

Date Stamp

CONCORD HOUSING AUTHORITY
23 Green Street
CONCORD, NH 03301
603-224-4059

APPLICATION FORM

Please circle the programs you are applying for:

Pitman Place\*

Thompson Square\*

Public Housing

Section 8\*\*

\*Disabled Households only/1 BR Units

\*\*Includes PBV

APPLICANT HOUSEHOLD INFORMATION

HEAD OF HOUSEHOLD (HOH):

Last Name First Name Initial
Social Security Number Date of Birth/Birthplace Sex

Race: Ethnic Group:

Mailing Address:

Physical Address:

Phone Number: Area Code ( )

Are there more household members? Yes No

If YES, describe: Number of other adults Male Female
Number of children Boys Girls

\*\*If there are other household members, please complete the requested information on Page 2\*\*

What is the bedroom size you are requesting: Studio/1 2 3 4

Are you or another adult member of the household disabled: Yes No

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

Are you in need of interpreter services: Yes No

If YES, what language do you speak:

CHA USE ONLY

RES / NO BR SIZE: ANNUAL: LIMIT:

**OTHER HOUSEHOLD MEMBERS**

Please note that you must fill in names and information for **all persons** who will be residing in the unit. Mark N/A in all unused entry places.

Last Name	First Name		Relationship to HOH	
Social Security #	DOB	Birthplace	Sex	Disabled: <input type="checkbox"/> Yes <input type="checkbox"/> No Full-Time Student: <input type="checkbox"/> Yes <input type="checkbox"/> No

Last Name	First Name		Relationship to HOH	
Social Security #	DOB	Birthplace	Sex	Disabled: <input type="checkbox"/> Yes <input type="checkbox"/> No Full-Time Student: <input type="checkbox"/> Yes <input type="checkbox"/> No

Last Name	First Name		Relationship to HOH	
Social Security #	DOB	Birthplace	Sex	Disabled: <input type="checkbox"/> Yes <input type="checkbox"/> No Full-Time Student: <input type="checkbox"/> Yes <input type="checkbox"/> No

Last Name	First Name		Relationship to HOH	
Social Security #	DOB	Birthplace	Sex	Disabled: <input type="checkbox"/> Yes <input type="checkbox"/> No Full-Time Student: <input type="checkbox"/> Yes <input type="checkbox"/> No

Last Name	First Name		Relationship to HOH	
Social Security #	DOB	Birthplace	Sex	Disabled: <input type="checkbox"/> Yes <input type="checkbox"/> No Full-Time Student: <input type="checkbox"/> Yes <input type="checkbox"/> No

Last Name	First Name		Relationship to HOH	
Social Security #	DOB	Birthplace	Sex	Disabled: <input type="checkbox"/> Yes <input type="checkbox"/> No Full-Time Student: <input type="checkbox"/> Yes <input type="checkbox"/> No

Last Name	First Name		Relationship to HOH	
Social Security #	DOB	Birthplace	Sex	Disabled: <input type="checkbox"/> Yes <input type="checkbox"/> No Full-Time Student: <input type="checkbox"/> Yes <input type="checkbox"/> No

Last Name	First Name		Relationship to HOH	
Social Security #	DOB	Birthplace	Sex	Disabled: <input type="checkbox"/> Yes <input type="checkbox"/> No Full-Time Student: <input type="checkbox"/> Yes <input type="checkbox"/> No

Last Name	First Name		Relationship to HOH	
Social Security #	DOB	Birthplace	Sex	Disabled: <input type="checkbox"/> Yes <input type="checkbox"/> No Full-Time Student: <input type="checkbox"/> Yes <input type="checkbox"/> No

**HOUSEHOLD'S ANNUAL INCOME**

**Head of Household:**       Employed\*       Not Employed

**Gross Amount \$**  
**(Before Deductions)**

\*Employer Name: \_\_\_\_\_

\$ \_\_\_\_\_ (weekly)

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

# Hours per week: \_\_\_\_\_

Hourly Rate \$ \_\_\_\_\_

Other Household Member:

Employer Name: \_\_\_\_\_

\$ \_\_\_\_\_ (weekly)

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

# Hours per week: \_\_\_\_\_

Hourly Rate \$ \_\_\_\_\_

Other sources of income:

Source	Who Collects		Amount	Monthly or Weekly
	Head	Other		
Self Employment				
Unemployment or Workers Compensation				
Alimony				
Child Support (awarded amounts collected or uncollected)				
Social Security (SSA, SSDI, SSI - children's benefits must be disclosed)				
Public Assistance (APTD) or Temporary Aid to Needy Families (TANF)				
Veteran's Benefits				
Pensions or Annuities Company Name: _____ Address: _____				
Income from rental property or other forms of real estate Property Address: _____				
Any other income sources/types not listed				
Source of Income _____				
Source of Income _____				

DO NOT INCLUDE DIVIDENDS/INTEREST; THEY SHOULD BE LISTED IN THE ASSET SECTION OF THIS APPLICATION

**HOUSEHOLD'S ASSETS**

**Checking or  Savings Account:** Balance \$ \_\_\_\_\_

\_\_\_\_\_  
Account Number

\_\_\_\_\_  
Bank Name

**Checking or  Savings Account:** Balance \$ \_\_\_\_\_

\_\_\_\_\_  
Account Number

\_\_\_\_\_  
Bank Name

**Checking or  Savings Account:** Balance \$ \_\_\_\_\_

\_\_\_\_\_  
Account Number

\_\_\_\_\_  
Bank Name

**CD or  Money Market Account:** Balance \$ \_\_\_\_\_

\_\_\_\_\_  
Account Number

\_\_\_\_\_  
Bank Name

**CD or  Money Market Account:** Balance \$ \_\_\_\_\_

\_\_\_\_\_  
Account Number

\_\_\_\_\_  
Bank Name

**Stocks** \_\_\_\_\_ \$ \_\_\_\_\_  
Stock Name Total Value # Shares

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_  
Stock Name Total Value # Shares

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Bonds** \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_  
Total Value Total Value Total Value

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Annuity/Trust Accounts:** Balance \$ \_\_\_\_\_

\_\_\_\_\_  
Account Number

\_\_\_\_\_  
Bank Name

**IRA or  Retirement Account:** Balance \$ \_\_\_\_\_

\_\_\_\_\_  
Account Number

\_\_\_\_\_  
Bank Name

**Life Insurance - Whole** Cash Value \$ \_\_\_\_\_

HOUSEHOLD'S ASSETS (continued)

Do you own any Real Estate?  Yes\*  No \*(Fair Market Value) \$ \_\_\_\_\_  
This includes your personal residence, vacant farmland, farms, vacations homes or commercial property.

Address of Property: \_\_\_\_\_

Have you *sold, disposed of or obtained* any property in the last two (2) years?  Yes  No

If YES, type of property: \_\_\_\_\_

Date sold, disposed or obtained: \_\_\_\_\_

Appraised Market Value: \$ \_\_\_\_\_ Sold For: \$ \_\_\_\_\_

Mortgage Balance Due: \$ \_\_\_\_\_

Have you *disposed of or obtained any other assets* in the last two (2) years?  Yes  No  
(Ex: Given away money to relatives, set-up Irrevocable Trust Accounts, been given an inheritance, etc.)

If yes, describe asset: \_\_\_\_\_

Date of Disposition or Obtained:  Disposed \_\_\_\_\_  Obtained \_\_\_\_\_

Do you have any other assets not listed above  Yes\*  No  
(Ex: jewelry, antiques, coins, stamps, etc.)

\* If YES, Please list:

Are you or any member of your household listed on any local or state offender registration program?  Yes  No

Have you or any member of your household ever committed or been convicted of a misdemeanor or felony crime or any conviction involving drugs or alcohol?  Yes\*  No

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

Do you own any pets?  No  Yes: Type \_\_\_\_\_ Weight \_\_\_\_\_

**HOUSING HISTORY**

List the past seven (7) years of housing history. Start with your present housing.

(If additional space is required, use the back of this page.)

**Landlord or Mortgage Information**

**Your Address**

1) \_\_\_\_\_  
Name  
\_\_\_\_\_  
Address  
\_\_\_\_\_  
Area Code                      Telephone #

\_\_\_\_\_  
 Rent                       Own  
From \_\_\_\_\_ to \_\_\_\_\_  
Cost Per Month \$ \_\_\_\_\_

2) \_\_\_\_\_  
Name  
\_\_\_\_\_  
Address  
\_\_\_\_\_  
Area Code                      Telephone #

\_\_\_\_\_  
 Rent                       Own  
From \_\_\_\_\_ to \_\_\_\_\_  
Cost Per Month \$ \_\_\_\_\_

Have you ever been evicted from an apartment for any reason?                       Yes\*     No  
\*Explain: \_\_\_\_\_

Are you currently receiving Federal Housing Assistance?                       Yes     No

Have you or any member of your household previously received Federal Housing assistance?                       Yes     No    If YES, where: \_\_\_\_\_

Do you owe money to any Housing Authority?                       Yes\*     No  
If YES, which one and how much? \_\_\_\_\_ \$ \_\_\_\_\_

Has your family's assistance or tenancy in a federally assisted housing program ever been terminated for fraud, non-payment of rent or failure to cooperate with re-certification procedures?                       Yes     No

Have you or any member of your household ever committed any fraud in a federally assisted program or been requested to repay money or misrepresenting information in such housing programs?                       Yes\*     No  
\*Explain: \_\_\_\_\_

If you currently do not live in Concord or Penacook, have you ever lived in Concord and/or Penacook?                       Yes\*     No  
\*If YES, you will be asked for verification at a later date.

If you are elderly and/or disabled and do not currently live in Concord/Penacook, do you have parent(s) and/or a son/daughter who live in Concord/Penacook?                       Yes\*     No  
\*If YES, you will be asked for verification at a later date.

APPLICANT CERTIFICATION

**Giving True and Complete Information**

I/We certify that all the information provided on household composition, income and family assets, is accurate and complete to the best of my/our knowledge. I/We have reviewed this Application Form and certify that the information shown is true and correct.

**Reporting on Prior Housing Assistance**

I/We certify that I/We have disclosed where I/We received any previous Federal housing assistance and whether or not any money is owed. I/We certify that for this previous assistance I/We 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/We understand that knowingly supplying false, incomplete or inaccurate information is punishable under Federal or State criminal law. I/We 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/We understand that this is only my/our "Initial Application" and that I/We shall be required update, at a later time, so that the Housing Authority can determine my/our eligibility for the housing assistance program.

**Release of Information**

I/We do hereby consent and authorize the release of any and all information to the Concord Housing Authority from the sources listed on this application for the purpose of verifying my/our eligibility and benefit level. I/We do hereby release, remise, and forever discharge, from any action whatsoever, in law and equity, all Concord Housing Authority employees and agents in connection to the processing, investigation or credit checking of this application and will hold harmless from any suit or reprisal whatsoever.

By signing below, I/We attest that all the information contained in this application is true and accurate to the best of my/our knowledge. I/We have read and understand all sections of this application.

**ALL ADULT HOUSEHOLD MEMBERS MUST SIGN BELOW**

\_\_\_\_\_

Signature of Head of Household

\_\_\_\_\_

Date

\_\_\_\_\_

Signature of Spouse or Co-Head of Household

\_\_\_\_\_

Date

**CONCORD HOUSING AUTHORITY DOES NOT DISCRIMINATE AGAINST ANY PERSON  
BECAUSE OF COLOR, RELIGION, HANDICAP, FAMILIAL STATUS, SEXUAL ORIENTATION  
SEX, RACE, MARITAL STATUS, AGE OR NATIONAL ORIGIN.**

**APPLICANT MUST INFORM CHA OF ANY ADDRESS AND TELEPHONE CHANGES IMMEDIATELY.  
FAILURE TO DO SO MAY RESULT IN TERMINATION FROM THE WAIT LIST!**

**COMPLETED APPLICATIONS WILL BE ADDED TO THE WAITLIST ON THE DATE THEY ARE RECEIVED  
AT THE MAIN OFFICE. INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED.**