

# Laconia Housing Authority

25 Union Ave. Laconia, NH 03246  
(603) 524-2112 / Fax (603) 524-2290

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

### **SUNRISE TOWERS**

25 Union Ave  
Laconia, NH 03246

#### Elderly/Disabled:

1 & 2 Bedroom & Handicap  
98 Units-Utilities Included.

**NO SMOKING!  
PET ALLOWED**

**\*Elderly is 62 or older. Disabled = receiving Disability benefits or qualified as disabled by your physician.**

**To apply for housing:** Fill out the attached application packet & 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 and signed.
- \_\_\_ 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.**

Within 15 days of the date your completed Application is received at the LHA office, you will be notified of being 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 to complete the application process. All persons 18 years old or older who will be living in the household must attend the interview appointment and have a photo ID with them, along with social security cards and birth certificates (or green cards) for all members of the household. **It is important that you bring all required documents to the interview.**

**Not showing up for a scheduled interview or responding to update letters will result in removal from the Waiting List.**

**Housing will not be offered until an interview has been completed and LHA determines you meet eligibility criteria.**

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

**LHA has a No Smoking Policy! Smoking is not allowed in apartments or anywhere on any of Laconia Housing Authority Properties, including common areas and parking lots.**

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.



**FOR LHA USE ONLY**  
RECEIVED: DATE STAMP

**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

**SUNRISE TOWERS APPLICATION FOR HOUSING ASSISTANCE**

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

**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 at least 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 \_\_\_\_\_

**HOUSEHOLD COMPOSITION**

List **ALL** people who will be living in the unit. **Start with yourself!**

| Last Name | First Name | Relationship | Date of Birth | Sex | Social Security # | Disabled |    |
|-----------|------------|--------------|---------------|-----|-------------------|----------|----|
|           |            |              |               |     |                   | Yes      | No |
|           |            | Self         |               |     |                   |          |    |
|           |            |              |               |     |                   |          |    |
|           |            |              |               |     |                   |          |    |
|           |            |              |               |     |                   |          |    |
|           |            |              |               |     |                   |          |    |

Do you require an adaptable unit? [ ] 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 |                         |
|-------------------------------|----------------|-------|----------------------------------|--------------------------|---------------------|-------------------------|
|                               | White          | Black | American Indian / Native Alaskan | Asian / Pacific Islander | Hispanic/ Latino    | Not Hispanic/ Or Latino |
| HEAD OF 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.

| First Name | Wages | TANF | Child Support | UIC* Benefits | SS/SSDI | Pension | Other Income |
|------------|-------|------|---------------|---------------|---------|---------|--------------|
|            |       |      |               |               |         |         |              |
|            |       |      |               |               |         |         |              |
|            |       |      |               |               |         |         |              |
|            |       |      |               |               |         |         |              |
|            |       |      |               |               |         |         |              |

\*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

Do you pay for the care of a disabled family member in order to enable a family member to work or go to school? [ ] Yes [ ] No

|  |                  |                        |
|--|------------------|------------------------|
| <b>CHILD CARE OR DISABLED FAMILY CARE PROVIDER</b> | NAME AND ADDRESS | YOUR WEEKLY COST:      |
|  |                  |                        |
|  |                  | OTHER SOURCES 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 information.

Student Name: \_\_\_\_\_ School Attending: \_\_\_\_\_

School Address: \_\_\_\_\_ Phone: \_\_\_\_\_

**You will need to provide verification from the school.**

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.**

### **PREVIOUS LANDLORD INFORMATION / RENTAL HISTORY**

List contact information for your the last 3 landlords. We will need 2 professional references at you interview appointment if you have no previous landlord rental history to report.

#### **Present Landlord:**

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Cell: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

How long have you lived where you are presently living (date of Move-in): \_\_\_\_\_

Reason you want to leave: \_\_\_\_\_

#### **Former Landlord:**

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Cell: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Rental Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

How long did you live there? Date you Moved-in: \_\_\_\_\_ Date you Moved-Out: \_\_\_\_\_

Reason you left: \_\_\_\_\_

#### **Former Landlord:**

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Cell: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Rental Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

How long did you live there? Date you Moved-in: \_\_\_\_\_ Date you Moved-Out: \_\_\_\_\_

Reason you left: \_\_\_\_\_

**\*Use Separate Sheet of Paper or back of Application if necessary to provide 6 years of rental history.**

Do you have to give a 30 day notice to your current Landlord? [ ] Yes [ ] No

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

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

If yes, City \_\_\_\_\_ State \_\_\_\_\_ Name of 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. (Use back of Application if necessary.)

\_\_\_\_\_  
\_\_\_\_\_

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.**

**Signing below certifies that I/we understand that LHA has a No Smoking Policy and I/we (and our guests) will not be allowed to smoke in our apartment or anywhere on any of Laconia Housing Authority Properties.**

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/We 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 DATE SPOUSE OR ADULT CO-TENANT DATE  
\_\_\_\_\_  
HOUSEHOLD MEMBER 18 YRS OR OLDER DATE HOUSEHOLD MEMBER 18 YRS OR OLDER DATE

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.



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

**Laconia Housing Authority**  
**25 Union Avenue**  
**Laconia, NH 03246**

**Addendum to Application**  
**INFORMATION DISCLAIMER**

I hereby make application for an apartment with Laconia Housing Authority and certify that all of the information on my Application is correct. I authorize Laconia Housing Authority to contact any references that I have listed. I also authorize Laconia Housing Authority to obtain consumer reports and any other information necessary for the purpose of evaluating my application. I understand that such information may include, but is not limited to, credit history, civil and criminal information, records of arrest, rental history, income information and verifications, and/or any other necessary information. I understand that subsequent consumer reports may be obtained and utilized under this authorization in connection with an update, renewal, extension, or collection with respect in connection with the rental or lease of a residence for which this Application was made.

I hereby expressly release Laconia Housing Authority and any procurer, or furnisher of information, from any liability what-so-ever in the use, procurement, or furnishing of such information and understand that my Application information may be provided to various local, state, and/or federal government agencies, including without limitations, various law enforcement agencies.

By signing this application, the applicants understand that this information may be shared with other members of the **Lakes Regional Rental Association.**

**Signatures Required**

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

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SPOUSE OR ADULT CO-TENANT

\_\_\_\_\_  
DATE

\_\_\_\_\_  
HOUSEHOLD MEMBER 18 YRS OR OLDER

\_\_\_\_\_  
DATE

\_\_\_\_\_  
HOUSEHOLD MEMBER 18 YRS OR OLDER

\_\_\_\_\_  
DATE

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> |
|-------------------------------|-------------|

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)