

Newmarket Housing Authority  
34 Gordon Avenue  
Newmarket, NH 03857

Pre-Application for Admission and Rental Assistance  
**(MUST USE BLUE OR BLACK INK PEN ONLY. DO NOT USE WHITEOUT)**

<b>For Office Use Only:</b> Date application received _____	Time application received _____	By _____
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Date: \_\_\_\_\_

Please check off type(s) of assistance you are applying for:

**Special Features:**

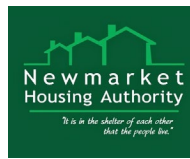
- ☐ Mobility – Handicap accessible unit  
☐ Sensory - Hearing

- ☐ Project Based Voucher (PBV) – Ernest A. Clark Terrace  
☐ Housing Choice Voucher (HCV)

\_\_\_\_\_ # bdrms required

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 <b>and</b> 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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Is the head-of household or co-head/spouse 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 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	





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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
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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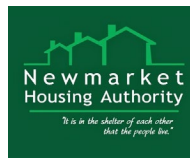
**PREFERENCES:** Priority placement is given to applicants who qualify for specific preference categories. The head of household, co-head, or spouse must qualify for a preference for it to be applied. Official documentation must be submitted at time of eligibility determination to prove the household 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.

<input type="checkbox"/>	I am a Newmarket Resident
<input type="checkbox"/>	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
<input type="checkbox"/>	I am either: An elderly or disabled head of household or spouse

**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: \$ \_\_\_\_\_ Source: \_\_\_\_\_

Total Value of all Assets owned by members who will live in the unit \$ \_\_\_\_\_ Includes Venmo, Paypal, Bank accounts, Cash App, other PTP accounts.

**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			

