



245 Middle Street, Portsmouth, NH 03801

Dear Applicant:

Thank you for your interest in Portsmouth Housing Authority. Please complete the following information and return to the address above:

- Completed Preliminary Application signed by all household members age 18 and older.
- Completed Alternative or Emergency Contact form (signed by Head of Household only).
- Declaration of Section 214 Status form for Head of Household Only
- Copies of verifications needed for proof of preferences, if applicable

It is important that all forms are signed and dated prior to submitting them. Please know that if any of the forms are not signed or completed your Preliminary Application will be returned to you.

At this time there is no parking offered at the following properties. Tenants are responsible to obtain private parking offsite and/or utilize on-street parking

- Margeson - 245 Middle Street
- Feaster - 140 Court Street

Proof of Preferences

1. Residency in Portsmouth: Applicant must submit at least one of the following: Rent Receipt, Copy of Lease, Utility Bill, Employer/Agency Record, Driver's License, School Record, Voter Registration Record, Credit Report or Statement from Landlord or Case Manager. Employed in the City of Portsmouth: Notarized Employment Verification Statement signed by employer. *Use of a residency preference will not have the purpose or effect of delaying or otherwise denying admission to the program based on the race, color, ethnic origin, gender, religion, disability, or age of any member of an applicant family.*
2. Veteran: Those honorably discharged individuals that performed wartime service as defined by NH RSA 21:50 and their spouses or surviving spouses as verified by United States Government Documents (ex. DD214-Discharge Paperwork with Honorable Discharge, DD215 or DD217. Verification: See RSA 21:50 for documents that may be used to establish an individual's status as a veteran
3. Working, Elderly, or Disabled Family: Where the head or spouse has been employed at least 20 hours per week for a continuous 18 months preceding selection from Waiting List or from the date the preference was claimed or a person who is disabled or 62 years old or older. This preference must be verified by the employer, disability assistance provider and/or birth certificate.
4. Homelessness Preference (FOR HCV ONLY):
 - Limited preference specifically for people who are referred by the following partnering homeless service organizations:
 - Cross Roads House
 - Families in Transition
 - New Generation, Inc.
 - Haven
 - Seacoast Mental Health Center
 - Verification: Applicant must have an HMIS* number AND an applicant must have a written referral by a service provider from an above listed agency
**Applicants working with Domestic Violence shelters will be excluded from having to provide an HMIS number*

"No person shall, on the grounds of race, color, sex, religion, national or ethnic origin, familial status, or disability, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under the Portsmouth Housing Authority's programs."





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Pre-Application for Admission and Rental Assistance
(MUST USE BLUE OR BLACK INK PEN ONLY. DO NOT USE WHITEOUT)

For Office Use Only: Date application received _____	Time application received _____	By _____
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Date: _____

Please check off type(s) of assistance you are applying for:

- Public Housing
- Lafayette School (All members must be 62 or over)
- Atlantic Heights (All members must be 62 or over)
- Connors Cottage (All members must be 62 or over)
- Wamesit Place (Family development)
- Housing Choice Voucher (HCV)

Special Features

- Mobility Accessible Unit
- Communication Accessible Unit (Hearing)
- Communication Accessible Unit (Visual)
- Special features: *Please list:* _____

Preferred Unit Size*

- Studio Unit
- 1 Bedroom Unit
- 2 Bedroom Unit
- 3 Bedroom Unit
- 4 Bedroom Unit

**PHA will take your unit preferences/requirements into consideration, however it does not mean you will receive the preferred bedroom size. PHA must follow occupancy standards in place.*

- Willing to take smaller bedroom size if unit is available first

Applicant Name			
Head of Household Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Prefer not to disclose			
Citizenship Status <input type="checkbox"/> United States Citizen <input type="checkbox"/> Eligible Non-Citizen <input type="checkbox"/> Ineligible Non-Citizen			
Head of Household Race (Optional) <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian or Pacific Islander			
Head of Household Ethnicity (Optional) <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic			
Current Address			
Address Line 2			
City, State, Zip			
Home Phone		Cell Phone	
Work Phone		Email Address	
May we contact you at work? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Birth Date		Social Security Number	
If you have no Social Security Number, you claim you are exempt because			
<input type="checkbox"/> You are an ineligible non-citizen			
<input type="checkbox"/> You were 62 as of 1/31/10 and receiving HUD housing assistance as of 1/31/10 (if you claim this exemption you must provide proof that you were receiving HUD assistance as of 1/31/2010 such as a copy of an executed HUD Form 50058 or 50059)			
Is the head-of household or co-head/spouse 62 or older or disabled?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you enlisted in the U.S. Military or are you a veteran of the U.S. Military?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you currently receiving housing assistance from HUD or a PHA?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you currently using marijuana?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you acknowledge that you are aware that the PHA has implemented a Smoke Free policy? <i>This means that smoking is prohibited in the unit, on unit balconies and porches and in all indoor and outdoor common areas and within 25 feet of the building.</i>			<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you agree that you, your guests and service providers hired by you will abide by the Smoke Free Policy?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you understand that failure to comply with Smoke Free policies as described in the House Rules will result in termination of tenancy (eviction)?			<input type="checkbox"/> Yes <input type="checkbox"/> No





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Have you or anyone in your household ever been convicted of a crime?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, indicated if the conviction(s) was a felony, misdemeanor or check both boxes if you have been convicted of both.	<input type="checkbox"/> Felony	<input type="checkbox"/> Misdemeanor	
Are you or is <u>any member</u> of the household required to register with any state lifetime sex offender or other sex offender registry?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Have you or anyone in your household ever been evicted from a federally funded housing program for a lease violation including drug use or failure to report a crime?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If yes, when & where			
Please indicate each state where you have lived: <i>This disclosure is mandatory under HUD rules and criminal screening will be reviewed in each state listed and via national criminal screening/sex offender databases. Failure to provide a complete and accurate list will result in the rejection of the application.</i>			

PREFERENCES: Priority placement is given to applicants who qualify for specific preference categories. The head of household, co-head, or spouse must qualify for a preference for it to be applied. Please note, not all waiting lists have the same preferences. Official documentation must be submitted at time of eligibility determination to prove the household qualifies for the preferences selected below. If the household cannot submit documentation to verify a preference or no longer qualifies for a preference, the preference will be removed and waitlist status may change. Please indicate if you qualify for any of the preferences listed below by checking the box next to the appropriate preference.

<input type="checkbox"/>	I currently live in the City of Portsmouth or work over 20 hours/week in the City of Portsmouth (4pts)
<input type="checkbox"/>	I am a veteran as verified by the Department of Veteran Affairs or my spouse is a veteran as verified by the Department of Veteran Affairs (2pts)
<input type="checkbox"/>	I am either: a working head of household, <i>or</i> working spouse <i>or</i> person 62 or older, <i>or</i> a person who is unable to work because of their disability (1pt)
<input type="checkbox"/>	I am homeless (Applies to HCV only): Applicant must have an HMIS number* and must have a written referral by a service provider *Domestic Violence Shelter residents are excluded from having to provide an HMIS number (4pts)

FAMILY HOUSEHOLD COMPOSITION: List members who will live in the apartment. List Head of Household first.

Name	Relationship	Birth Date	Place of Birth	Social Security #	Student
	HEAD				

INCOME AND ASSET INFORMATION: In order to determine eligibility and to ensure that your family receives the correct assistance, please provide the following information. Please do not include income or asset information of live-in aides.

Total Income of all members who will live in the unit: \$ _____

Total Value of all Assets owned by members who will live in the unit \$ _____





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Program Information

Optional: The following questions are asked of every applicant for PHA housing assistance. They are used to determine if an applicant household needs special features in its housing unit. Are you or any member of your household handicapped _____ or disabled _____? Do you or any member of your family require special features in a housing unit? For example, wheelchair accessible unit, unit for vision or hearing impaired. _____ If yes, please state type of special feature required _____

PENALTIES FOR MISUSING THIS FORM

Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government, HUD, the PHA and any owner (or any employee of HUD, the PHA or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person, who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD, the PHA or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number is contained in the Social Security Act at 208 (a) (6), (7) and (8). Violations of these provisions are cited as violations of 42 U.S.C. 408 (a) (6), (7) and (8).

APPLICANT CERTIFICATION

By signing this document, I certify that if selected to receive assistance, the unit I/we occupy will be my/our only residence. I/we understand that the above information is being collected to determine my/our eligibility. I/we authorize the owner/manager/PHA to verify all information provided on this application and to contact previous or current landlords or other sources of credit and verification information which may be released to appropriate Federal, State, or local agencies. I/we certify that the statements made in the application are true and complete. I/we understand that providing false statements or information is punishable under Federal Law.

Applicant Name (please print) _____

Signature _____ Date _____

Portsmouth Housing Authority does not discriminate on the basis of disability status in the admission or access to, or treatment or employment in, its federally assisted programs and activities. The person named below has been designated to coordinate compliance with the nondiscrimination requirements contained in the Department of Housing and Urban Development's regulations implementing Section 504 (24 CFR, part 8 dated June 2, 1988).

Name Norma Laurent
Address 245 Middle Street
City Portsmouth State NH Zip 03801
Telephone – Voice 603-436-4310
Telephone – TTY 800-545-1833 ext.0825





Authorization for the Release of Information

Date:

*****This consent expires 15 months after signed***

Original is retained by requesting organization.

Purpose: The Portsmouth Housing Authority may use this authorization and information obtained with it, to administer and enforce program rules and policies. This form cannot be used to request a copy of a tax return. Instead, use IRS form 4506, Request for Copy of Tax Form.

Authorization: I authorize the release of any information (including documentation and other materials) pertinent to eligibility for participation under any of the following programs:

- Low Income Rental Public Assistance
- Section 8 Housing Choice Voucher

I authorize the above named organization, PHA, to obtain information about me or my family that is pertinent to eligibility for participation in assisted housing programs.

I authorize the Portsmouth Housing Authority to obtain information on wages or employment compensation from State Employment Securities Agencies.

Information covered:

Inquiries may be made about:

- Child Care Expenses
- Credit History
- Criminal Activity
- Family Composition
- Employment, Income, Pension and Assets
- Federal, State, Tribal or Local Benefits
- Handicapped Assisted Expenses
- Identity and Marital Status
- Social Security Numbers
- Residences and Rental History

Individuals or organizations that may release information: Any individual or organization including any government organization may be asked to release information. Information may be requested from:

- Banks and other Financial Institutions
- Courts Law Enforcement Agencies
- Credit Bureaus
- Employers, Past and Present
- Landlords

Providers of:

- Alimony
- Child Care
- Child Support
- Credit
- EIV (Enterprise Income Verification)
- Handicapped Assistance
- Medical Care
- Pensions/Annuities
- School and Colleges
- US Social Security Administrations
- Department of Veteran Affairs
- Utility Companies
- Welfare Agencies

Conditions:

I agree that photocopies of this authorization may be used for the purposed state above. If I do not sign this authorization, I also understand that my housing assistance may be denied.

XXX-XX-

LAST FOUR Social Security Number

Date of Birth

Printed Name

X

Signature

Exhibit 3-5: Sample Citizenship Declaration

INSTRUCTIONS: Complete this Declaration for each member of the household listed on the Family Summary Sheet

LAST NAME _____

FIRST NAME _____

RELATIONSHIP TO HEAD OF HOUSEHOLD _____ SEX _____ DATE OF BIRTH _____

SOCIAL SECURITY NO. _____ ALIEN REGISTRATION NO. _____

ADMISSION NUMBER _____ if applicable (this is an 11-digit number found on DHS Form I-94, *Departure Record*)

NATIONALITY _____ (Enter the foreign nation or country to which you owe legal allegiance. This is normally but not always the country of birth.)

SAVE VERIFICATION NO. _____
(to be entered by owner if and when received)

INSTRUCTIONS: Complete the Declaration below by printing or by typing the person's first name, middle initial, and last name in the space provided. Then review the blocks shown below and complete either block number 1, 2, or 3:

DECLARATION

I, _____ hereby declare, under

penalty of perjury, that I am _____
(print or type first name, middle initial, last name):

_____ 1. A citizen or national of the United States.

Sign and date below and return to the name and address specified in the attached notification letter. If this block is checked on behalf of a child, the adult who will reside in the assisted unit and who is responsible for the child should sign and date below.

Signature

Date

Check here if adult signed for a child: _____

-
- _____ 2. A noncitizen with eligible immigration status as evidenced by one of the documents listed below:

NOTE: If you checked this block and you are 62 years of age or older, you need only submit a proof of age document together with this format, and sign below:

If you checked this block and you are less than 62 years of age, you should submit the following documents:

- a. Verification Consent Format (see Sample Verification Consent Form in Exhibit 3-6).

AND

- b. One of the following documents:

- (1) Form I-551, **Permanent Resident Card**
- (2) Form I-94, *Arrival-Departure Record*, with one of the following annotations:
 - (a) "Admitted as Refugee Pursuant to section 207";
 - (b) "Section 208" or "Asylum";
 - (c) "Section 243(h)" or "Deportation stayed by Attorney General"; or
 - (d) "Paroled Pursuant to Sec. 212(d)(5) of the INA."
- (3) If Form I-94, *Arrival-Departure Record*, is not annotated, it must be accompanied by one of the following documents:
 - (a) A final court decision granting asylum (but only if no appeal is taken);
 - (b) A letter from an DHS asylum officer granting asylum (if application was filed on or after October 1, 1990) or from an DHS district director granting asylum (if application was filed before October 1, 1990);
 - (c) A court decision granting withholding or deportation; or
 - (d) A letter from an DHS asylum officer granting withholding of deportation (if application was filed on or after October 1, 1990).
- (6) A receipt issued by the DHS indicating that an application for issuance of a replacement document in one of the above-listed categories has been made and that the applicant's entitlement to the document has been verified.
- (7) **Other acceptable evidence. If other documents are determined by the DHS to constitute acceptable evidence of eligible immigration status, they will be announced by notice published in the Federal Register.**

If this block is checked, sign and date below and submit the documentation required above with this declaration and a verification consent format to the name and address specified in the attached notification. If this block is checked on behalf of a child, the adult who will reside in the assisted unit and who is responsible for the child should sign and date below.

If for any reason, the documents shown in subparagraph 2.b. above are not currently available, complete the Request for Extension block below.

Signature Date

Check here if adult signed for a child: _____

REQUEST FOR EXTENSION

I hereby certify that I am a noncitizen with eligible immigration status, as noted in block 2 above, but the evidence needed to support my claim is temporarily unavailable. Therefore, I am requesting additional time to obtain the necessary evidence. I further certify that diligent and prompt efforts will be undertaken to obtain this evidence.

Signature Date

Check if adult signed for a child: _____

_____ 3. I am not contending eligible immigration status and I understand that I am not eligible for financial assistance.

If you checked this block, no further information is required, and the person named above is not eligible for assistance. Sign and date below and forward this format to the name and address specified in the attached notification. If this block is checked on behalf of a child, the adult who is responsible for the child should sign and date below.

Signature Date

Check here if adult signed for a child: _____

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.

Applicant Name:	
Mailing Address:	
Telephone No:	Cell Phone No:
Name of Additional Contact Person or Organization:	
Address:	
Telephone No:	Cell Phone No:
E-Mail Address (if applicable):	
Relationship to Applicant:	
Reason for Contact: (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	
Commitment of Housing Authority or Owner: 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.	
Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
Legal Notification: 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.



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.