

Instructions – Keep this page for reference

Applying to Laconia Housing:

- Fill out each page of the attached pre-application packet (1-10).
- **All members 18 years of age or older must sign and date the pre-application** (page 5).
- **HUD Form 92006** (page 7) **must be signed and dated**, even if you choose not to provide the information.
- Ensure the pre-application is complete, signed and dated. Ensure the pre-application you filled out, that the handwriting is clear/legible. **Incomplete, non legible pre-applications will not be processed and will be returned to the applicant.**
- Withholding information or giving false, misleading, or incomplete information will be grounds for denial of housing through Laconia Housing.
- VAWA (Violence Against Women Act) forms and information are available at our office or from our website **www.LaconiaHousing.org**
- Completed pre-application can be mailed to: Laconia Housing - 32 Canal Street - Laconia, NH 03246
Emailed: information@laconiahousing.org
Faxed: 603-524-2290
- **We will not accept/process screenshots of your pre-application.**

After You Have Applied:

- When your completed pre-application has been processed by the Laconia Housing office, you will be notified by US mail of being placed on the waiting lists, for which it appears you may be eligible.
- Updates to your pre-application – such as changes in mailing address, – are your responsibility and must be submitted in **writing** or by **email** to Laconia Housing. Include your name, the date, current address and phone number on all correspondence. **The office cannot make changes over the phone.**
- If you have a pre-application with Laconia Housing and would like to be added to a wait list(s) that you may not have applied to and appear eligible for, please contact the Laconia Housing office in **writing** or by **email**. **The office cannot make changes over the phone.**
- When your name nears the top of a wait list, you will be notified by US mail and invited to an interview to complete the application process. All persons 18 years of age or older who will be living in the household must attend the interview.
- **Not showing up for a scheduled interview or failing to respond to update letters or top of the wait list(s) letters, will result in removal from the wait list(s).**
- Housing will not be offered until an interview has been completed and Laconia Housing determines your eligibility and suitability.

Laconia Housing will provide interpretation services to applicants who have Limited English Proficiency. Persons with disabilities who need assistance completing this pre-application may request reasonable accommodations under Laconia Housing's Reasonable Accommodation Policy.

Contact Laconia Housing at (603) 524-2112 if you need assistance.

TDD: (800) 735-2964

See pages 3 & 4 for Laconia Housing property/program descriptions.



Laconia Housing is an equal opportunity entity and does not discriminate on the basis of age, race, color, religion, creed, sex, gender, disability, national origin, familial status, marital status, sexual orientation, or gender identity.



LH Properties and Programs

All Laconia Housing Properties are Non-Smoking.

Please check the box next to the property/program that you would like to apply for.

☐ Housing Choice Voucher Program | Belknap Area | All Household Sizes

Applicants who live or work in Belknap County are given a preference on the waitlist for this program.

Formerly known as Section 8, the Housing Choice Voucher program allows low-income families the opportunity to rent safe, decent and sanitary dwelling units. Subsidy payments are made by Laconia Housing to the owners on behalf of the family. Rents are based on 30% of adjusted household income.

☐ Normandin Square | Laconia | 1, 2, & 3 Bdrms | 1 to 6 Persons

This property is Affordable housing, not low-income housing. Income guidelines apply.

This property has 60 apartments in a renovated historic factory building. Ample parking and laundry facilities located on-site. Centrally located within walking distance to schools, pharmacies, churches, banks, restaurants and a community wellness center. Heat and hot water are included in the rent. Vouchers are accepted.

☐ Northfield Village | Northfield | 1 Bdrm | 1 to 2 Persons

Head of household, spouse or co-head must be 62 or over or disabled to qualify.

This property has 36 units in four buildings located just south of Tilton in the town of Northfield. A community room with laundry facilities is located onsite. Heat, hot water and electricity are included in the rent. Rents are based on 30% of adjusted household income. Applicants who are 62 or over are given a preference on the waitlist for this property, followed by those who are both 50 and disabled.

☐ Orchard Hill II | Belmont | 1 & 2 Bdrms | 1 to 4 Persons

Applicants to this property must have a source of income.

This property has 32 single-level apartments in eight buildings located just off Plummer Hill Road in Belmont. A community room with laundry facilities is located onsite. Heat, hot water and electricity are included in the rent. Rents are based on 30% of household income if rental assistance is available. Housing Choice Vouchers are accepted for some units.

☐ Perley Pond Townhouses | Laconia | 2 & 3 Bdrms | 2 to 7 Persons

Minimum occupancy guidelines apply.

This property is a family complex of 35 two-level townhouses in five buildings located just off North Main Street in Laconia. Washer and dryer hookups are present in each unit. Heat, hot water and electricity are included in the rent. Rents are based on 30% of household income.

There are 2 Handicap Accessible units at this property.

☐ Perley Pond II - (Market Rent) | Laconia | 1 Bdrm | 1 to 2 Person

This property is Affordable housing, not low-income housing.

* MUST BE INCOME ELIGIBLE to be placed on this list.

This property, constructed in 2024, adjacent to Perley Pond Townhouses, is located just off North Main Street in Laconia. It consists of 12 one-bedroom units, 2 of which are HC accessible. Laundry facilities are available on site. Heat, hot water and electricity are included in the rent.

* To income qualify at 80% AMI:

1 Person: \$39,000 to \$65,700

2 Person: \$39,000 to \$75,050

LH Properties and Programs

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Please check the box next to the property/program that you would like to apply for.

☐ Perley Pond II | Summer Street | Sunrise Place

* MUST be a Current Voucher Holder to be placed on the waitlist for these properties.

* **Perley Pond II** - 1 Bdrm, 1 to 2 Person. This property, constructed in 2024, adjacent to Perley Pond Townhouses, is located just off North Main Street in Laconia. It consists of 12 one-bedroom units, 2 of which are HC accessible. Laundry facilities are available on site. Heat, hot water and electricity are included in the rent. Rents are based on 30% of the adjusted household income.

* **Summer Street** - 1 BD, 1 to 2 Person. This property has 8 units located in Laconia. Heat, hot water and electricity are included in the rent. Rents are based on 30% of the adjusted household income.

* **Sunrise Place** - 4 Studios, 1 Person. This property is located in Laconia. Heat, hot water and electricity are included in the rent. Rents are based on 30% of the adjusted household income.

☐ Sunrise House | Laconia | 1 & 2 Bdrms | 1 to 4 Persons

All Persons must be 55 years of age or older to qualify.

This property is Medicaid Choices for Independence (CFI) approved and handicapped accessible.

This property has 16 Units located in downtown Laconia. Laconia Housing maintains 4 Market Rate Units (non-subsidized). A community room and laundry facilities are located on site. Heat, hot water and electricity are included in the rent. Income guidelines apply.

☐ Sunrise Towers | Laconia | Studio, 1 & 2 Bdrms | 1 to 4 Persons

Head of household, spouse or co-head must be 62 or over or disabled to qualify.

This property has 98 units in a seven-story building located in downtown Laconia. A community room with laundry facilities is located on-site. Heat, hot water and electricity are included in the rent. Rents are based on 30% of adjusted household income. Applicants eligible for the CFI programs are given a preference on the waiting list for this property.

☐ Tavern Inn (Stafford House) | Laconia | Studio & 1 Bdrm | 1 to 2 Persons

All Persons must be 62 years of age or older to qualify.

This property has 50 units in a multistory building located in Historic downtown Laconia. A community room with coin-operated laundry facilities is located on-site. Heat, hot water and electricity are included in the rent. Rents are based on 30% of adjusted household income. Applicants eligible for the CFI program are given a preference on the waitlist for this property.

Laconia Housing

Office Use Only

Pre-Application for Housing Assistance

Incomplete pre-applications will be returned to the applicant.

Head of Household's Name: _____

Social Security Number: _____ Date of Birth: _____ Disabled? ☐ Yes ☐ No

Phone: _____ Email: _____

Physical Address: _____ City: _____ State: _____ Zip _____

Mailing address (if different): _____

Race: ☐ White ☐ American Indian/Native Alaskan ☐ Asian

☐ Black/African American ☐ Native Hawaiian or other Pacific Islander

Ethnicity: ☐ Hispanic/Latino ☐ Not Hispanic/Latino

Co-head or Spouse (if applicable): _____ DOB: _____ Disabled? ☐ Yes ☐ No

All other persons who will be living in the unit (DOB - Date of Birth):

Name: _____ DOB: _____ Name: _____ DOB: _____

Name: _____ DOB: _____ Name: _____ DOB: _____

Name: _____ DOB: _____

Estimated **GROSS MONTHLY INCOME** (before deductions) of the household (**if no income, put \$0**): _____

Do you work, or have you been hired to work, in Belknap County? ☐ Yes ☐ No

Are you interested in a Market Rate (non-subsidized) apartment? ☐ Yes ☐ No

Do you currently have a Housing Voucher? ☐ Yes ☐ No

If Yes, with what Authority/Agency: _____

Does any household member require a unit with accessible features? ☐ Yes ☐ No

If Yes, please describe (e.g. mobility, sight, hearing) _____

Are you or any member of the household subject to a lifetime sexual offender registration? ☐ Yes ☐ No

Have you or any member of the household ever had a conviction for methamphetamine manufacture on the premises of assisted housing? ☐ Yes ☐ No

How did you hear about Laconia Housing? ☐ Newspaper Ad ☐ Website ☐ Craigslist

☐ Other _____

Signing below certifies understanding of the following:

- Submitting a Pre-Application does not determine eligibility for rental assistance or housing; it places you on the Laconia Housing waiting list for the program(s) for which you may be eligible. When your name approaches the top of the waiting list, you will be contacted by mail. At that time, Laconia Housing will update and verify all information, and eligibility for rental assistance and housing will be determined.
- Housing assistance to a household or specific household member will be denied for the following:
 - Income which is not within program limits
 - Uncontested or ineligible citizenship or immigration status
 - Unpaid debts to a Housing Authority or other agency
 - Refusal to provide or sign required documentation
 - Dependent or ineligible adult student status
 - Sex offender registration
 - Any other reason established by HUD regulations or Laconia Housing policy
- All changes regarding income, household members, address or telephone numbers must be reported to Laconia Housing in writing or by email. Failure to keep your contact information current with our office will result in your being removed from the waiting list for any or all of our properties or programs.
- Title 18 - Section 1001 of the US 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.
- Authorization of Release of Information: By signing below I/we authorize Laconia to obtain inquiries of my/our income, assets, medical expenses, child care costs, character and landlord references; obtain credit report; obtain information from any court or law enforcement agency any complaint or criminal conviction data.

I do hereby swear and attest that I have read and understood all of the items listed above, and that all of the information provided on this pre-application is true and correct:

Head of Household Signature

Date

Co-Head or Spouse Signature (if applicable)

Date

Other Adult Signature

Date

Other Adult Signature

Date

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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) <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> ☐ Emergency ☐ Unable to contact you ☐ Termination of rental assistance ☐ Eviction from unit ☐ Late payment of rent </td> <td style="width: 50%; vertical-align: top;"> ☐ Assist with Recertification Process ☐ Change in lease terms ☐ Change in house rules ☐ Other: _____ </td> </tr> </table>		☐ Emergency ☐ Unable to contact you ☐ Termination of rental assistance ☐ Eviction from unit ☐ Late payment of rent	☐ Assist with Recertification Process ☐ Change in lease terms ☐ Change in house rules ☐ Other: _____
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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.

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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 this 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.



Sunrise Towers | The Tavern Inn Apts. | Sunrise House

Supported Housing Choices for Independence (CFI) Program

Laconia Housing's Home Health Agency provides services under the Choices for Independence (CFI) Program. This is a Medicaid-funded program that provides a wide range of services that enable eligible adults to remain living independently in their own homes and communities. Individuals participating in the CFI Program at Sunrise Residential Living must meet certain age, financial and clinical eligibility requirements.

Program highlights include:

- Subsidized Rent
- Personal Care provided by Licensed Nursing Assistants
- Skilled Nursing Services
- Medication Management
- Emergency Lifeline Services
- Medical Transportation Coordination
- Housekeeping and Laundry Services
- Recreational Activities
- Resident Service Coordination
- Optional Meal Program

Please complete the Supported Housing questionnaire to help determine eligibility for services. A member of the Laconia Housing's Home Health Agency will contact you for further information.

Supported Housing Questionnaire

Applicant's Name: _____

Address: _____ Phone: _____

Are you currently on the Choices for Independent Living (CFI) Program? ☐ Yes ☐ No

Do you currently have VNA services or a home health aide? ☐ Yes ☐ No

Mobility	
[] Yes [] No	Are you able to walk without any assistive equipment? If no, please indicate if you use a ____ Walker ____ Cane ____ Wheelchair
[] Yes [] No	Are you able to transfer from chair to bed or shower without assistance?
[] Yes [] No	Do you require a handicap accessible apartment?
Transportation	
[] Yes [] No	Do you presently drive a car?
[] Yes [] No	Are you able to arrange transportation for yourself and get in and out of a vehicle without help?
Meal Prep and Eating	
[] Yes [] No	Are you able to shop for your own food?
[] Yes [] No	Can you plan and prepare/cook reasonably nutritious meals on a daily basis?
Housework, Cleaning and Laundry	
[] Yes [] No	Are you able to physically perform routine housekeeping activities like washing dishes, bed making, dusting, vacuuming and washing floors?
[] Yes [] No	Are you able to physically complete all regular laundry needs such as sorting, washing, drying, folding and putting away clothes?
Bathing and Dressing	
[] Yes [] No	Are you able to shower without assistance?
[] Yes [] No	Do you require a cut down tub?
[] Yes [] No	Are you able to dress yourself without assistance and manage fasteners such as buttons, hooks, zippers, etc.?
Medications	
[] Yes [] No	Are you able to manage your medications without assistance?
[] Yes [] No	Do you require medication management?
Finances	
[] Yes [] No	Are you able to manage day to day financial matters such as paying bills, writing checks, handling cash transactions and making change?

Signature _____

Date _____