



New Hampshire Housing  
*Bringing You Home*

**Report ALL Changes  
to Contact Information  
& Verify the Change**

Assisted Housing  
(800) 439-7247  
Fax: (603) 472-8729

Home Ownership  
(800) 649-0470  
Fax: (603) 472-2663

Littleton Office  
(800) 622-5266  
Fax: (603) 444-7604

**Please read this carefully before completing the application.**

- If you or anyone in your family is a person with disabilities, and you require a specific accommodation in how we communicate with you or how we do things regarding your application, please see the following page for how to contact us to request that accommodation.
- It may take up to 30 days to process your application. After 30 days, if you have not received a confirmation letter, call 1-800-439-7247, choosing option 3 for the call center.
- If you move and do not update your address with us, your file will be inactivated during our yearly update. You will then need to reapply.
- 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.
- If there is not enough space to answer a particular question or to provide any additional explanation that you want to make, please feel free to attach one or more pages to the application.
- Unless specifically indicated on this application, the questions apply to all members of the family listed.
- 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 housing employee.
- The legal head of household and spouse/co-head (if any) must sign and date the application form.
- Be advised that NHHFA will conduct criminal background checks and sex offender registration checks on all adult household members (including live-in aides) before determining final eligibility.

**To qualify for housing assistance an applicant must:**

- Have an annual income at the time of admission that does not exceed the income limits established by HUD. These income limits are posted on our website at [www.nhhfa.org](http://www.nhhfa.org)
- Meet the HUD requirements on citizenship or immigrations status.
- Provide documentation of Social Security numbers (copy of the Social Security card) for all family members when eligibility is being determined.
- Pay any money owed NHHFA or any other housing authority.
- Not be subject to lifetime sex offender registration requirements.
- Sign authorization forms so that NHHFA can verify the various eligibility requirements.
- Not have any household members who are engaged in any criminal activity that threatens the life, health, safety, or right to peaceful enjoyment of the premises by other residents.
- Not have any household member who is engaged in any drug-related or violent criminal activity.

**Return completed application to the Manchester post office box listed below.**

New Hampshire Housing Finance Authority  
32 Constitution Drive Bedford, NH 03110 Mailing Address: P.O. Box 5087 Manchester, NH 03108 (603) 472-8623 TDD: (603) 472-2089  
Littleton Office: 41 Cottage Street Littleton, NH 03561  
[www.nhhfa.org](http://www.nhhfa.org)

**Mail to**



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## NOTICE OF RIGHT TO REASONABLE ACCOMMODATION

If you are a person with a disability and as a result of your disability you need

- a change in the rules or policies or how we do things that would give you an equal chance to use your voucher,
- a change in the way we communicate with you or give you information;

**you may ask for this kind of change, which is called a  
REASONABLE ACCOMMODATION.**

If you can show that you have a disability and if your request is reasonable (does not pose “an undue financial or administrative burden”, which means not too expensive and too difficult to arrange), we will try to make the changes you request.

We will give you an answer in 30 days unless there is a problem getting the information we need or unless you agree to a longer time. We will let you know if we need more information or verification from you or if we would like to talk to you about other ways to meet your needs.

If we turn down your request, we will explain the reasons and you can give us more information if you think that will help.

If you need help filling out a **REASONABLE ACCOMMODATION REQUEST FORM** or if you want to give us your request in some other way, we will help you.

You can get a **REASONABLE ACCOMMODATION REQUEST FORM** by:

- 1) **calling** 1-800-439-7247 from anywhere in the country
- 2) **calling** on the TDD line (for the hearing impaired) 603-472-2089
- 3) **stopping** at New Hampshire Housing’s main office located at 32 Constitution Drive, Bedford, New Hampshire
- 4) **stopping** at New Hampshire Housing’s Littleton Office located at 41 Cottage Street, Littleton, New Hampshire
- 5) **writing** to us at New Hampshire Housing, P.O. Box 5087, Manchester, NH 03108 and we will then mail you a form; or
- 6) **accessing** our website at [www.nhhfa.org](http://www.nhhfa.org).

**NOTE: All information you provide will be kept confidential and used only to help you have an equal opportunity to enjoy your housing opportunities.**



# Application for Housing Choice Voucher Rental Assistance

Legal Name of Head of Household: \_\_\_\_\_

Present Street Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

Mailing Address (if different from above): \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail address \_\_\_\_\_

**Please complete this part for the Head of Household:**

Social Security number \_\_\_\_\_

Do you speak English?  well  not well  not at all?

Date of birth (MM/DD/YYYY) \_\_\_\_\_

Do you speak another language other than English at home?

Yes  No

Sex  Male  Female

What language do you speak if you do not speak English well?

\_\_\_\_\_

**Please check all that apply:**

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White
- American Indian or Alaska Native *and* White
- Asian *and* White
- Black or African American *and* White
- American Indian or Alaska Native *and* Black or African American
- Other multiple race combinations: \_\_\_\_\_

**Please check one:**

- Hispanic or Latino
- Non-Hispanic or Latino

Gross annual household income: \$ \_\_\_\_\_  
(Include all income for all family members, listing the yearly income before taxes.)

How many people will live in the unit? \_\_\_\_\_  
How many adults over age 18? \_\_\_\_\_  
How many dependents, under 18? \_\_\_\_\_

Please list spouse or co-head's name: \_\_\_\_\_

Household composition.  Family  Elderly  Disabled (Check all that apply)

Please list the name of all people who will live in your home:

_____	_____
_____	_____
_____	_____
_____	_____

***For Housing Authority use only:***

Program \_\_\_\_\_ Preference \_\_\_\_\_ Date recvd: \_\_\_\_\_

Revised 4/2011

# PBA: \_\_\_\_\_ # MR: \_\_\_\_\_ FSS \_\_\_\_\_

(over)



If you or anyone in your family is a person with disabilities and you need a reasonable accommodation in how we communicate with you or how we do things regarding your application, please refer to the "Notice of Right to Reasonable Accommodation" on the previous page for contact information.

**Please answer the following questions:**

1. Are any adult household members full-time or part-time college students? [ ] Yes [ ] No  
*If yes, please note that eligibility is determined when your name reaches the top of the waiting list or before admission to a Project Based unit.*
2. Have you or anyone in your household ever used a name other than the one being used now? [ ] Yes [ ] No  
 If so, what was it? \_\_\_\_\_
3. Have you ever received rental assistance before? When? \_\_\_\_\_ Where? \_\_\_\_\_ Under what name? \_\_\_\_\_ What Head of Household name? \_\_\_\_\_ [ ] Yes [ ] No
4. Are any household members subject to the lifetime registration requirement under the state sex offender registration law? If yes, which family member? \_\_\_\_\_ [ ] Yes [ ] No
5. Have you or anyone in your household ever participated in, been arrested for, or convicted of, a drug related crime? *Drug related criminal activity is defined as the illegal manufacture, sale, distribution or use of a drug or the possession of a drug with the intent to manufacture, sell, distribute or use the drug. Who, when and where?* [ ] Yes [ ] No  
 \_\_\_\_\_  
 \_\_\_\_\_
6. Have you or anyone in your household ever engaged in a violent criminal act, or been arrested for, or convicted of participation in a violent crime? [ ] Yes [ ] No  
*Violent criminal activity is defined as any criminal activity that has as one of its elements the use or threatened use of physical force substantial enough to cause, or be reasonably likely to cause, serious bodily injury or property damage including but not limited to murder, manslaughter, assault, rape, robbery, burglary, arson and kidnapping. Who, when and where?* \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
7. Have you or anyone in your household ever committed any fraud in a federally assisted housing program or been requested to repay money for knowingly misrepresenting information for such housing programs? **Who, when and where?** [ ] Yes [ ] No  
 \_\_\_\_\_

**I do hereby swear that all of the information on this form is true and correct. I understand that any misrepresentation of information or failure to disclose information requested on this form may disqualify me from consideration for admission or participation and may be grounds for termination of assistance. Please note that the information you have provided is subject to verification through computer matching with other federal agencies through HUD's Upfront Income Verification (UIV) process. This will verify the accuracy of tenant reported income, including but not limited to wages, unemployment and Social Security income. I understand that I am required to notify the Housing Authority (in writing) of any changes of address. If I cannot be contacted at the above address, I understand my name will be removed from the waiting list and I will have to reapply.**

Warning: Title 18, Section 1001 of The United States Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department or agency of The United States and shall be fined not more than \$10,000 or imprisoned for not more than five years or both.

**Signature:** \_\_\_\_\_ **Date completed:** \_\_\_\_\_  
 (Head of Household)

**Signature:** \_\_\_\_\_ **Date completed:** \_\_\_\_\_  
 (Spouse, Co-Head or Other Adult)

**Signature:** \_\_\_\_\_ **Date completed:** \_\_\_\_\_  
 (Other Adult)

**Please go to page 3 to review our preferences and special programs. If you do not choose a preference, you will be on the list without a preference and that could affect your waiting time.**



Currently New Hampshire Housing offers the following preferences or programs that can affect your place on the waiting list. Please indicate by checking below, if you feel you qualify for any of these preferences or programs. In the future, if a change is proposed in these preferences, a public hearing would be held and the outcome could affect your placement on the waiting list.

**Preferences**

\_\_\_\_\_ A member of the household has a terminal illness (death will result within 24 months as verified by a physician). Please indicate family member who has the terminal illness: \_\_\_\_\_

\_\_\_\_\_ I am/We are eligible for services through the Home and Community Based Medicaid Waiver Programs (HCBC). This means that the person indicated below qualifies for nursing home level of care but wishes to remain in the community. Please indicate name of family member who qualifies for HCBC: \_\_\_\_\_

\_\_\_\_\_ I am at risk of becoming homeless because:

- I pay more than half of my gross income toward rent, or
- I/We live with friends or relatives due to an emergency or homeless situation. This is a temporary arrangement. My name is not on the lease. If I were not in this current living arrangement I would otherwise be homeless, or
- I am temporarily living in a substandard living situation, i.e. a campground or other temporary placement.

\_\_\_\_\_ I am currently homeless, meaning that:

- I/We live in a shelter and lack a fixed, regular and adequate nighttime residence and also have a primary night time residence that is a supervised publicly/privately operated shelter designed to provide temporary living accommodations (including welfare hotels, congregate shelters and transitional housing), or
- I/We live in a hospital or institution that provides a temporary residence for individuals intended to be institutionalized, or
- I/We live in a public/private place not designed for, or ordinarily used for, sleeping by human beings.

**Special Programs**

\_\_\_\_\_ The head of household, spouse or sole member is a person with disabilities and would like to be considered for one of the 20 mainstream vouchers.

\_\_\_\_\_ I am eligible for the ACCESS Transition program because:

- I am living in a nursing home, assisted living, residential care, community residence or congregate housing **and** I am under 62 and disabled, **and** I want to transition into a more independent setting.

**NH Housing is applying for Family Unification Program vouchers. Assistance would be available if we receive funding from HUD. Please indicate if you qualify for the special program sub-list:**

\_\_\_\_\_ We are a family with a child or children under 18 who are not living with us (their parents) and who are not being returned home because of a lack of adequate housing; or

\_\_\_\_\_ We are a family with a child or children under 18 for whom the lack of housing is the main reason they may be removed from the home; or

\_\_\_\_\_ I am a youth at least 18 years old but not more than 21 years old who left foster care at age 16 or older and who does not have adequate housing.

**Sub-lists: (Your Section 8 application is not affected whether or not you choose to be on these sub-lists.)**

It is my goal to be self sufficient, therefore, I would like to be placed on a sub-list for the Family Self Sufficiency program, which will assist me in reaching that goal. (The Family Self Sufficiency program has work requirements and will assist you in reaching goals involving increasing earned income and/or homeownership.)

[ ] Yes [ ] No

**Other sub-lists for Project Based and Mod Rehab assistance are found at the end of this application. Please read the description of the options and indicate your desire to be on those sub-lists by checking off your choices on pages 4 and 5.**

**Head of Household name:** \_\_\_\_\_ **SS#:** \_\_\_\_\_



Your Name: \_\_\_\_\_ SS#: \_\_\_\_\_

### Mod Rehab Option:

The following Mod Rehab properties have vacancies from time to time. If you chose to live in one of these units, you would pay 30% of your monthly-adjusted income. Although you do not receive a voucher when you move in (therefore you cannot take your assistance with you if you move) you can remain on the Housing Choice Voucher waiting list while you are living in one of these units. If your name reaches the top of the Housing Choice Voucher waiting list during the first year of your lease, you would have to go back on waiting list and wait for the next opportunity. **Note:** if you choose to live in a Mod Rehab unit you will not qualify for the homeless/at risk of homelessness preference because you are paying only 30% of your income for your rent and utilities.

If you are interested in receiving notice of vacancies for a specific property, please place a check mark in the box where indicated. Check as many as you wish. Choosing to be notified does not affect your status on the Housing Choice Voucher waiting list.

√ Check boxes below if you wish to receive vacancy notices for a specific property.  Properties with “*Elderly” are designated for applicants 62 or over or disabled.	Location	Property	Number of Assisted Units
<input type="checkbox"/> 2 Bedroom	Ossipee (6)	Pine Grove 603-539-9546	15
<input type="checkbox"/> 0 Bedroom <input type="checkbox"/> 1 Bedroom <input type="checkbox"/> 2 Bedroom <input type="checkbox"/> 3 Bedroom	Franklin (8)	Central Street 603-934-3032	17
<input type="checkbox"/> 2 Bedroom <input type="checkbox"/> 3 Bedroom	Manchester (9)	School & Third St. 603-641-9441	16
<input type="checkbox"/> 1 Bedroom (accessible unit) <input type="checkbox"/> 2 Bedroom <input type="checkbox"/> 3 Bedroom	Hinsdale (14)	Post Office Square 603-352-8329	10
<input type="checkbox"/> 1 Bedroom *Elderly 62+	Raymond (15)	Main Street 603-895-6080	6
<input type="checkbox"/> 0 Bedroom *Elderly 62+ <input type="checkbox"/> 1 Bedroom *Elderly 62+	Hinsdale (20)	Todd Block 603-352-8329	20
<input type="checkbox"/> 1 Bedroom <input type="checkbox"/> 2 Bedroom	Farmington (22)	Crowley Street 603-817-1843	10
<input type="checkbox"/> 1 Bedroom *Elderly 62+	Bristol (24)	Central Square 603-744-3890	2
<input type="checkbox"/> 1 Bedroom (through West Central Behavioral Health)	Claremont (29)	High Street 603-543-3118	3
<input type="checkbox"/> 2 Bedroom	Winchester (30)	Keene Rd 603-490-3753	3
<input type="checkbox"/> 0 Bedroom *Elderly 62+ <input type="checkbox"/> 1 Bedroom *Elderly 62+	Nashua (31)	Summer Street 603-626-1964	11

Your Name: \_\_\_\_\_ SS#: \_\_\_\_\_

**Project Based Voucher Option:**

The following properties have a set number of units that have subsidy attached to them. A tenant living in one of the assisted units would pay 30% of their monthly-adjusted income. The owner handles tenant selection from a separate waiting list for each property and will contact you directly to determine your eligibility for any vacancies.

If you are interested in being placed on one of the specific property waiting lists, please place a check mark on the line for that property. Choosing to be on the waiting list for a specific property under this Project Based Assistance Program does not affect your status on the regular Housing Choice Voucher waiting list.

<input checked="" type="checkbox"/> Check boxes below if you wish to be on a specific property's waiting list.  Properties with “*Elderly” are designated Housing for Older Persons. Applicants must be 55 or over <u>or</u> 62 or over, depending on owner's tenant selection criteria.	Location	Property	Number of Assisted Units	Barrier Free units:  Check the box if you need a barrier free unit.
<input type="checkbox"/> 2 Bedroom	Dover (40)	Bellamy Mill 603-641-2163	7	
<input type="checkbox"/> 1 Bedroom *Elderly 55+ <input type="checkbox"/> 2 Bedroom *Elderly 55+	Deerfield (44)	Sherburne Woods 603-895-0389	15	<input type="checkbox"/> 1 Bedroom
<input type="checkbox"/> 3 Bedroom	Farmington (43)	Mad River Apts. 603-516-0590	7	<input type="checkbox"/> 3 Bedroom
<input type="checkbox"/> 2 Bedroom	Rochester (39)	Brookside Place 603-641-2163	22	
<input type="checkbox"/> 1 Bedroom *Elderly 62+	Amherst (37)	Parkhurst Place 603-641-2163	10	<input type="checkbox"/> 1 Bedroom
<input type="checkbox"/> 1 Bedroom *Elderly 62+	Pelham (38)	Pelham Terrace 603-641-2163	24	<input type="checkbox"/> 1 Bedroom
<input type="checkbox"/> 2 Bedroom <input type="checkbox"/> 3 Bedroom	Belmont (50)	Sandy Ledge 603-225-3295	3	
<input type="checkbox"/> 2 Bedroom <input type="checkbox"/> 3 Bedroom	Winchester (51)	Snow Brook 603-352-7512 x284 603-352-7513	5	
<input type="checkbox"/> 2 Bedroom	Lebanon & Enfield (42)	Upper Valley Transitional 802-748-8235	4	
<input type="checkbox"/> 1 Bedroom <input type="checkbox"/> 2 Bedroom	West Swanzey (41)	West Swanzey Family Housing 603-352-7512 x284	4	
<input type="checkbox"/> 2 Bedroom <input type="checkbox"/> 3 Bedroom	Penacook (45)	Willow Crossing 603-224-9221	4	<input type="checkbox"/> 2 Bedroom <input type="checkbox"/> 3 Bedroom
<input type="checkbox"/> 3 Bedroom	Concord (45)	Willow Crossing 603-224-9221	4	
<input type="checkbox"/> 1 Bedroom <input type="checkbox"/> 2 Bedroom <input type="checkbox"/> 3 Bedroom	Hinsdale (104)	Cheshire Housing Trust 603-357-7603	6	



Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants  
**SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING**

This form is to be provided to each applicant for federally assisted housing

**Instructions: Optional Contact Person or Organization:** You have the right by law to include as part of your application for housing, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. **You may update, remove, or change the information you provide on this form at any time.** You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form.

<b>Applicant Name:</b>	
<b>Mailing Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>Name of Additional Contact Person or Organization:130</b>	
<b>Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>E-Mail Address (if applicable):</b>	
<b>Relationship to Applicant:</b>	
<b>Reason for Contact:</b> (Check all that apply)	
<input type="checkbox"/> Emergency	<input type="checkbox"/> Assist with Recertification Process
<input type="checkbox"/> Unable to contact you	<input type="checkbox"/> Change in lease terms
<input type="checkbox"/> Termination of rental assistance	<input type="checkbox"/> Change in house rules
<input type="checkbox"/> Eviction from unit	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Late payment of rent	
<b>Commitment of Housing Authority or Owner:</b> If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.	
<b>Confidentiality Statement:</b> The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
<b>Legal Notification:</b> Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.	

Check this box if you choose not to provide the contact information.

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**Signature of Applicant**

**Date**

The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). The public reporting burden is estimated at 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Section 644 of the Housing and Community Development Act of 1992 (42 U.S.C. 13604) imposed on HUD the obligation to require housing providers participating in HUD's assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend, or person associated with a social, health, advocacy, or similar organization. The objective of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any delivery of services or special care to the tenant and assist with resolving any tenancy issues arising during the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and maintained as confidential information. Providing the information is basic to the operations of the HUD Assisted-Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fraud, waste and mismanagement. In accordance with the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless the collection displays a currently valid OMB control number. Privacy Statement: Public Law 102-550, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions.

Form  
HUD- 92006 (05/09)