

# Laconia Housing Authority

25 Union Ave. Laconia, NH 03246

(603) 524-2112 / Fax (603) 524-2290

## Housing Choice Voucher Program

(Formerly Section 8)

### APPLICATION AND PERSONAL DECLARATION

#### **INSTRUCTIONS – KEEP THIS PAGE FOR YOUR REFERENCE**

#### **To apply for the Housing Choice Voucher Program (Section 8):**

#### **Fill out the attached application packet and note the following checklist:**

- \_\_\_ Do not leave any spaces blank. Write N/A if a question does not apply to any member of your household.
- \_\_\_ Double check to make sure your application is complete. All forms must be signed and dated by all members of the household age 18 or older.
- \_\_\_ Deliver your completed forms to: **Laconia Housing Authority**  
**25 Union Ave.**  
**Laconia, NH 03246**

#### **INCOMPLETE APPLICATIONS WILL BE RETURNED TO APPLICANT**

Withholding information or giving false, misleading, or incomplete information will be grounds for denial of housing through LHA. **All information provided as part of an Application will be verified.**

After your completed Application Forms are received at the LHA office, you will be notified in writing that you have been placed on the waiting list. When your name nears the top of the Waiting List you will be notified in writing, by mail, and invited to an interview regarding your application. If you have not been contacted by mail for an interview your name has not yet reached the top of the list.

It is important that you bring all the required documents to the interview. If you do not come to the scheduled interview or respond to update letters, you will be removed from the waiting list.

**Applicant must meet income guidelines as well as selection criteria to qualify for admission.**

UPDATES TO YOUR APPLICATION, SUCH AS CHANGES TO MAILING ADDRESS, ARE YOUR RESPONSIBILITY AND MUST BE SUBMITTED IN WRITING TO LHA OFFICE.

Persons with disabilities who need assistance completing this application may request reasonable accommodation under LHA's Reasonable Accommodation Policy. A reasonable accommodation request form can be obtained from the LHA office. Contact LHA at (603) 524-2112 if you need more information about applying for housing assistance. LHA is an equal opportunity entity and does not discriminate on the basis of race color, religion, age, sex, familial status, national origin, handicap, or sexual orientation.



Laconia Housing Authority  
*Serving the People of the Lakes Region Since 1962*  
 25 Union Ave. Laconia, NH 03246  
 Phone: (603) 524-2112  
 Fax (603) 524-2290

FOR LHA USE ONLY  
 RECEIVED: DATE STAMP

## HOUSING CHOICE VOUCHER APPLICATION

**Please complete this entire application. Incomplete applications will be returned to Applicant.**

**UPDATES TO THIS APPLICATION SUCH AS CHANGES IN ADDRESS AND PHONE ARE YOUR RESPONSIBILITY.**

**If you deliberately omit or give false information on your Application you may be fined or imprisoned, and/or barred from receiving any future assistance.**

HEAD OF HOUSEHOLD: \_\_\_\_\_

(As it appears on Social Security Card) The Head of Household must be 18 years of age at the time of application.

Physical Address: \_\_\_\_\_ City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone #: \_\_\_\_\_ Cell #: \_\_\_\_\_ Wk #: \_\_\_\_\_

Email Address: \_\_\_\_\_ Alternate Contact: \_\_\_\_\_ Phone \_\_\_\_\_

**Please check box below if it applies to Head of Household or Co-Head/Spouse** (proof required with application):

- Working with Ozanam Place / Open Arms / Laconia Area Community Land Trust Transitional Housing
- Live in Belknap County, work in Belknap County or attend an educational/training program in Belknap County

HOUSEHOLD COMPOSITION							
List Head of Household and all people who will be living in unit. Note relationship of each family member to Head of Household.							
<u>Last Name</u>	<u>First Name</u>	<u>Relationship</u>	<u>Date of Birth</u>	<u>Sex</u>	<u>Social Security #</u>	<u>Disabled</u>	
						<u>Yes</u>	<u>No</u>
		<b>Head</b>					

Does anyone live with you now that is not listed above?  Yes  No

Do you expect any one else to join your household within the next 12 months?  Yes  No

If yes, please explain: \_\_\_\_\_

RACE AND ETHNIC REPORTING STATUS - FOR STATISTICAL USE ONLY						
(Please check all that apply)	RACE REPORTING				ETHNICITY REPORTING	
HEAD OF HOUSEHOLD	White	Black	American Indian / Native Alaskan	Asian / Pacific Islander	Hispanic/ Latino	Not Hispanic/ Or Latino

<b>EMERGENCY CONTACT</b>	NAME:	RELATIONSHIP:
	ADDRESS	
	CITY	STATE      ZIP
	PHONE	

IF POSSIBLE, LIST SOMEONE IN THE AREA WHO IS NOT PART OF YOUR HOUSEHOLD.

**FAMILY INCOME, ASSETS, AND ALLOWABLE EXPENSES**

**Income Information:** List total Gross MONTHLY income (before taxes) and payments received by each family member from ANY source.

<u>First Name</u>	<u>Wages</u>	<u>TANF</u>	<u>Child Support</u>	<u>UIC* Benefits</u>	<u>SS / SSDI</u>	<u>Pension</u>	<u>Other Income</u>

\*UIC Benefits – Unemployment Income Compensation

**Asset Information:** List the Bank or Company name for assets owned by ALL family members.

<u>Banking Information</u>	<u>Household Member</u>	<u>Bank Name, Location</u>
Checking Accounts		
Savings Accounts, CD's		

<u>Other Assets</u>	<u>Household Member</u>	<u>Company Name, Location</u>
Stocks, Bonds, Mutual Funds, Annuities		
Life Insurance		
Real Estate		
Other		

**EXPENSES**

Do you pay daycare for household member(s) under 13 years of age in order to enable a family member to work or go to school? [ ] Yes [ ] No

<b>CHILD CARE PROVIDER</b>	NAME AND ADDRESS:	YOUR WEEKLY COST:
		OTHER SOURCE PAYMENT:

STUDENT INFORMATION

Is anyone in the household 18 years of age or older currently a full-time student, or planning to be one within the next 12 months? [ ] Yes [ ] No If Yes, list the name of the student and the school.

Table with 2 columns: Student Name, Name of School, Location

You will need to provide verification from the school.

Have you ever been Evicted? [ ] Yes [ ] No If yes, please explain (give date):

Blank lines for explanation of eviction

Are you currently being housed by a subsidized housing program? [ ] Yes [ ] No

If yes, Name of Housing Authority

Housing Authority Address: Phone:

Have you, or anyone in your household, ever left a subsidized Housing program owing them money? [ ] Yes [ ] No

If yes, which household member: How much owed: \$

Name of Housing Authority: City: State:

PLEASE NOTE: If you left a Housing Authority owing a balance you should make repayment arrangements and start paying that now. If you owe a balance and have not entered into a formal repayment agreement and started making payments, your application will be denied. If you fall behind in your Payment Agreement while you are on the waiting list, you will be required to pay the balance in full and failure to do so will result in removal from the waiting list. LHA will verify your standing with any previous Housing Authority.

BACKGROUND INFORMATION

Has any member of your household been convicted of a felony? [ ] Yes [ ] No

If yes, was the conviction due to drug-related activity? [ ] Yes [ ] No

Are any of your household members currently using an illegal substance? [ ] Yes [ ] No

Are there any convictions pending in court against any household member now? [ ] Yes [ ] No

If yes to any of the above questions, please explain (give date of conviction)

Blank lines for explanation of convictions

Is any member of your household subject to a lifetime registration requirement under a State sex offender registration program? [ ] Yes [ ] No If yes, who:

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 GOVERNMENT.

I/We do hereby swear and attest that all of the information contained on this application about me and my household members is true and correct. I also understand that all changes regarding income, household members, address or telephone numbers must be reported to LHA in writing IMMEDIATELY.

**Signatures Required**

HEAD OF HOUSEHOLD:	<u>Print Name</u>	<u>Signature</u>	<u>Date</u>
Adult Co-Tenant:	<u>Print Name</u>	<u>Signature</u>	<u>Date</u>
Household Member 18 Yrs or Older:	<u>Print Name</u>	<u>Signature</u>	<u>Date</u>
Household Member 18 Yrs or Older:	<u>Print Name</u>	<u>Signature</u>	<u>Date</u>

PLEASE NOTE: Submitting an Application does not determine eligibility for rental assistance; it places you on Laconia Housing Authority's waiting list. When your name approaches the top of the waiting list you will be contacted in writing, by mail. At that time you will complete a Continued Occupancy Form and update and verify all information on it. Then eligibility for rental assistance will be determined.

Persons with disabilities who need assistance completing this application may request reasonable accommodation under LHA's Reasonable Accommodation Policy. A reasonable accommodation request form can be obtained from the LHA office. Contact LHA at (603) 524-2112 if you need more information about applying for housing assistance. LHA is an equal opportunity entity and does not discriminate on the basis of race color, religion, sex, familial status, national origin, handicap, or sexual orientation.



## 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:</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.

<b>Signature of Applicant</b>	<b>Date</b>
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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)