

APPLICATION # \_\_\_\_\_

DATE AND TIME RECEIVED \_\_\_\_\_

**PRELIMINARY APPLICATION FOR HOUSING ASSISTANCE**

**GENERAL INFORMATION**

*Please print clearly and legibly.*

APPLICANT NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY, STATE & ZIP: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

ALTERNATE CONTACT: \_\_\_\_\_

**FAMILY HOUSEHOLD COMPOSITION:**

List Head of Household first, followed by all members who will reside in the household. Information must be filled out completely for each member listed below.

**RACE:**

- 1. WHITE
- 2. BLACK/AFRICAN AMERICAN
- 3. AMERICAN INDIAN/ALASKAN NATIVE
- 4. ASIAN
- 5. NATIVE HAWAIIAN/PACIFIC ISLANDER/OTHER

**ETHNICITY:**

- 1. HISPANIC OR LATINO
- 2. NOT HISPANIC OR NOT LATINO

NAME	RELATIONSHIP	DATE OF BIRTH	SEX	RACE#	ETHNICITY #	SOCIAL SECURITY NUMBER
	<b>HEAD Of Household</b>					

If additional space is needed please attach a separate piece of paper.

**CHECK TYPE(S) OF HOUSING ASSISTANCE APPLYING FOR:**

- PUBLIC HOUSING (PH)
- HOUSING CHOICE VOUCHER (HCV) PROGRAM (formerly Section 8)
- LIHTC/Supportive Services Program (PBV)

**Please answer YES or NO (see pg. 14 & 15 of the Handbook for an explanation and/or eligibility)**

- Do you currently receive PH or HCV (Section 8) Assistance? \_\_\_\_\_
- Are you or another adult member of the household disabled? \_\_\_\_\_
- Do you or any member of your household currently require a wheelchair accessible apartment? \_\_\_\_\_
- Do you qualify for the resident preference? \_\_\_\_\_
- Have you been displaced by Govt. action/fire? \_\_\_\_\_
- Are you a Veteran? \_\_\_\_\_ If yes, please provide a copy of your DD214.

**INCOME:**

List all income sources. Some examples are: full/part-time employment, TANF, Social Security (note if you are receiving Medicare), SSI, pensions, disability, Armed Forces Reserves, Unemployment Compensation, baby-sitting, care taking, alimony, child support, educational scholarships and grants, etc.

NAME	SOURCE OF INCOME	MONTHLY GROSS EARNINGS

If additional space is needed please attach a separate piece of paper.

Have you or anyone in your household ever left a housing assistance program (PH or HCV) owing money? Yes or No \_\_\_\_\_. If yes, how much: \$ \_\_\_\_\_  
 Name of Housing Authority: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_.

PLEASE NOTE: If you left MHRA or any other housing authority owing a balance, you should make repayment arrangements **now**. 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. If you have a balance and have not entered into a formal repayment agreement of that balance, your application will be denied. MHRA will verify your standing with any previous housing authority.

**To qualify for housing assistance an applicant must:**

- Have an annual income at the time of admission that does not exceed the HUD income limits.
- Meet HUD requirements on citizenship or immigration status.
- Provide documentation of Birthplace and Social Security Numbers (a valid Social Security Card) for all members when eligibility is being determined.
- Not be subject to a lifetime sex offender registration requirement
- Not have any household members engaged in any drug related or violent criminal activity.

**PLEASE NOTE:** This application places a person on the Manchester Housing and Redevelopment Authority's waiting list. It does not determine their eligibility for rental assistance. When your name approaches the top of our waiting list we will then contact you by mail. At that time you will complete our Personal Declaration application and verify all information on it. We will at that time determine eligibility for rental assistance.

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 also understand that all changes regarding income, household members, address or telephone numbers must be reported to the Manchester Housing and Redevelopment Authority in **WRITING IMMEDIATELY**. Failure to report changes may result in termination from the wait list.

\_\_\_\_\_  
SIGNATURE OF HEAD OF HOUSEHOLD                      DATE

\_\_\_\_\_  
SIGNATURE OF SPOUSE    DATE

\_\_\_\_\_  
SIGNATURE OF OTHER ADULT                      DATE

\_\_\_\_\_  
SIGNATURE OF OTHER ADULT                      DATE

**All MHRA Properties are Non Smoking.**

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.

