



Newmarket Housing Authority
34 Gordon Avenue
Newmarket, NH 03857

Dear Applicant:

Thank you for your interest in Newmarket 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).
- 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.

Currently, the waitlists for Public Housing and the HCV Program are 5-10 years

Proof of Preferences

1. Residency in Newmarket: 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.
2. Veteran: Those honorably discharged individuals 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. Elderly, or Disabled Family: Where the head or spouse has been employed at least 20 hours per week 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.





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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
 Housing Choice Voucher (HCV)

Special Features:

Mobility – Handicap accessible unit

Applicant Name			
Birth Date		Social Security Number	
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			
City, State, Zip			
Home Phone		Cell Phone	
Work Phone		Email Address	
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 NHA?		<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 NHA 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 Lease will result in termination of tenancy (eviction)?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you or anyone in your household ever received assistance from HUD or NHA		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you or anyone in your household ever been convicted of a crime?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, indicate if the conviction(s) was a felony, misdemeanor or both.		<input type="checkbox"/> Felony	<input type="checkbox"/> Misdemeanor





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Brief Description of conviction(s), if applicable:		
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 nonpayment of rent or 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>		
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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. 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.

	I am a Newmarket Resident
	I am a veteran as verified by the Department of Veteran Affairs or my spouse is a veteran as verified by the Department of VA with honorable discharge verifiable with DD214
	I am either: An elderly or disabled head of household or spouse
	Not Currently Receiving Assistance/Rent Burden Preference - Families who pay greater than 50% towards rent and utilities

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				



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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 \$ _____

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/NHA 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 _____

Newmarket 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 Housing Officer
Address 34 Gordon Avenue
City Newmarket State NH Zip 03857
Telephone 603-659-5444



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: (YOUR 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 checked="" type="checkbox"/> Emergency <input checked="" type="checkbox"/> Unable to contact you <input type="checkbox"/> Termination of rental assistance <input type="checkbox"/> Eviction from unit <input type="checkbox"/> Late payment of rent	<input checked="" type="checkbox"/> Assist with Recertification Process <input type="checkbox"/> Change in lease terms <input type="checkbox"/> Change in house rules <input type="checkbox"/> Other: _____
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 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.