

Rochester Housing Authority

77 Olde Farm Lane, Rochester, NH 03867
Phone (603) 332-4126 Fax (603) 332-0039
Web Address: www.rhanh.org

Thank you for your interest in our subsidized housing programs. We take pride in our management and in our apartment community. We actively seek qualified residents and strive to provide the best services possible. **Applicants who are determined preliminarily eligible will be placed on a waiting list by date and time your application is received by our office.**

Applications may be returned to our main office in-person, by mail, fax, or drop box in the office lobby. Please complete the entire application in **Blue or Black** ink, providing all requested information and answering all questions. Application/forms returned incomplete delays processing. **Sign and date application and all additional forms.** (Duplicate forms are for each adult). Applications dated 30 days prior to receipt by our office will not be accepted. Any falsification of information on the application is immediate grounds for denial of residency and possible prosecution. If you have any questions when completing the application, please contact our office for assistance.

Please note: The following screening process will be conducted on all adults 18 years of age and older applicants.

- Criminal Conviction History and National Sexual Offenders Registration background checks are conducted prior to receiving subsidized housing benefits through RHA for housing programs/properties.
- We verify income and assets to confirm income eligibility of applicants.

Applicants are encouraged to read ALL forms prior to signing. Please inform RHA if you need written material presented in a different language or delivery format changed.

Please provide the following required documents with your completed application **OR** within 2 weeks of application submission. **Do not mail originals** – submit **copies only** or **request copies** when you submit your application.

- **Birth Certificates** (for all members listed on application).
- **Social Security Cards** (**All** household members – **EXCEPTION:** Applicants who were 62+ years on 1/31/2010 receiving assistance without SSN) (Except household members who do not contend eligible immigration status) **If unable to provide card, check with intake about other acceptable SS # verification.**
- **Picture ID** (License, Non-Drivers ID, Passport, etc. for household members over 18 years old)
- **Social Security award letter/Verification of Disability** if applying for elder/disabled development and under the age of 62 years.

If you or anyone in your family is a person with disabilities and require specific reasonable accommodation to fully utilize our programs and services, please contact the housing authority.

The Grievance Procedure Policy is available upon request at the Main Office

Should you have any questions or need additional information, please contact: (603) 332-4126
Catherine Jacques – Applications Manager E-Mail: Applications@rhanh.org



RHA USE ONLY

Time Received: _____

Date Received: _____

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APPLICATION

Head of Household/Household Information

_____	_____	_____
Last Name	First Name	Mid Intl.
_____	_____	_____
Social Security Number	Date of Birth	

PHYSICAL ADDRESS: _____
 Street City State Zip Code

MAILING ADDRESS (IF DIFFERENT): _____

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

E-MAIL ADDRESS: _____

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

Name: _____ Phone #: _____ Relationship to Applicant: _____

Check below the developments or programs you are applying for AND

<u># of bedrooms (check)</u>	1	2	3	4
------------------------------	---	---	---	---

Section 8: _____ Project Based Voucher Linscott Court: _____

Family Housing: _____ Project Based Voucher Marshview: _____

Elderly/Disabled: _____

Do you need: Unit with no stairs but has an elevator: _____ Handicapped-Modified Unit: _____

Deaf/Hearing Impaired Modified: _____

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

Do you have a pet? (Check if yes) Dog Cat Other (describe): _____

HOUSEHOLD MEMBERS

List **ALL** members in the household. Complete **ALL** columns.

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

Race: American Indian or Alaska Native – 1 Asian – 2 Black or African American – 3
Native Hawaiian or Other Pacific Islander – 4 White – 5 Other – 6

Ethnicity: Hispanic or Latino – 1 Not Hispanic or Latino – 2

Legal Name **Date of Birth** **Social Security No(s)** **Relationship** **Sex** **Ethnicity** **Race**
M F

Head of Household please check *see chart above

Co-Head of Household

Other adult over 18

Youth Under 18

Youth Under 18

Youth Under 18

Youth Under 18

Youth Under 18

YOUR HOUSEHOLD'S ANNUAL INCOME

Please check off all types of income your household receives **and list on next page (3)**

SOURCE OF INCOME: No Income: _____

Employment: (Include tips, bonuses, commissions) _____

Self Employment: _____

Unemployment or Workers Compensation: _____ **Child**

Social Security: SSA SSDI SSI

Support (Check one: Collected OR Uncollected)

Alimony/Partner Support: _____

Pensions or Annuities: _____

Veteran's Benefits: _____

**Public Assistance (APTD) OR
Aid to Families with Dependent Children:** _____

Rental/Real Estate Income: _____

Other Income Sources/Types Not Listed:

Income: (continued)

Provide information for any **CHECKED INCOME** source (from page 2)

Type of Income: (From Checked Box)	Employer/Address OR Agency (Ex: Social Security/DHHS)	Amount Received	Weekly/Bi-weekly or Monthly	Name of person Receiving Income
		\$		
		\$		
		\$		
		\$		

Do you receive a regular contribution (three or more times a year is regular), monetary or not from other people/sources? Yes No

If you answered YES, from whom? _____ Amt. \$ _____ How Often? _____

HOUSEHOLD ASSETS
Check any that apply:

If you have none of the assets listed below, you hereby certify this household has no assets.

_____ Signature

Checking Accounts: _____ Savings Accounts: _____ CDs, Money Market Accounts: _____

Stocks: _____ Bonds: _____ IRAs or other Retirement Accounts: _____

Life Insurance (Whole): _____ Annuity Account: _____ Real Estate (Fair Market Value): _____

Direct Express/EBT/Pre-paid Debit Card: _____ 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?
	\$			
	\$			
	\$			
	\$			
	\$			

Disposal of assets:

In the past 2 years: Have you **sold/disposed** of any property more than **\$5,000** Yes No

Property (Real Estate) _____ 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

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

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

****Property owners names/address information can be obtained by contacting city assessor or on-line property records/tax cards where rental property is located if you cannot recall this information.**

HAVE YOU OR ANY HOUSEHOLD MEMBER OVER 18 YEARS:

- Received housing assistance before from any state or housing authority? YES NO
- Owe(d) any money to a Housing Authority?
*RHA is required to check HUD systems to verify YES NO
- Been evicted from a housing assistance program? YES NO
- 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? Re-payment Agreement Yes

Have you or any other adult/child(ren) in your household lived in any state other than NH?

YES NO

Name of person: _____

Where & what year(s): _____

___ ***** Attach a separate page if necessary**

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

YES NO

Check all that apply:

- ___ 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/Conviction	What Court Jurisdiction (City/State)

APPLICANT CERTIFICATION

Giving True and Complete information

I certify 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 (VAWA)** and have initialed here to confirm that.

Initial(s)

Reporting on Prior Housing Assistance

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

Initial(s)

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.

Initial(s)

Determination of Eligibility

I understand that this is only my “Initial Application” and that I will be required to update, information so the Housing Authority can determine my eligibility for the housing assistance programs prior to receiving assistance.

Initial(s)

**In accordance with HUD policy, ALL Rochester Housing Authority
Developments, offices, and common areas/grounds are SMOKE-FREE.**

HUD has declared that medical marijuana is considered federally illegal, regardless of state law, and considered an illegal drug.

How did you hear about RHA? (Check all that apply)

Agency	Friend/Family		
Current Resident	Internet/Facebook	Radio/Newspaper	Community Posting
Other(?)			

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Applicant/Resident Release and Consent Form

I(we), the undersigned, understand that to be considered eligible for housing assistance, the Rochester Housing Authority will process an initial application and routine re-certifications (for residents) in which I(we) have provided all 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 Rochester 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 and guidelines. Rochester 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 Accounts; Stocks; Bonds; Real Estate
Life Insurance (cash value only)
Child Support/Spousal/Partner Payments (Alimony)
- **Criminal History Record/Policy Reports**
I/we authorize the release of my criminal record as well as any law enforcement reports involving myself and/or my residence and guest at my residence including but not limited to criminal arrest and convictions, documents complaints involving alcohol/illegal substance consumption, domestic violence/disputes, noise/nuisance complaints, and other violations of the law.
- **Division of Health and Human Services, local Welfare Agencies**
- **Health care providers/Medical Expenses/Medical Information if requesting Special Accommodations**
- **Landlord/Shelter/Transitional Housing/Public Housing Authority Agencies**
- **Childcare Providers**
- **SAVE – for non-citizen applicants.**
- **Community Partners**
or other organizations to assist with coordination of housing benefits.

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

I(we) authorize the Rochester Housing Authority to obtain all required information from any of the above sources regarding the undersigned or any member of the household.

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

Signature of Head of Household

Print Name

Date

Signature of Spouse/Co-Head

Print Name

Date

Signature of Other Household Member
18yrs. or older

Print Name

Date

Signature of Other Household Member
18yrs. or older

Print Name

Date



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Certification of Receipt

I certify that I have received a copy of the Notice of Occupancy Rights under the Violence Against Women Act HUD form 5380 and the Certification of Domestic Violence, Dating Violence, Sexual Assault, or Stalking, and Alternate Documentation HUD for 5382.

ALL ADULTS (18 and older) PLEASE SIGN:

Print Name

Signature

Date

Print Name

Signature

Date

Print Name

Signature

Date

THE HOUSING AUTHORITY CITY OF ROCHESTER

Notice of Occupancy Rights under the Violence Against Women Act¹

To all Tenants and Applicants

The Violence Against Women Act (VAWA) provides protections for victims of domestic violence, dating violence, sexual assault, or stalking. VAWA protections are not only available to women but are available equally to all individuals regardless of sex, gender, identity, or sexual orientation.² The U.S. Department of Housing and Urban Development (HUD) is the Federal agency that oversees that **Rochester Housing Authority (RHA)** is in compliance with VAWA. A HUD-approved certification form is attached to this notice. You can fill out this form to show that you are or have been a victim of domestic violence, dating violence, sexual assault, or stalking, and that you wish to use your rights under VAWA.

Protection for Applicants

If you otherwise qualify for assistance under the **RHA**, you cannot be denied admission or denied assistance because you are or have been a victim of domestic violence, dating violence, sexual assault, or stalking.

Protection for Tenants

If you are receiving assistance under the **RHA**, you may not be denied assistance, terminated from participation, or be evicted from your rental housing because you are or have been a victim of domestic violence, dating violence, sexual assault, or stalking.

Also, if you or an affiliated individual of yours is or has been the victim of domestic violence, dating violence, sexual assault, or stalking by a member of your household or any guest, you may not be denied rental assistance or occupancy rights under the **RHA** solely on the basis of criminal activity directly relating to that domestic violence, dating violence, sexual assault, or stalking.

¹ Despite the name of this law, VAWA protection is available regardless of sex, gender identity or sexual orientation.

² Housing providers cannot discriminate on the basis of any protected characteristic, including race, color, national origin, religion, sex, familial status, disability, or age. HUD-assisted and HUD-insured housing must be made available to all otherwise eligible individuals regardless of actual or perceived sexual orientation, gender identity, or marital status.

A affiliated individual means your spouse, parent, brother, sister, or child, or a person to whom you stand in the place of a parent or guardian (for example, the affiliated individual is in your care, custody, or control); or any individual, tenant, or lawful occupant living in your household.

Removing the Abuser or Perpetrator from the Household

RHA may divide (bifurcate) your lease to evict the individual or terminate the assistance of the individual who has engaged in criminal activity (the abuser or perpetrator) directly relating to domestic violence, dating violence, sexual assault, or stalking.

If RHA chooses to remove the abuser or perpetrator, RHA may not take away the rights of eligible tenants to the unit or otherwise punish the remaining tenants. **(NH RSA 540:2V11), (NH RSA 540:14IV)** If the evicted abuser or perpetrator was the sole tenant to have established eligibility for assistance under the program, RHA must allow the tenant who is or has been a victim and other household members to remain in the unit for period of time, in order to establish eligibility under the program or under another HUD housing program covered by VAWA, or, find alternative housing.

In removing the abuser or perpetrator from the household, RHA must follow Federal, State, and local eviction procedures. **(NH RSA 540), (540-A)** In order to divide a lease, RHA may, but is not required to, ask you for documentation or certification of the incidences of domestic violence, dating violence, sexual assault, or stalking. **(NH RSA 540:2 VII ((D)), (540:14 IV).**

Moving to Another Unit

Upon your request, RHA may permit you to move to another unit, subject to the availability of other units, and still keep your assistance. In order to approve a request, RHA may ask you to provide documentation that you are requesting to move because of an incidence of domestic violence, dating violence, sexual assault, or stalking. If the request is a request for emergency transfer, the housing provider may ask you to submit a written request or fill out a form where you certify that you meet the criteria for an emergency transfer under VAWA. The criteria are:

- (1) You are a victim of domestic violence, dating violence, sexual assault, or stalking.**
If your housing provider does not already have documentation that you are a victim of domestic violence, dating violence, sexual assault or stalking, your housing provider may ask you for such documentation, as described in the documentation section below.
- (2) You expressly request the emergency transfer.** Your housing provider may choose to require that you submit a form or may accept another written or oral request.
- (3) You reasonably believe you are threatened with imminent harm from further violence if you remain in your current unit.** This means you have a reason to fear that if you do not receive a transfer you would suffer violence in the very near future.

OR

You are a victim of sexual assault and the assault occurred on the premises during the 90-calendar-day period before you request a transfer. If you are a victim of sexual assault, then in addition to qualifying for an emergency transfer because you reasonably believe you are threatened with imminent harm from further violence if you remain in your unit, you may qualify for an emergency transfer if the sexual assault occurred on the premises of the property from which you are seeking your transfer, and that assault happened within the 90-calendar-day period before you expressly request the transfer.

RHA will keep confidential requests for emergency transfers by victims of domestic violence, dating violence, sexual assault, or stalking, and the location of any move by such victims and their families.

RHA's emergency transfer plan provides further information on emergency transfers, and RHA must make a copy of its emergency transfer plan available to you if you ask to see it.

Documenting You Are or Have Been a Victim of Domestic Violence, Dating Violence, Sexual Assault or Stalking

RHA can, but is not required to, ask you to provide documentation to "certify" that you are or have been a victim of domestic violence, dating violence, (NH RSA 173-B) sexual assault (NH RSA 632-A) or stalking (NH RSA 633:3a). Such requests from RHA must be in writing and RHA must give you at least 14 business days (Saturdays, Sundays and Federal holidays do not count) from the day you receive the request to provide the documentation. RHA may, but does not have to, extend the deadline for the submission of documentation upon your request.

You can provide one of the following to RHA as documentation. It is your choice which of the following to submit if RHA asks you to provide documentation that you are or have been a victim of domestic violence, dating violence, sexual assault, or stalking.

- A complete HUD-approved certification form given to you by RHA with this notice, that documents an incident of domestic violence, dating violence, sexual assault, or stalking. The form will ask for your name, the date, time, and location of the incident of domestic violence, dating violence, sexual assault, or stalking, and a description of the incident. The certification form provides for including the name of the abuser or perpetrator if the name of the abuser or perpetrator is known and is safe to provide.
- A record of a Federal, State, tribal, territorial, or local law enforcement agency, court, or administrative agency that documents the Incident of domestic violence, dating violence, sexual assault, or stalking. Examples of such records include police reports, protective orders, and restraining orders, among others.
- A statement, which you must sign, along with the signature of an employee, agent or volunteer of a victim service provider, an attorney, a medical professional or mental health professional (collectively "professional") from whom you sought assistance in addressing domestic violence, dating violence, sexual assault, or stalking, or the effects of abuse, and with the profession selected by you attesting under penalty of perjury that he or she believes that the incident or incidents of domestic violence, dating violence, sexual assault, or stalking are grounds for protection.
- Any other statement or evidence that RHA has agreed to accept.

If you fail or refuse to provide one of these documents within 14 business days, RHA does not have to provide you with the protections contained in this notice.

If RHA receives conflicting evidence that an incident of domestic violence, dating violence, sexual assault, or stalking has been committed (such as certification forms from two or more members of a household each claiming to be a victim and naming one or more of the other petitioning household members as the abuser or perpetrator), RHA has the right to request that you provide third-party documentation with thirty (30) calendar days in order to resolve the conflict. If you fail or refuse to provide third-party documentation where there is conflicting evidence, RHA does not have to provide you with the protections contained in this notice.

Confidentiality

RHA must keep confidential any information you provide related to the exercise of your rights under VAWA, including the fact that you are exercising your rights under VAWA.

RHA must not allow any individual administering assistance or other service on behalf of RHA (for example, employees and contractors) to have access to confidential information unless for reasons that specially call for these individuals to have access to this information under applicable Federal, State, or local law.

RHA must not enter your information into any shared database or disclose your information to any other entity or individual. RHA, however, may disclose the information provided if:

- You give written permission to RHA to release the information on a time limited basis.
- RHA needs to use the information in an eviction or termination proceeding, such as to evict your abuser or perpetrator or terminate your abuser or perpetrator from assistance under this program.
- A law requires RHA or your landlord to release the information.

VAWA does not limit RHA's duty to honor court orders about access to or control of the property. This includes orders issued to protect a victim and orders dividing property among household members in cases where a family breaks up.

Reasons a Tenant Eligible for Occupancy Rights under VAWA May be Evicted or Assistance May be Terminated

You can be evicted and your assistance can be terminated for serious or repeated lease violations that are not related to domestic violence, dating violence, sexual assault, or stalking committed against you (**NH RSA 540:2 VII (e)**). However, RHA cannot hold tenants who have been victims of domestic violence, dating violence, sexual assault or stalking to a more demanding set of rules than it applies to tenants who have not been victims of domestic violence, dating violence, sexual assault, or stalking.

The protection described in this notice might not apply, and you could be evicted and your assistance terminated, if RHA can demonstrate that not evicting you or terminating your assistance would present a real physical danger that:

- (1) Would occur within an immediate time frame, and
- (2) Could result in death or serious bodily harm to other tenants or those who work on the property.

If RHA can demonstrate the above, RHA should only terminate your assistance or evict you if there are no other actions that could be taken to reduce or eliminate the threat.

Other Laws

VAWA does not replace Federal, State, or local law that provides greater protection for victims of domestic violence, dating violence, sexual assault, or stalking. You may be entitled to additional housing protections for victims of domestic violence, dating violence, sexual assault or stalking under other Federal laws, as well as under State and local laws.

Non-Compliance with The Requirements of This Notice

You may report a covered housing provider's violations of these rights and seek additional assistance, if needed, by contacting or filing a complaint with **HUD Manchester Field Office at 603-666-7510.**

For Additional Information

You may view a copy of HUD's final VAWA rule at **(24 CFR part 5, subpart L.)**
<https://portal.hud.gov/hudportal/documents/huddoc?id=5720-F-03VAWAFinRule.pdf>

Additionally, RHA must make a copy of HUD's VAWA regulations available to you if you ask to see them.

For questions regarding VAWA, please contact **Rochester Housing Authority AT 603-332-4126.**

For help regarding abusive relations, you may call the National Domestic Violence Hotline at 1-800-799-7233 or, for persons with hearing impairments, 1-800-787-3224 (TTY) You may also contact **Coordinated Entry at 603-435-2488.**

For tenants who are or have been victims of stalking seeking help may visit the National Center for Victims of Crime's Stalking Resource Center at [https://www.victimsofcrime.org/our-programs/stalking-resource-center.](https://www.victimsofcrime.org/our-programs/stalking-resource-center)

For help regarding sexual assault, you may contact **HAVEN: 24-Hour Confidential Hotline at 1-603-994-SAFE (7233) or Relay NH/Confidential TTY: 1-800-735-2964 or 711.**

Victims of stalking seeking help may contact **HAVEN: 24-Hour Confidential Hotline at 1-603-994-SAFE (7233) or Relay NH/Confidential TTY: 1-800-735-2964 or 711.**

Attachment: Certification for HUD-5382



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Disability and Homelessness Self Reporting Form

For housing authorities to remain compliant with HUD regulations, we are required to track by number (not name) all those who report themselves as homeless or disabled. Please review each statement below and check the YES or NO box beside it.

Homeless family:

A homeless family includes:

- A. Any person or family that lacks a fixed, regular, and adequate nigh time residence; and
- B. Any person or family that has a primary nigh time residence that is:
 - 1. A supervised publicly or privately operated shelter designed to provide temporary living accommodations (including welfare hotels, congregate shelters, and transitional housing).
 - 2. An institution that provides a temporary residence for individuals intended to be institutionalized.
 - 3. A public or private place not designed for, or ordinarily used as, regular sleeping accommodation for human beings.

A "homeless family" does not include any person imprisoned or otherwise detained pursuant to an Act of Congress or a State law.

I self-report that I am a member of a homeless family or an individual who is homeless.

YES _____ NO _____

Persons with disabilities: A person who has a disability, as defined in :

- A. 42 U.S.C. 423 and is determined to have a physical, mental, or emotional impairment that is expected to:
 - 1. Be of long-continued and indefinite duration
 - 2. Substantially impede his or her ability to live independently, and
 - 3. Be of such a nature that the ability to live independently could be improved by more suitable housing conditions,
- B. Has a developmental disability as defined in 42 U.S.C. 6001. This definition includes persons who have the disease of acquired immunodeficiency syndrome (AIDS) or any conditions arising from the etiologic agent for acquired immunodeficiency syndrome.

For purposes of qualifying for low-income housing, it does not include a person whose disability is based solely on any drug or alcohol dependence; and means "individual wit handicaps", for purposes of reasonable accommodation and program accessibility for

HUD.

YES _____ NO _____

Applicant Signature Here _____ Date _____



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Acknowledge of Receipt of Documentation

The following documents are required to be presented to you to help you understand your rights.

Please remove the forms listed below from the application packet and sign this page acknowledging you received the forms.

Debts Owed Refers to anyone who has lived in public housing and been evicted or who left public housing owing rent or received housing assistance and committed fraud owing fraud recovery monies.

Violence Against Women's Act Refers to the rights of victims of domestic violence while housed in public housing.

Criminal Records Policy The RHA policy pertaining to criminal records and what we refer to when reviewing criminal background information.

I certify that I received copies of the Debts Owed, Violence Against Woman's Act and Criminal Records Policy.

Sign

Date

Print Full Name

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ADDENDUM 1

CRIMINAL RECORDS VERIFICATION

The RHA is authorized to obtain criminal conviction records from law enforcement agencies to screen applicants for admission or to terminate current residents in public housing or voucher program(s.) This authority assists the RHA in complying with HUD requirements and RHA policies to deny or terminate applicants or residents who are engaging in or have engaged in certain criminal activities. All applicants and household members will be screened for criminal history. In order to gain access to these records, the RHA will require all household members aged 18 and older to sign a criminal background release form and submit fingerprints if necessary to gather information, necessary information, to determine eligibility.

The RHA may not pass along to the applicant or participant the cost of criminal records check.
Per HUD 24 CFR 5.903.

The RHA is also required to perform criminal background checks necessary to determine whether any household member is subject to a lifetime registration requirement under a state or federal sex offender program in the United States.

Applicants and residents must complete an authorization to release criminal information for the Rochester Police Department and FBI. When an applicant and/or resident completes and signs the authorization form, the applicant and/or resident certifies the information contained within the form is true under penalty of Forgery (NH RSA 638:1) and Unsworn Falsification (NH RSA 641:3). Applicants will be denied admission to housing if they fail to provide truthful information on the application and are subject to further prosecution as listed above under NH Law.

A history of any of the following by any household member is cause for denial or termination of an applicant and/or current program participant and managed property residents as follows:

- A. Lifetime denial with any conviction or adjudication other than acquittal of:
 - 1. First-degree murder.
 - 2. Sex offences, including, but not limited to, forcible rape, child molestation, and aggravated sexual battery.
 - 3. Arson and/or crimes involving explosives.
 - 4. Any applicant (or member of applicant's household) who has been convicted of the manufacture of methamphetamine on the premises of federally assisted housing is prohibited from admission to the RHA's public housing program.



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- B. Within 10 years from the date of criminal record processing, any conviction or adjudication other than acquittal of any felony that involved bodily harm against a person or property, including, but not exclusive of:
1. Homicide (other than first-degree murder)
 2. Manslaughter
 3. Armed robbery
 4. First, second degree assault and domestic violence assault
 5. Buying, receiving, or possession of stolen property
 6. Burglary or theft
 7. Auto theft
 8. Embezzlement
 9. Sales or manufacture of controlled substance; and/or
 10. Any crime of violence that may establish that the applicant constitutes a direct threat to the health and safety of other individuals.
 11. Weapons offenses.
- C. Within 5 years from the date of criminal record processing, any conviction or adjudication other than acquittal of:
1. A crime involving the illegal use of a controlled substance other than sales.
 2. Illegal gambling
 3. Prostitution
 4. Commercialized vice
 5. Stalking
 6. Forgery
- D. Within 3 years from the date of criminal record processing; any conviction or adjudication other than acquittal of:
1. Any other felony not included above.
 2. Any Misdemeanor A or B conviction or adjudication other than acquittal
- E. Police or court records within the past ten years will be used to check for any evidence of disturbance of neighbors or destruction of property that may have resulted in an arrest.

If at the time of application or admission the applicant has a pending charge not resolved in the courts, the application will be placed on hold. Once the pending charge(s) are resolved, the applicant must provide the RHA with information from the court as to the outcome of the charge(s). The RHA will then review and make a determination as to the applicant's eligibility.



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The RHA will not admit an applicant into housing until three years post-conviction, or if sentenced, until three years post completion of sentence, or if released on probation, until probation ends, and the applicant is released from all court ordered restrictions and mandated programs.

F. Screening for Suitability as a Tenant HUD 24 CFR 960.203 (c)

The RHA will deny admission to applicants or terminate assistance to current participants whose habits and practices may be reasonably expected to have a detrimental effect on the operations of the development or neighborhood or on the quality of life for its residents, based on the following provisions:

1. Respecting the rights of other residents to the peaceful enjoyment of their housing
2. Criminal activity on the part of any family member that is a threat to the health, safety or property of others.
3. Behavior of all household members as related to the grounds for denial as detailed in A through E above.
4. Compliance with any other essential conditions of tenancy.

G. Criteria for Deciding to Deny Admission or Terminate Assistance

1. Evidence

The RHA will use the concept of preponderance of evidence as the standard for making all admission decisions. Preponderance of evidence defined as which is of greater weight or more convincing than the evidence which is offered in opposition to it; that is, evidence which, as a whole, shows that the fact sought to be proved is more probable than not. Preponderance of evidence may not be determined by the number of witnesses, but by the greater weight of all evidence.

2. Consideration of Circumstances HUD 24 CFR 960.203 c (3) and (d)

- a. The RHA will consider all relevant circumstances when deciding whether to deny admission or termination of assistance based on a family's past history except in the situations for which denial of admission is mandated (See Sections A through D)
- b. In the event the RHA receives unfavorable information up to ten years prior to application with respect to an applicant or applicant's family member or current participant, consideration will be given to the time, nature, and extent of the applicant's conduct (including the seriousness of the offense). In a manner consistent to the RHA policies, the RHA may give consideration to factors which might indicate a reasonable probability of favorable future conduct.
- c. The RHA will consider the following factors prior to making its decision.



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3. The length of time since the violation occurred, the family's recent history and the likelihood of favorable conduct in the future.
4. Evidence of the family's participation in or willingness to participate in social service or other appropriate counseling services.
5. In the case of drug or alcohol abuse, whether the culpable household member is participating in or has successfully completed a supervised drug or alcohol rehabilitation program. The RHA will require evidence to support the current rehabilitation effort or evidence that supports completion of having been successfully rehabilitated.
6. Removal of a Family Members Name from the Application HUD CFR 960.203 c (3) (i)
 - a. As a condition of receiving assistance, a family may agree to remove a culpable family member's name from the application or household. In such instances, the head of the household must certify that the family member will not be permitted to visit or stay as a guest in the public housing unit.
 - b. Prior to admission to the program or current participation in any RHA program or managed property, the family must present evidence of the former family member's current address and proof of residency, for example, copy of lease or rent receipts.
7. Continued Occupancy
 - a. All applicants who become residents are subject to continued monitoring of their behavior as it pertains to local, state and federal laws, as well as, HUD and RHA rules and regulations.
 - b. All applicants upon reaching the top of any wait list are subject to a criminal background check. The applicant is required to sign a release for a criminal background check that includes a clause enabling the RHA to continue to use this document in perpetuity for the purpose of the monitoring residents who may be under the suspicion of criminal behavior.



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- H. Current participation of any RHA program or managed property; any conviction or adjudication other than acquittal of any felony that involved bodily harm against a person or property, including, but not exclusive of:
1. Homicide (other than first-degree murder).
 2. Manslaughter
 3. Armed robbery
 4. Aggravated assault
 5. Buying, receiving, or possession of stolen property.
 6. Burglary or theft
 7. Auto theft
 8. Embezzlement
 9. Sales or manufacture of controlled substance; and/or
 10. Any crime of violence that may establish that the applicant constitutes a direct threat to the health and safety of other individuals.
 11. Weapons offenses.
- I. Current participation of any RHA program or managed property; any conviction or adjudication other than acquittal of:
1. A crime involving the illegal use of a controlled substance other than sales.
 2. Illegal gambling.
 3. Prostitution.
 4. Commercialized vice.
 5. Stalking
 6. Forgery
- J. Current participation of any RHA program or managed property; any conviction or adjudication other than acquittal of:
1. Any other felony not included above.
 2. Any Misdemeanor A crime of violence that may establish that the applicant or participant constitutes a direct threat to the health and safety of other individuals.



