

Laconia Housing

25 Union Avenue, Laconia, NH 03246

Phone: (603) 524-2112 | Fax: (603) 524-2290

TDD: (800) 735-2964 | www.LaconiaHousing.org

Instructions – Keep this page for reference.

Applying for Housing

- Fill out both sides of each page of the attached pre-application packet.
- **HUD Form 92006 (page 3) must be signed and dated** even if you choose not to provide the information.
- Ensure the application is complete and signed. **Incomplete applications will be returned.**
- Withholding information or giving false, misleading, or incomplete information will be grounds for denial of housing through LHA. **All information provided as part of a pre-application will be verified.**
- Deliver your completed forms to:
Laconia Housing
25 Union Ave
Laconia, NH 03246

After You Have Applied

- When your completed pre-application has been processed by the Laconia Housing office, you will be notified in writing of being placed on the waiting list.
- Updates to your application – such as **changes in mailing address** – are your responsibility and **must be submitted in writing to Laconia Housing.**
- When your name nears the top of the waiting list you will be notified by mail and invited to an interview to complete the application process. All persons 18 years of age or older who will be living in the household must attend the interview.
- It is important that you bring all required documents to the interview. The following documents must be provided for each household member: Photo ID, Social Security Card, Birth Certificate (or Green Card).
- **Not showing up for a scheduled interview or failing to respond to update letters will result in removal from the waiting list.**
- Housing will not be offered until an interview has been completed and Laconia Housing determines your eligibility.

All Laconia Housing properties are No Smoking except in designated areas.

Persons with disabilities who need assistance completing this pre-application may request reasonable accommodation under Laconia Housing's Reasonable Accommodation Policy.

Contact Laconia Housing at (603) 524-2112 if you need assistance completing this pre-application.



Laconia Housing is an equal opportunity entity and does not discriminate on the basis of age, race, color, religion, gender, handicap, national origin, familial status, marital status, sexual orientation, or gender identity.



Instructions (continued) – Keep this page for reference.

Laconia Housing Properties and Programs:

Housing Choice Voucher Program | Laconia Area | All Household Sizes

Formerly known as Section 8, the Housing Choice Voucher program allows low-income families the opportunity to rent safe, decent and sanitary dwelling units in the private housing market. Subsidy payments are made by Laconia Housing to the owners on behalf of the family. Rents are based on 30% of adjusted income. Applicants who live or work in Belknap County are given a preference on the waitlist for this program.

Orchard Hill II | Randlett Street, Belmont | 1 & 2 Bedroom Units | 1 to 4 Household Members

This property has 32 single-level apartments in eight buildings located just off Plummer Hill Road in Belmont. A community room with coin-operated laundry facilities is located on-site. Heat and hot water are included in the rent. No pets* are allowed. Rents are based on 30% of household income if rental assistance is available. Housing Choice Vouchers are accepted for some units. Applicants to this property must have a source of income.

Perley Pond Townhouses | Blueberry Lane, Laconia | 2 & 3 Bedroom Units | 2 to 6 Household Members

This property is a family complex of 35 townhouses in five buildings located just off North Main Street in Laconia. Washer and dryer hookups are present in each unit. Tenant pays all utilities. No pets* are allowed. Rents are based on 30% of household income.

Tavern Inn (Stafford House) | Church Street, Laconia | Studio & 1 Bedroom Units | 1 to 2 Household Members **All household members must be 62 years of age or older to qualify.**

This property has 50 units in a multistory building located in downtown Laconia. A community room with coin-operated laundry facilities is located on-site. Heat, hot water and electricity are included in the rent. No pets* are allowed. Rents are based on 30% of adjusted household income. Applicants eligible for the CFI program are given a preference on the waitlist for this property.

Sunrise Towers | 25 Union Avenue, Laconia | Studio, 1 & 2 Bedroom Units | 1 to 4 Household Members **Head of household, spouse or co-head must be 62 or over or disabled to qualify.**

This property has 98 units in a seven-story building located in downtown Laconia. A community room with coin-operated laundry facilities is located on-site. Heat, hot water and electricity are included in the rent. Rents are based on 30% of adjusted household income. Applicants eligible for the CFI or CHSP programs are given a preference on the waitlist for this property.

Northfield Village | 25 Spring Street, Northfield | 1 Bedroom Units | 1 to 2 Household Members **Head of household, spouse or co-head must be 62 or over or disabled to qualify.**

This property has 36 units in four buildings located just south of Tilton in the town of Northfield. A community room with coin-operated laundry facilities is located on-site. Heat, hot water and electricity are included in the rent. Pets are allowed. Rents are based on 30% of adjusted household income. Applicants who are 62 or over are given a preference on the waitlist for this property, followed by those who are both over 50 and disabled.

*Applicants may request a section 504 accommodation for a support animal.

For LHA Use Only

Laconia Housing Pre-Application for Housing Assistance

Incomplete applications will be returned to the applicant.

1. General Information

Head of Household's Name: _____ Gender: Female Male

Social Security Number: _____ Date of Birth: _____ Disabled? Yes No

Mailing Address: _____ City: _____ State: _____ Zip: _____

Physical Address (if different): _____ Phone: _____

Email: _____ Preferred Contact Method: _____

2. Household Composition – If you are the only person in your household, skip to section 3

Co-head or Spouse (if applicable): _____ DOB: _____ Disabled? Yes No

List all other persons who will be living in the unit (DOB – Date of Birth):

Name: _____ DOB: _____ Name: _____ DOB: _____

Name: _____ DOB: _____ Name: _____ DOB: _____

Name: _____ DOB: _____ Name: _____ DOB: _____

3. Race and Ethnic Reporting Status – Please provide both race and ethnicity data- optional

Race – Check all that apply: Black White American Indian/Native Alaskan Asian/Pacific Islander

Ethnicity – Choose one: Hispanic/Latino Not Hispanic or Latino

4. Declaration of Citizenship: I am a Citizen or National of the US _____ or I am a non-citizen with eligible immigration _____

5. Income – Estimated gross annual income of the household: _____

6. Housing – Are you interested in a Market Rate (not subsidized) apartment? Yes No

Indicate the properties or programs for which you would like to be considered (see instructions page for descriptions):

Housing Choice Voucher Northfield Village (Elderly or Disabled) Orchard Hill II

Perley Pond Townhouses Sunrise Towers (Elderly or Disabled) Tavern Inn/Stafford House (Elderly Only)

Preferred unit size: 0 Bedroom: _____ 1 Bedroom: _____ 2 Bedroom: _____ 3 Bedroom: _____

Does any household member require a unit with accessible features? Yes No

If yes, please describe: (e.g. mobility, sight, hearing) _____

Application continues on the reverse or following page

6. Required Signatures – Forms without required signatures will be returned without consideration

Signing below certifies understanding of the following:

- Submitting a Pre-Application does not determine eligibility for rental assistance or housing; it places you on the Laconia Housing waiting list for the program(s) for which you are applying. When your name approaches the top of the waiting list you will be contacted by mail. At that time you will update and verify all information, and eligibility for rental assistance and housing will be determined.
- Housing assistance to a household or specific household member will be denied for the following:
 - Income which exceeds program limits
 - Uncontested or ineligible citizenship or immigration status
 - Unpaid debts to a Housing Authority or other agency
 - Refusal to provide or sign required documentation
 - Dependent or ineligible adult student status
 - Violent or drug-related criminal activity
 - Sex offender registration
 - Any other reason established by HUD regulations or the Laconia Housing Authority
- All changes regarding income, household members, address or telephone numbers must be reported to Laconia Housing in writing. Failure to keep your contact information current with our office will result in your being removed from the waiting list for any or all of our properties or programs.
- All Laconia Housing properties are **No Smoking** except for designated smoking areas.
- Title 18 - Section 1001 of the US 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.

I do hereby swear and attest that I have read and understood all of the items listed above, and that all of the information provided on this pre-application is true and correct:

Head of Household Signature

Date

Co-Head or Spouse Signature (if applicable)

Date

Return this completed pre-application to: Laconia Housing
25 Union Avenue
Laconia, NH 03246

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Optional and Supplemental Contact Information for HUD-Assisted Housing Applicants

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)	
<input type="checkbox"/> Emergency	<input type="checkbox"/> Assist with Recertification Process
<input type="checkbox"/> Unable to contact you	<input type="checkbox"/> Change in lease terms
<input type="checkbox"/> Termination of rental assistance	<input type="checkbox"/> Change in house rules
<input type="checkbox"/> Eviction from unit	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Late payment of rent	
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.

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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.

Sunrise Towers & Tavern Inn ONLY

Services Program Questionnaire (Optional)

Head of Household's Name: _____

Address: _____ Phone Number: _____

Do you have a caregiver coming to your household? Yes No

Do you have any home health care providers at the present time? Yes No

Please provide the following information to determine eligibility for congregate care (optional):

Mobility	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Are you able to move around inside your home, either by walking or by using a wheelchair?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Are you able to walk into a grocery store, obtain groceries and carry them home?
Transportation	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you presently drive a car?
<input type="checkbox"/> Yes <input type="checkbox"/> No	If you do not drive, are you able to arrange transportation for yourself and get in and out of a vehicle without help?
Meal Prep and Eating	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Are you able to shop for your own food?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Can you plan and prepare/cook reasonably nutritious meals on a daily basis?
Housework, Cleaning and Laundry	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Are you able to physically perform routine housekeeping activities like washing dishes, bed making, dusting, vacuuming and washing floors?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Are you able to physically complete all regular laundry needs such as sorting, washing, drying, folding and putting away clothes?
Bathing and Dressing	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Are you able to prepare a bath/shower and get in and out of the tub/shower, wash all body parts and towel dry?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Are you able to put on and remove all items of clothing and manage fasteners such as buttons, hooks, zippers, etc.?
Medications	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Are you able to measure the proper amounts of medications, take them at the correct times and physically handle all of the activities involved in taking the medicine?
Finances	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Are you able to manage day to day financial matters such as paying bills, writing checks, handling cash transactions and making change?

Head of Household Signature _____

Date _____

Co-Head or Spouse Signature (if applicable) _____

Date _____