



245 Middle St, Portsmouth, NH 03801 - www.porthousing.org

Pre-Application for Admission and Rental Assistance

(Please return this form to the above address)

Date: _____

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

- Public Housing
- Lafayette School (All members must be 62 or over)
- Atlantic Heights (All members must be 62 or over)
- Connors Cottage (All members must be 62 or over)
- Wamesit Place (family development)
- Housing Choice Voucher (HCV)

For Office Use Only:		
Date application received _____	Time application received _____	By _____

Applicant Name			
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			
Address Line 2			
City, State, Zip			
Home Phone		Cell Phone	
Work Phone		Email Address	
May we contact you at work? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Birth Date		Social Security Number	
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 <i>(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)</i>			
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 PHA?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you currently using marijuana?			<input type="checkbox"/> Yes <input type="checkbox"/> No





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Do you acknowledge that you are aware that the PHA 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 House Rules will result in termination of tenancy (eviction)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever been convicted of a crime?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, indicated if the conviction(s) was a felony, misdemeanor or check both boxes if you have been convicted of both.	<input type="checkbox"/> Felony	<input type="checkbox"/> Misdemeanor
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 ever been evicted from a federally funded housing program for 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>		

PREFERENCES: Please indicate if you qualify for any of the preferences indicated below by checking the box next to the appropriate preference.

<input type="checkbox"/>	I currently live in the City of Portsmouth or work over 20 hours/week in the City of Portsmouth (4pts)
<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 Veteran Affairs (2pts)
<input type="checkbox"/>	I am either: a working head of household, or working spouse or person 62 or older, or a person who is unable to work because of their disability (1pt)

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				

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 \$ _____



