

## Laconia Housing

32 Canal Street, Laconia, NH 03246

Phone: (603) 524-2112 | Fax: (603) 524-2290

TDD: (800) 735-2964 | [www.LaconiaHousing.org](http://www.LaconiaHousing.org)

## Instructions – Keep this page for reference

### Applying for Housing

- Fill out each page of the attached pre-application packet.
- HUD Form **92006** (page 5) **must be signed and dated** even if you choose not to provide the information.
- Ensure the application is complete and signed. **Incomplete applications will be returned.**
- 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](http://www.laconiahousing.org)**
- Completed application can be mailed to: Laconia Housing - 32 Canal Street - Laconia, NH 03246  
Emailed: [information@laconiahousing.org](mailto:information@laconiahousing.org)  
Faxed: 603-524-2290

### After You Have Applied

- When your completed pre-application has been processed by the Laconia Housing office, you will be notified in writing of being placed on the property waiting lists, for which you are eligible.
- Updates to your 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.
- When your name nears the top of a waiting list, you will be notified by 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 will result in removal from the waiting list.
- Housing will not be offered until an interview has been completed and Laconia Housing determines your eligibility.

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.**

**See reverse or following page for Laconia Housing property descriptions.**



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



# Laconia Housing Properties and Programs – Keep for Your Reference

**Pets allowed with approval.** Applicants may request a Section 504 accommodation for a support animal.

## **All Laconia Housing Properties are Non-Smoking.**

### **Housing Choice Voucher Program | Laconia Area**

Formerly known as Section 8, the Housing Choice Voucher program allows low-income families the opportunity to rent safe, decent and sanitary dwelling units in the private housing market. Laconia Housing makes subsidy payments to the owners on behalf of the family. Applicants who live, work or hired to work in Belknap County are given a preference on the waitlist for this program.

### **Orchard Hill II | Randlett Street, Belmont | 1 & 2 Bedroom Units**

This property is a multi-family complex of 32 single-level apartments in eight buildings located just off Plummer Hill Road in Belmont. A community room with coin-operated laundry facilities is located on-site. Heat, hot water and electricity are included in the rent.

### **Perley Pond Townhouses | Blueberry Lane, Laconia | 2 & 3 Bedroom Units**

This property is a multi-family complex of 35 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.

### **Normandin Square | 22 Strafford Street | 1, 2, & 3 Bedroom Apartments**

#### **Affordable, Non-Subsidized Housing and Market Rents**

This property is a multi-family complex of 60 apartments in a multi-story building located in a renovated historic mill property; Normandin Square has ample parking and coin-operated laundry facilities on-site. Its central location affords walking access to schools, childcare, health care, pharmacies, restaurants, churches, and much more. Heat and hot water are included in the rent. Housing Choice Voucher welcome.

### **Northfield Village | 25 Spring Street, Northfield | 1 Bedroom Units**

This property is for elderly or disabled residents and has 36 units in four buildings located just south of Tilton in the town of Northfield. A community room with coin-operated laundry facilities is located on-site. Heat, hot water and electricity are included in the rent.

### **Tavern Inn Apartments | Church Street, Laconia | Studio & 1 Bedroom Units**

This property is for 62 and older residents and has 50 units in a multistory building located in downtown Laconia. A community room with coin-operated laundry facilities is located on-site. Heat, hot water and electricity are included in the rent. **Supported living services available. See Supported Services Programs information sheet on page 3.**

### **Sunrise Towers | 25 Union Avenue, Laconia | Studio, 1 & 2 Bedroom Units**

This property is for elderly or disabled residents and has 98 units in a seven-story building located in downtown Laconia. A community room with coin-operated laundry facilities is located on-site. Heat, hot water and electricity are included in the rent. **Supported living services available. See Supported Services Programs information sheet on page 3.**

### **Sunrise House | 423 South Main St, Laconia | 1 & 2 Bedroom Units - 12 Subsidized and 4 Market Rent Units**

This property is for 62 and older and has 16 accessible units in a multi-story building located in downtown Laconia. A community room with coin-operated laundry facilities is located on-site. Heat, hot water, electricity and air conditioning are included in the rent. **Supported living services required. See Supported Services Programs information sheet on page 3.**

# Laconia Housing

## Pre-Application for Housing Assistance

Incomplete applications will be returned to the applicant.



Head of Household's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Disabled?  Yes  No

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

Mailing address (if different): \_\_\_\_\_

Race:  Black  White  American Indian/Native Alaskan  Asian/Pacific Islander

Ethnicity:  Hispanic/Latino  Not Hispanic or 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: \_\_\_\_\_

Estimated gross monthly income (before deductions) of the household: \$ \_\_\_\_\_

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 Housing Authority or 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

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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.

<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.

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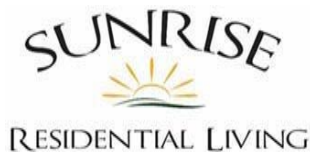
**Signature of Applicant**

**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.





*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

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