**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. If ineligible for placement on the waiting list, you will receive a notice that 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.**

603-742-5804 ext.103 Fax: 603-742-6911 TTY: Relay NH 1-800-735-2964

 TIME/DATE STAMP

**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? es o

**CURRENT STATUS OF RENTAL ASSISTANCE:**

Do you have a Section 8 Housing Choice Voucher? es o

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? es o 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.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 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? es o

***If no,explain***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Will all listed minors be living in the unit at least 50% of the time? es o

Y

N

Have there been any changes in household composition in the last twelve months? es o

***If yes, explain:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

Do you anticipate any changes in household composition in the next twelve months? es o

***If yes, explain:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

Is there someone not listed above who would normally be living with the household? es o

***If yes, explain:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

**C. STUDENT STATUS:**

***IF YES, ANSWER THE FOLLOWING QUESTIONS:***

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? es o

|  |  |  |
| --- | --- | --- |
| Are any full-time student(s) married and filing a joint tax return? | es | o |
| Are any student(s) enrolled in a job-training program receiving assistance under the Job Training Partnership Act? | es | o |
| Are any full-time student(s) a TANF or a title IV recipient? | es | o |
| Are any full-time student(s) a single parent living with his/her child(ren) who is not and whose children are not dependents of anyone other than a parent? | es | o |
| 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)? | es | No |

# D. REFERENCE INFORMATION

|  |  |  |
| --- | --- | --- |
| Current Landlord  |  Landlord (LL) Name  |   |
|  LL Address |   |
|  LL Phone |   |
|  How long? |   |
| Prior Landlord |  **Your Previous Address** |   |
|  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 d |
| **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) | $ |
|  |  |  |
|  |  | $ |
|  |  | $ |
|  |  |  |
|  | 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 excessof $180/day | $ |
|  |  |  |
|  | Scheduled Payments from Investments | $ |

|  |  |  |
| --- | --- | --- |
| **Household Member Name** | **Source of Income** | **Monthly****Amount** |
|  | **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 ***legally entitled*** to receive alimony? | es | o |
| If yes, list the amount you are ***entitled*** to receive. | $ |
| Do you receive alimony? | es | o |
| If yes list amount you receive. | $ |
|  |
|  | **Child Support** |  |
| Are you ***legally entitled*** to receive child support? | es | o |
| If yes list the amount you are ***entitled*** to receive. | $ |
| Do you receive child support? | es | o |
| If yes, list the amount you receive. | $ |
|  |
|  | **Other Income** | $ |
|  | **Other Income** | $ |
|  | **Other Income** | $ |
|  |
| ***TOTAL GROSS ANNUAL INCOME*** (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? | **es** | **o** |
| Is any member of the household legally entitled to receive income assistance? | **es** | **o** |
| Is any member of the household likely to receive income or assistance ***(monetary or not)***from someone who is not a member of the household as listed on Page 2 etc.)? | **es** | **o** |
| **If yes to any of the above, explain:** |
|  |
|  |
| Is the income received? | **es** | **o** |



N

N

N

N

**Y**

**N**

**Y**

**N**

**Y**

**N**

**Y**

**N**

|  |
| --- |
| **F. ASSETS**If your assets are too numerous to list here, please request an additional form. 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, ChildSupport, Work | # # # | Bank Bank Bank | Balance $ Balance $ 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 $ |

|  |  |  |
| --- | --- | --- |
| InvestmentProperty |  | AppraisedValue $ |

Y

N

Y

N

Y

N

Y

N

|  |  |
| --- | --- |
| Real Estate Property: ***Do you own any property?*** | es o |
| ***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 isNOT a member of the household as listed on Page 2? | es o |
|  ***If yes,*** describe: |
|  |
| Do they have access to the asset(s)? | es o |

|  |  |
| --- | --- |
| Have you sold/disposed of any property in the last 2 years? | es o |
| ***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)? |
|  | es o |
| ***If yes,*** describe the asset: |
| Date of disposition: |
| Amount disposed | $ |

***…/***

|  |  |
| --- | --- |
| Do you have any other assets not listed above (excluding personal property)? | es o |
| ***If yes,*** please list: |  |

|  |
| --- |
| **G. ADDITIONAL INFORMATION** |
|  Are you or any member of your family currently using an illegal substance? | es | o |
| Have you or any member of your family ever been convicted of a felony? | es | o |
| ***If yes,*** describe: |
|  |

|  |  |  |
| --- | --- | --- |
|  Have you or any member of your family ever been evicted from any housing? | es | o |
| ***If yes, describe*** |
|  |
| Have you ever filed for bankruptcy? | Yes | No |
|  ***If yes, describe*** |
|  |
|  Will you take an apartment when one is available? | es | o |
|  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
 | 1. 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 |

**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.

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

Tel: 603-742-5804 ext.103 Fax: 603-742-6911 TTY: Relay NH 1-800-735-2964