

**MANCHESTER HOUSING AND REDEVELOPMENT AUTHORITY
APPLICATION FOR HOUSING AND RENTAL ASSISTANCE/WAITING LIST PLACEMENT**

For OFFICE Use Only:

APPLICATION # _____ **DATE AND TIME RECEIVED** _____

GENERAL INFORMATION – Please print clearly and legibly.

APPLICANT NAME: _____

ADDRESS: _____

CITY, STATE & ZIP: _____

TELEPHONE: _____

EMAIL: _____

ALTERNATE CONTACT: _____

PREFERRED LANGUAGE: _____ **DO YOU NEED A TRANSLATOR:** _____

Yes or No

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
	HEAD Of Household					

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

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CHECK TYPE(S) OF HOUSING/RENTAL ASSISTANCE WAITING LIST APPLYING FOR:

- HOUSING CHOICE VOUCHER (HCV) PROGRAM (formerly Section 8) – Rental payment assistance
- PUBLIC HOUSING (PH) – SRO/0- to 5-Bedroom Apartments (Developments, High-Rise Buildings, Scattered Sites)
- Veteran Family Housing – 3-Bedroom Apartments (at least one household member must be a Veteran)
- *Elderly/Disabled with Supportive Services (LIHTC) – 1- to 2-Bedroom Apartments with Project-Based Assistance
- *Upland Heights with Housing Support Program (LIHTC) – 1- to 3-Bedroom Apartments with Project-Based Assist.
- *Market-Rate Housing – 1- and 2-Bedroom Apartments (Developments and Scattered Sites)

* = Recommend and/or requires application/placement on the Housing Choice Voucher Waiting List as well.

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

- Are you or another adult member of the household disabled? _____
- Do you or a member of your household require a wheelchair-accessible apartment? _____
- Do you or a member of your household require an apartment accessible for hearing/visual disabilities? _____
- Do you qualify for the resident preference? _____
- Have you been displaced by government action or 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 Reserve pay, Unemployment Compensation, babysitting, care taking, alimony, child support, educational scholarships and/or 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.

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To qualify for housing assistance an applicant must:

- Ensure annual income at the time of admission that does not exceed the HUD income limits.
- Have one household member that meets 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.

This application does not determine eligibility for rental assistance. When your name approaches the top of our waiting list, we will then contact you by mail. Once contacted, 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 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 waiting 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.

Revised effective 10/06/23

