

**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, then all members residing in the household. Fill out completely for each person listed.

**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.

**MHRA HOUSING AND RENTAL ASSISTANCE/WAITING LIST PLACEMENT APPLICATION**  
**Page 2**

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

- \*Cedar Chestnut Apartments – Income-Restricted 2-Bedroom Apartments with Accessible Features
- \*Elderly/Disabled with Supportive Services – 1- to 2-Bedrooms with Project-Based Assistance and Services
- HOUSING CHOICE VOUCHER (HCV) PROGRAM (formerly Section 8) – Rental Payment Assistance
- PUBLIC HOUSING (PH) – Studio/0- to 5-Bedroom Apartments (Development, High-Rise Building, Scattered Site)
- PUBLIC HOUSING – Accessible Units (PH) – 1- to 3-Bedroom Apartments (Development, High-Rise, Scattered)
- \*Tarrytown Road Apartments – Income-Restricted 1-Bedroom Apartments for those 55 and Older
- \*Upland Heights with Housing Support Program – 1- to 3-Bedrooms with Project-Based Assistance and Services
- Veteran Family Housing – 3-Bedroom Apartments (Household Head, Co-Head, or Spouse must be a Veteran)

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

**Please answer YES or NO to the following** (see the Handbook for explanation and/or eligibility)

- Are you or another adult member of the household disabled? \_\_\_\_\_
- Do you or any member of your household mobility impaired or 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 fire, government action, state or federal disaster? \_\_\_\_\_
- 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.

**MHRA HOUSING AND RENTAL ASSISTANCE/WAITING LIST PLACEMENT APPLICATION**

**Page 3**

**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 04/5/24

