Dear Applicant:

Thank you for your interest in the Portsmouth Housing Authority! The Portsmouth Housing Authority (PHA) owns and operates over six-hundred rental apartments spread across eleven different properties in the City of Portsmouth. For more detailed descriptions of each of our properties, go to our website at www.porthousing.org/about/housing.

To apply for PHA-owned housing, or Section 8 housing assistance, **YOU MUST SUBMIT AS ONE PACKET:**

1. **Application Questions**
   - completed & signed by EVERY household member 18 and older (pages 1-4)
2. **Proof of waiting list priority placement**
   - (refer to page 1)
3. **Supplement to Application for Federally Assisted Housing**
   - completed and signed by Head of Household (page 5)
4. **Declaration of Citizenship Form**
   - completed & signed for EVERY household member, regardless of age (page 7)

Please return the completed, signed application to:

Portsmouth Housing Authority
245 Middle Street
Portsmouth, NH 03801

OR email to: applications@nh-pha.com **(MUST BE SCANNED IN PDF FORMAT)**

Please know that if any of the forms are not signed or completed or are not legible, your Preliminary Application will be rejected.

Need this application in another language? Free language assistance and translated materials are available upon request.
¿Necesita esta solicitud en otro idioma? Hay asistencia lingüística y materiales traducidos disponibles sin costo a solicitud.
Fala português? Bạn có nói tiếng Việt không? 您会说中文吗？ Դուք խոսո՞ւմ եք հայերեն: Вы говорите по-русски?

Pre-Application for Admission and Rental Assistance

(MUST USE BLUE OR BLACK INK PEN ONLY. DO NOT USE WHITEOUT)

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

WAITING LIST PRIORITY PREFERENCE (If Applicable)

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. Please note, not all waiting lists have the same preferences. Official documentation must be submitted at time of eligibility determination to prove the household qualifies for the preferences selected below (See "Proof of Preferences" section 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.

☐ I currently work in the city of Portsmouth (Applies to Ruth Lewin Griffin Place). (1pt)

☐ Local Preference: I currently live or work in the City of Portsmouth (Applies to Public Housing, Wamesit Place). (4pts)

☐ 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 (Applies to Public Housing). (2pts)

☐ I am either: a person 62 or older, *or* a person who is unable to work because of their disability (Applies to Public Housing). (1pt)

Proof of Waiting List Priority Placement Preferences

- Working in the City of Portsmouth Preference: Applicant must submit a copy of a recent paycheck stub.
- Local Preference: Applicant must submit three of the following: Rent Receipt, Copy of Lease, Utility Bill, Employer/Agency Record, Driver's License, School Record, Voter Registration Record, Credit Report or Statement from Landlord or Case Manager. Employed in the City of Portsmouth: Employment Verification Statement signed by employer. *Use of a residency preference will not have the purpose or effect of delaying or otherwise denying admission to the program based on the race, color, ethnic origin, gender, religion, disability, or age of any member of an applicant family.*
- Veteran: Those honorably discharged individuals that performed wartime service as defined by NH RSA 21:50 and their spouses or surviving spouses as verified by United States Government Documents (ex. DD214-Discharge Paperwork with Honorable Discharge, DD215 or DD217. Verification: See RSA 21:50 for documents that may be used to establish an individual's status as a veteran
- Elderly, or Disabled Family: Where the head or spouse is disabled or 62 years old or older. This preference must be verified by the disability assistance provider and/or birth certificate.

WAITING LIST CHOICE

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

Waiting List	Note:
☐ Public Housing 0-Bedroom (Studio)	*Woodbury Manor*
☐ Public Housing 1-Bedroom	*Feaster, Gosling Meadows, Margeson, Pleasant Street, State Street, Woodbury Manor*
☐ Public Housing 2-Bedroom	*Feaster, Gosling Meadows*
☐ Public Housing 3-Bedroom	*Gosling Meadows*
☐ Public Housing 4-Bedroom	*Gosling Meadows*
☐ Ruth Lewin Griffin Place	*(1 and 2-Bedrooms)*
☐ Wamesit Place 1-Bedroom	
☐ Wamesit Place 2-Bedroom	
☐ Wamesit Place 3-Bedroom	
☐ 200 Greenleaf Avenue	*(13 single-room occupancy units and one 1-bedroom; shared kitchen and bathrooms)*

Note on bedroom size: Two-bedroom units are only available to families with multiple occupants, or to single occupants with a medical necessity for a second bedroom. Single individuals without a medical necessity for a two-bedroom unit will not be approved.

The following property has a separate application:

1. Betty's Dream Rainbow Apartments: This property is reserved for physically handicapped individuals. If you or someone you know are physically handicapped and interested in applying to that waitlist, contact the Property Managers at wamesitadmin@nh-pha.com or 603-436-4310 ext. 133.

SPECIAL FEATURES/DISABILITY *(Optional)*

Do you or any member of your household claim a disability? ☐ Yes ☐ No

If YES, do you need an accommodation in housing features as a result of your disability? ☐ Yes ☐ No

If YES, what accommodation do you request?

- ☐ Mobility Accessible Unit
- ☐ Communication Accessible Unit (Hearing)
- ☐ Communication Accessible Unit (Visual)

PORTSMOUTH HOUSING

HEAD OF HOUSEHOLD INFORMATION

Applicant/Head of Household Full Name:	
Head of Household Gender *(optional)*:	☐ Male ☐ Female ☐ Prefer not to disclose
Citizenship Status:	☐ United States Citizen ☐ Eligible Non-Citizen (see attached Declaration of Citizenship form for explanations) ☐ Ineligible Non-Citizen (not eligible for housing)
Head of Household Race (Optional):	☐ White ☐ Black ☐ American Indian or Alaskan Native ☐ Asian or Pacific Islander
Head of Household Ethnicity (Optional):	☐ Hispanic ☐ Non-Hispanic
Mailing Address:	
Address Line 2:	
City, State, Zip:	
Current Address *(if different from above)*:	
Address Line 2:	
City, State, Zip:	
Home Phone:	Cell Phone:
Work Phone:	Email Address:
May we contact you at work? ☐ Yes ☐ No	

Is the **head-of household or co-head/spouse** 62 or older AND/OR disabled? ☐ Yes ☐ No		
Are you enlisted in the U.S. Military or are you a veteran of the U.S. Military?	☐ Yes	☐ No
Are you currently receiving housing assistance from HUD or another Public Housing Authority?	☐ Yes	☐ No
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? If yes, who? _____	☐ Yes	☐ No
Are you or any member of your household currently using marijuana, illegal drugs, or abusing alcohol?	☐ Yes	☐ No
Do you acknowledge that you are aware that the PHA has a Smoke Free policy? (This means that smoking/vaping is prohibited in the unit or inside any building, on unit balconies and porches, within 25 feet of the building, and other areas as marked.)	☐ Yes	☐ No
Do you agree that you, your household, guests, and service providers hired by you will abide by the Smoke Free Policy?	☐ Yes	☐ No
Have you or anyone in your household ever been evicted from a federally funded housing program for a lease violation including drug use or failure to report a crime? If yes, please state when & where: _____	☐ Yes	☐ No
Has any household member lived in a state other than New Hampshire? If yes, list household member name and state(s) resided: _____	☐ Yes	☐ No

PORTSMOUTH HOUSING

FAMILY HOUSEHOLD COMPOSITION

Below, list members who will live in the apartment with you. List Head of Household first.

Name	Relationship	DOB (mm/dd/yy)	Social Security #	Disabled? (Y/N)	Veteran? (Y/N)	Student? (Y/N)
	HEAD					

Does anyone listed above have a maiden name, or alias? ☐ Yes ☐ No

If yes, please list:_____

Portsmouth Housing Authority provides equal opportunity to housing. Determination of eligibility for HUD-assisted housing are made in accordance with the eligibility requirements provided for such HUD program. Such housing shall be made available without regard to actual or perceived sexual orientation, gender identify, marital status, race, color, national origin, religion, or disability. The following person has been designated to coordinate compliance with the nondiscrimination requirements contained in the Department of Housing and Urban Development's regulations implementing Section 504: Norma Laurent, 245 Middle Street, Portsmouth, NH 03801; Telephone (Voice): 603-436-4310; Telephone (TTY): 800-545-1833 ext. 0825

PRIVACY ACT NOTICE: The Department of Housing and Urban Development (HUD) is authorized to collect the following information by the U.S. Housing Act of 1937 (42 U.S.C. 1437 et. seq.), Title VI of the Civil Right Act of 1964 (42 U.S.C. 2000d), the Fair Housing Act (42 U.S.C. 3601–19) and the Housing and Community Development Act of 1987 (42 U.S.C. 3543). Your income and other information are being collected by HUD to determine your eligibility, the appropriate bedroom size, and the amount your family will pay toward rent and utilities. HUD also uses your family income and other information to assist in managing and monitoring HUD-assisted housing programs, to protect the Government's financial interest, and to verify the accuracy of the information you provide. This information will not be disclosed or released outside of HUD, except as permitted or required by law. You must provide all of the information requested by the Portsmouth Housing Authority, including all Social Security Numbers for you and all other household members. Failure to provide any requested information may result in a delay or rejection of your eligibility approval.

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).

PORTSMOUTH HOUSING

APPLICANT CERTIFICATION

ALL HOUSEHOLD MEMBERS 18 & OLDER MUST SIGN BELOW.

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 information in this pre-application is being collected to determine my/our eligibility. I/we authorize the owner/manager/PHA to verify all information provided on this pre-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.

X_____ _____

Signature of Head of Household *Date*

X_____ _____

Signature of 2nd Adult (if applicable) *Date*

X_____ _____

Signature of 3rd Adult (if applicable) *Date*

X_____ _____

Signature of 4th Adult (if applicable) *Date*

X_____ _____

Signature of 5th Adult (if applicable) *Date*

If more than 5 household members 18 or older, you may attach additional pages.

Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING

This form is to be provided to each applicant for federally assisted housing

Instructions: Optional Contact Person or Organization: You have the right by law to include as part of your application for housing, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. **You may update, remove, or change the information you provide on this form at any time.** You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form.

Applicant Name:	
Mailing Address:	
Telephone No:	**Cell Phone No:**
Name of Additional Contact Person or Organization:	
Address:	
Telephone No:	**Cell Phone No:**
E-Mail Address (if applicable):	
Relationship to Applicant:	

Reason for Contact: (Check all that apply)

- ☐ Emergency
- ☐ Unable to contact you
- ☐ Termination of rental assistance
- ☐ Eviction from unit
- ☐ Late payment of rent
- ☐ Assist with Recertification Process
- ☐ Change in lease terms
- ☐ Change in house rules
- ☐ Other: _____

Commitment of Housing Authority or Owner: If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.

Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.

Legal Notification: Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.

☐ Check this box if you choose not to provide the contact information.

Signature of Applicant	**Date**

The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). The public reporting burden is estimated at 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Section 644 of the Housing and Community Development Act of 1992 (42 U.S.C. 13604) imposed on HUD the obligation to require housing providers participating in HUD's assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend, or person associated with a social, health, advocacy, or similar organization. The objective of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any delivery of services or special care to the tenant and assist with resolving any tenancy issues arising during the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and maintained as confidential information. Providing the information is basic to the operations of the HUD Assisted-Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fraud, waste and mismanagement. In accordance with the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless the collection displays a currently valid OMB control number.

Privacy Statement: Public Law 102-550, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions.

PORTSMOUTH HOUSING

DECLARATION OF CITIZENSHIP INSTRUCTIONS

SECTION 214 STATUS

EACH MEMBER of the household MUST complete the form on the following page. When filling out the following page, please refer to the notes below, which pertain to noncitizens who declare eligible immigration status in one of the following categories:

1. **WARNING:** 18 U.S.C. 1001 provides, among other things, that whoever knowingly and willfully makes or uses a document or writing containing any false, fictitious, or fraudulent statement or entry, in any matter within the jurisdiction of any department or agency of theUnited States, shall be fined not more than $10,000 or imprisoned for not more than five years, or both.

2. Eligible immigration status and 62 years of age or older. For noncitizens who were 62 years of age or older on January 31, 2010 *AND* whose initial determination of eligibility for HUD housing assistance began before January 31, 2010. 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.

3. Immigrant status under §§101(a)(15) or 101(a) (20) of INA. A noncitizen lawfully admitted for permanent residence, as defined by 101(a)(20) of the Immigration and Nationality Act (INA), as an immigrant, as defined by 101(a)(15) of the INA (8 U.S.C. 1101(a)(20) and 1101(a)(15), respectively [immigrant]. This category includes a noncitizen admitted under 210 or 210A of the INA (8U.S.C. 1160 or 1161), [special agricultural worker status], who has been granted lawful temporary resident status.

4. Permanent residence under §249 of INA. A noncitizen that entered the U.S. before January 1, 1092 or such later date as enacted by law, and has continuously maintained residence in the U.S. since then, and who is not ineligible for citizenship, but who is deemed to be lawfully admitted for permanent residence as a result of an exercise of discretion by the Attorney General under Section 249 of the INA (8 U.S.C. 1259)

5. Refugee, asylum, or conditional entry status under §§207, 208 or 203 of INA. A noncitizen who is lawfully present in the U.S. pursuant to an admission under Section 207 of the INA (8 U.S.C. 1157) [refugee status]; pursuant to the granting of asylum (which has not been terminated) under Section 208 of the INA (8 U.S.C. 1158 [asylum status]; or as a result of being granted conditional entry under Section 203(a)(7) of the INA (U.S.C. 1153(a)(7) before April 1, 1080, because of persecution or fear of persecution on account of race, religion, or political opinion or because of being uprooted by catastrophic national calamity.

6. Parole status under 212(d)(5) of INA. A noncitizen who is lawfully present in the U.S. as a result of an exercise of discretion by the Attorney General for emergent reasons or reasons deemed strictly in the public interest under 212(d)(5) of the INA(8U.S.C. 1182(d)(5) parole status].

7. Threat to life or freedom under 243(h) of INA. A noncitizen who is lawfully present in the U.S. as a result of the Attorney General's withholding deportation under Section 243(h) of the INA (8 U.S.C. 1253(h).

8. Amnesty under §245A of INA. A noncitizen lawfully admitted for temporary or permanent residence under Section 245A of the INA (8 U.S.C. 1255a)

EQUAL HOUSING OPPORTUNITY

HEAD OF HOUSEHOLD
DECLARATION OF CITIZENSHIP
SECTION 214 STATUS

INSTRUCTIONS: Complete this form for each member of the household listed on the Family Household Composition in the application. You need one form per family member. Add additional pages as needed. See the notes referenced on the previous page for help with this form.

Notice: In order to be eligible to receive housing assistance, each applicant for or recipient of housing assistance must be within the U.S. lawfully. Please read and complete this Declaration statement carefully and sign and return to the Housing Authority. Please feel free to consult with an immigration lawyer or other immigration expert if you wish.

I, _____ certify, under
Print or type (first name of family member) *(middle initial)* *(last name)*

penalty of perjury(see note 1), that, to the best of my knowledge, I am lawfully within the United States because (please **check ONE** of the three boxes directly below):

☐ #1: I am a citizen by birth, a naturalized citizen or a national of the United States; **OR**

☐ #2: I have eligible immigration status and I was 62 years of age or older on January 31, 2010 and my initial determination of eligibility began before January 31, 2010. Attach evidence of proof of age and proof that you were receiving HUD assistance as of 1/31/2010 such as a copy of an executed HUD Form 50058 or 50059 (see note 2); **OR**

☐ #3: I have eligible immigration status as checked directly below (see previous page of this form for explanations). If you choose this option, attach INS document(s) evidencing eligible immigration status and signed verification consent form.

- ☐ Immigrant status under 101(a)(15) or 101(a)(20) of the Immigration and Nationality Act (INA)(see note 3)
- ☐ Permanent residence under 249 of INA(see note 4)
- ☐ Refugee, asylum, or conditional entry status under 207, 208 or 203 of the INA(see note 5)
- ☐ Parole status under 212(d)(5) of the INA(see note 6)
- ☐ Threat to life or freedom under 243(h) of the INA(see note 7)
- ☐ Amnesty under 245A of the INA(see note 8)

X_____ _____
Signature of Family Member *Date*

☐ Check this box if signature above is of adult residing in the unit on behalf of a child named on statement above.

For HA Office Use Only: INS/SAVE Primary Verification #:	Date:
Instructions to Housing Authority: Following verification of status claimed by persons declaring eligible immigration status (other than for noncitizens age 62 or older and receiving assistance on June 19, 1995), HA must enter INS/SAVE Verification Number and date that it was obtained. A HA signature is not required.	

ADDITIONAL HOUSEHOLD MEMBER (IF APPLICABLE)
DECLARATION OF CITIZENSHIP
SECTION 214 STATUS

INSTRUCTIONS: Complete this form for each member of the household listed on the Family Household Composition in the application. You need one form per family member. Add additional pages as needed. See the notes referenced on the previous page for help with this form.

Notice: In order to be eligible to receive housing assistance, each applicant for or recipient of housing assistance must be within the U.S. lawfully. Please read and complete this Declaration statement carefully and sign and return to the Housing Authority. Please feel free to consult with an immigration lawyer or other immigration expert if you wish.

I, _____ certify, under
Print or type (first name of family member) (middle initial) (last name)

penalty of perjury(see note 1), that, to the best of my knowledge, I am lawfully within the United States because (please **check ONE** of the three boxes directly below):

☐ #1: I am a citizen by birth, a naturalized citizen or a national of the United States; **OR**

☐ #2: I have eligible immigration status and I was 62 years of age or older on January 31, 2010 and my initial determination of eligibility began before January 31, 2010. Attach evidence of proof of age proof that you were receiving HUD assistance as of 1/31/2010 such as a copy of an executed HUD Form 50058 or 50059 (see note 2); **OR**

☐ #3: I have eligible immigration status as checked directly below (see previous page of this form for explanations). If you choose this option, attach INS document(s) evidencing eligible immigration status and signed verification consent form.

- ☐ Immigrant status under 101(a)(15) or 101(a)(20) of the Immigration and Nationality Act (INA)(see note 3)
- ☐ Permanent residence under 249 of INA(see note 4)
- ☐ Refugee, asylum, or conditional entry status under 207, 208 or 203 of the INA(see note 5)
- ☐ Parole status under 212(d)(5) of the INA(see note 6)
- ☐ Threat to life or freedom under 243(h) of the INA(see note 7)
- ☐ Amnesty under 245A of the INA(see note 8)

X_____ _____
Signature of Family Member *Date*

☐ Check this box if signature above is of adult residing in the unit on behalf of a child named on statement above.

For HA Office Use Only: INS/SAVE Primary Verification #:	Date:
Instructions to Housing Authority: Following verification of status claimed by persons declaring eligible immigration status (other than for noncitizens age 62 or older and receiving assistance on June 19, 1995), HA must enter INS/SAVE Verification Number and date that it was obtained. A HA signature is not required.	