disability Benefits-Social Security Benefits
- Bank Accounts; Investment Accts; Stocks; Bonds; Real Estate
- Life Insurance (cash value only)
- Child Support/Spousal/Partner Payments (Alimony)

- **Criminal History Record/Police Reports**

- I/we authorize the release of my criminal record as well as any law enforcement reports involving myself &/or my residence & guests at my residence including but not limited to criminal arrests & convictions, documented complaints involving alcohol/illegal substance consumption, domestic violence/disputes, noise/nuisance complaints, & other violations of the law.

- **Division of Health and Human Services, local Welfare Agencies**

- **Health care providers/Medical Expenses/Medical Info if requesting Special Accommodations**

- **Landlords/Shelter/Transitional Housing/Public Housing Authority Agencies**

- **Childcare Providers**

- **SAVE – for non-citizen applicants**

By signing this consent form, I (we) certify that ALL the information provided as part of the application process and upon any recertification of housing assistance is true and accurate to the best of my (our) knowledge.

I (we) authorize the Somersworth Housing Authority to obtain any and all required information from any of the above sources in regards to the undersigned or any member of the household.

I (we) understand that the Somersworth Housing Authority will keep all information on all household members in the highest confidence and only divulge this information where required by HUD and by law.

Signature of Head of Household

Date

Spouse Signature

Date

Other Household Member

Date