



CROTCHED MOUNTAIN

Name: _____

Address: _____

City: _____ State: _____



Instructions: Please follow carefully - Incomplete applications will not be processed

- Complete all areas.** If an item does not apply to you, mark "N/A" on that line. For any questions contact **Anna Briggs, Affordable Housing Manager at 603-575-1967.**
- To All Applicants.** You must disclose social security numbers (SSN) for all family members prior to being housed. The documentation necessary to verify the SSN is a valid SSN card issued by the Social Security Administration. If you can not supply the original Social Security Card, we can accept an identification card (which has the SSN on it) issued by a federal, State or local agency, a medical insurance provider, or an employer or trade union, Driver's license, form 1099, or Benefits award letter and you must also certify that the document provided is complete and accurate. If you can not provide any of the listed documents, please call the office for a complete list of acceptable documents. A copy of the document must be submitted with this application.

(a) Original Social Security Card (b) Driver's license with SSN (c) Life insurance policy
(d) Court records (e) Earnings statements on payroll stubs (f) Bank statement
(g) Form 1099 (h) Benefit award letter (i) Retirement benefit letter (j) Identification card issued by a federal, State, or local agency, a medical insurance provider, or an employer or trade union.

Exceptions to Disclosure of SSN

The SSN requirements do not apply to: (a) Individuals who do not contend eligible immigration status (b) Individuals age 62 or older as of January 31, 2010, whose initial determination of eligibility was begun before January 31, 2010
(c) Existing tenants as of January 31, 2010, who have previously disclosed their SSN and HUD has determined their SSN to be valid.

- Proof of US Citizenship** The US Department of Housing & Urban Development **requires** that all applicants be US Citizens, nationals or certain categories of eligible noncitizens. To do this, you **must** have the attached Declaration of Section 214 Status forms completed by **EACH** family member (including yourself). Please make sure you follow the instructions on the Declaration Form.
- Hud Form 92006 attached** must be signed and dated even if you choose not to provide the information.

Signatures are required by all adult applicants

After you have applied

- When your completed application has been processed by Greenbush Village Apartments, you will be notified in writing of being placed on the waiting list.
- Updates to your application – such as **changes in mailing address and phone number** – are your responsibility and must be submitted in writing to Greenbush Village Apartments.
- When your name nears the top of the waiting list you will be notified by mail or by phone to update and verify all information, and eligibility for rental assistance and housing will be determined.
- Failing to respond to update letters or phone calls will result in removal from the waiting list.
- Housing will not be offered until an interview has been completed and Greenbush Village Apartments determines your eligibility.
- 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
 - Refusal to provide or sign required documentation
 - Violent or drug-related criminal activity
 - Sex offender registration
 - Any other reason established by HUD regulations or Greenbush Village Apartments
- 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.

HUD PROHIBITS SMOKING IN ALL APARTMENTS

Equal Access to Housing in HUD Programs regardless of Sexual Orientation or Gender Identity it is our policy to ensure that this housing is open to all eligible individuals and families regardless of actual or perceived sexual orientation.

Greenbush Village Apartments is an equal opportunity entity and does not discriminate on the basis of age, race, color, religion, creed, sex, gender, handicap, disability, national origin, familial status, marital status, sexual orientation or gender identity.

Return your application to:

**Anna Briggs, Affordable Housing Manager
16 Highland Street
Whitefield, NH 03598**

FOR CROTTCHED MOUNTIAN USE ONLY: DATE RECEIVED: _____ TIME RECEIVED: _____ American Indian or Alaskan Native () Black () Hispanic () Asian or Pacific Islander () White () Other () Male () Female

APPLICATION FOR ASSISTED HOUSING

A. **FAMILY SUMMARY** -List all persons, including yourself, who will be living in the apartment. List head of household first.

Name	Relationship	Gender	Soc Sec #	Birth Date	Place of Birth
1 «full_name»	Head				
2					
3					
4					
5					
6					

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

Physical Address: _____ City: _____ State: _____ Zip: _____

(if different than mailing address)

Phone: _____ Email: _____

Which Property Are You Applying To? (check all that apply):

- McIntyre Apartments (Whitefield, NH)
- Greenbush Village Apartments (East Greenbush, NY)
- Forest Avenue Apartments (Portland, ME)

Requested Unit Size: _____ **Bedrooms**

How did you hear about the apartment for which you are applying? _____

PETS ARE PERMITTED UNDER OUR PET POLICY GUIDELINES

If you require any modifications to an apartment, check here and explain below.

B. INCOME - All sources of regularly received monies must be listed regardless of recipient's age.

Family Member Name	Sources of Income	Amount
	Social Security Gross Monthly Amount	\$
	Social Security Gross Monthly Amount	\$
	Pension Gross Monthly Amount	\$
	Source:	
	Address:	
	Claim No.	
	Pension Gross Monthly Amount	\$
	Source:	
	Address:	
	Claim No.	
	VA Benefits (Claim #)	\$
	SSI Benefits Gross Monthly Amount	\$
	Unemployment Compensation Gross Monthly Amount	\$
	Address:	
	AFDC Gross Monthly Amount	\$
	Wages Gross Monthly Amount	\$
	Employer:	
	Address:	
	Wages Gross Monthly Amount	\$
	Employer:	
	Address:	
	Alimony Gross Monthly Amount	\$
	Child Support Gross Monthly Amount	\$
	Other Income Gross Monthly Amount (for example, rental income, etc.)	
		\$
		\$

C. ASSETS:

Have you sold or disposed of any asset(s) valued over \$1,000 in the last two years? YES NO

If yes, type of asset (e.g., money/land/house) _____

Market value when sold/disposed \$ _____ Amount sold/disposed for \$ _____ Date of transaction _____

C. **ASSETS** (continued)

Provide the following information for all members of the household (use another sheet of paper if necessary).

Checking Accounts

Bank	Bank
Address	Address
Account No.	Account No.
Int. Rate Balance \$	Int. Rate Balance \$

Savings Accounts

Bank	Bank
Address	Address
Account No.	Account No.
Int. Rate Balance \$	Int. Rate Balance \$

Certificates of Deposit

Bank	Bank
Address	Address
Acct.# Int Rate Amt. \$	Acct.# Int Rate Amt. \$
Penalty for Early Withdrawal Maturity Date	Penalty for Early Withdrawal Maturity Date

Stocks

IRA's/401-K's

Name	Bank
Address	Address
Value \$ Div. Rate	Value \$ Div. Rate

Bonds

Trust Accounts

Bank	Bank
Address	Address
Present Value \$	Account No.
Maturity Date	Int. Rate Balance \$

C. **ASSETS** (continued):

Real Estate

Do you own any property? YES NO

If yes, type & location of property _____

Appraised market value \$ _____ Mortgage or outstanding loan due \$ _____

Name & address of broker/realtor who would provide verification of market value:

Broker/Realtor	Address	City	State	Zip
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D. **MEDICAL AND CHILD CARE EXPENSES**

FOR ELDERLY, DISABLED, HANDICAPPED APPLICANTS ONLY

Medical Costs - Complete only if head or spouse is 62 or older, handicapped, or disabled AND ONLY if these medical expenses are paid for out of your own pocket and not reimbursed by medical insurance.

Medicare

Monthly Amount \$	Monthly Amount \$
-------------------	-------------------

Medical Insurance

Name	Name
Address	Address
Claim No. Monthly Amt. \$	Claim No. Monthly Amt. \$

Pharmacy

Name	Name
Address	Address
Anticipated prescription costs not covered by insurance - Monthly Amount \$	Anticipated prescription costs not covered by insurance - Monthly Amount \$

Physician

Are you seeing a physician REGULARLY ? Yes _____ No _____	
Name	Name
Address	Address
Anticipated costs not covered by insurance - Monthly Amount \$	Anticipated costs not covered by insurance - Monthly Amount \$

Outstanding Medical Bills for which You are Making Monthly Payments

Name	Name
Address	Address
Anticipated costs not covered by insurance - Balance Due \$ Monthly Amount \$	Anticipated costs not covered by insurance - Balance Due \$ Monthly Amount \$

Child Care Expenses - Complete for children 12 and younger - Weekly cost for Child Care \$ _____

Name & Address of Person/Agency caring for children: _____

E. PROGRAM INFORMATION

Are you currently living in subsidized housing? **YES** **NO**

F. APPLICANT INFORMATION-Please place a checkmark in the box if any of the following statements apply to you.

1. You have been served a Notice to Quit or been asked to leave by a previous landlord **YES** **NO**

2. You have been served with lease violations from a previous landlord **YES** **NO**

3. You ever lived in a property infested with bed bugs? **YES** **NO**

If yes, when and where: _____

4. You have been evicted **YES** **NO**

5. You or any household member have been evicted from federally assisted housing for drug-related criminal activity? **YES** **NO**

6. You or any member of your household ever been arrested and/or convicted of a felony or misdemeanor, or any conviction involving drugs or violence? **YES** **NO**

If yes, please explain, include dates: _____

7. You or a household member have been convicted of a sex related crime or are subject to a lifetime registration in a State sex offender registration program? **YES** **NO**

List all states, other than the one that you reside in now, in which you have lived in during the last seven years? _____

G. REFERENCE INFORMATION

Current Landlord (Name, Address, & Phone No.)

How long have you lived there? _____ Is this landlord related to you? **YES** **NO**

Why are you moving from this place of residence? _____

Previous Landlords (Name, Address & Phone No.)

1.	2.
Address of Apt.	Address of Apt.
How long did you live there?	How long did you live there?
Is this landlord related to you? YES <input type="checkbox"/> NO <input type="checkbox"/>	Is this landlord related to you? YES <input type="checkbox"/> NO <input type="checkbox"/>

Professional Personal References (Name, Address, Phone No. & Relationship)

(Ex: teachers, principals, past/present employers, physicians, etc.) Please do not list relatives or friends.

1.	2.
Phone No. Relationship	Phone No. Relationship

All information received by Crotched Mountain during the application process regarding the applicant or applicant's household will be taken into consideration as part of the application.

Please sign ALL Black Checkmarks

Authorization

I/we do hereby authorize Crotched Mountain and its staff to contact any agencies, offices, credit bureaus, landlords, or professional references for the purpose of verifying the information I/we have provided on the application. The information provided will be used solely for the determination of my/our eligibility and admission to the housing I/we are applying for and the information that is supplied will be kept confidential.

Signatures

() _____
Applicant Signature Date

() _____
Co-Applicant Signature Date

Authorization

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Signatures

() _____
Applicant Signature Date

() _____
Co-Applicant Signature Date

Citizenship Declaration Format

INSTRUCTIONS: Complete this Declaration for each member of the household listed on the Family Summary Sheet

LAST NAME _____

FIRST NAME _____

RELATIONSHIP TO HEAD OF HOUSEHOLD _____ SEX _____ DATE OF BIRTH _____

SOCIAL SECURITY NO. _____ ALIEN REGISTRATION NO. _____

ADMISSION NUMBER _____ if applicable (this is an 11-digit number found on DHS Form I-94, *Departure Record*)

NATIONALITY _____ (Enter the foreign nation or country to which you owe legal allegiance. This is normally but not always the country of birth.)

SAVE VERIFICATION NO. _____
(to be entered by owner if and when received)

INSTRUCTIONS: Complete the Declaration below by printing or by typing the person's first name, middle initial, and last name in the space provided. Then review the blocks shown below and complete either block number 1, 2, or 3:

DECLARATION

I, _____ hereby declare, under penalty of perjury, that I am _____
(print or type first name, middle initial, last name):

_____ 1. A citizen or national of the United States.

Sign and date below and return to the name and address specified in the attached notification letter. If this block is checked on behalf of a child, the adult who will reside in the assisted unit and who is responsible for the child should sign and date below.

Signature

Date

Check here if adult signed for a child: _____

- _____ 2. A noncitizen with eligible immigration status as evidenced by one of the documents listed below:

NOTE: If you checked this block and you are 62 years of age or older, you need only submit a proof of age document together with this format, and sign below:

If you checked this block and you are less than 62 years of age, you should submit the following documents:

- a. Verification Consent Format (Exhibit 3-7).

AND

- b. One of the following documents:

- (1) Form I-551, *Alien Registration Receipt Card* (for permanent resident aliens).
- (2) Form I-94, *Arrival-Departure Record*, with one of the following annotations:
 - (a) "Admitted as Refugee Pursuant to section 207";
 - (b) "Section 208" or "Asylum";
 - (c) "Section 243(h)" or "Deportation stayed by Attorney General"; or
 - (d) "Paroled Pursuant to Sec. 212(d)(5) of the INA."
- (3) If Form I-94, *Arrival-Departure Record*, is not annotated, it must be accompanied by one of the following documents:
 - (a) A final court decision granting asylum (but only if no appeal is taken);
 - (b) A letter from an DHS asylum officer granting asylum (if application was filed on or after October 1, 1990) or from an DHS district director granting asylum (if application was filed before October 1, 1990);
 - (c) A court decision granting withholding or deportation; or
 - (d) A letter from an DHS asylum officer granting withholding of deportation (if application was filed on or after October 1, 1990).
- (4) Form I-688, *Temporary Resident Card*, which must be annotated "Section 245A" or "Section 210."
- (5) Form I-688B, *Employment Authorization Card*, which must be annotated "Provision of Law 274a.12(11)" or "Provision of Law 274a.12."
- (6) A receipt issued by the DHS indicating that an application for issuance of a replacement document in one of the above-listed categories has been made and that the applicant's entitlement to the document has been verified.

(7) Form I-151 Alien Registration Receipt Card.

If this block is checked, sign and date below and submit the documentation required above with this declaration and a verification consent format to the name and address specified in the attached notification. If this block is checked on behalf of a child, the adult who will reside in the assisted unit and who is responsible for the child should sign and date below.

If for any reason, the documents shown in subparagraph 2.b. above are not currently available, complete the Request for Extension block below.

Signature Date

Check here if adult signed for a child: _____

<p style="text-align: center;">REQUEST FOR EXTENSION</p> <p>I hereby certify that I am a noncitizen with eligible immigration status, as noted in block 2 above, but the evidence needed to support my claim is temporarily unavailable. Therefore, I am requesting additional time to obtain the necessary evidence. I further certify that diligent and prompt efforts will be undertaken to obtain this evidence.</p> <p>_____ Signature Date</p> <p>Check if adult signed for a child: _____</p>

_____ 3. I am not contending eligible immigration status and I understand that I am not eligible for financial assistance.

If you checked this block, no further information is required, and the person named above is not eligible for assistance. Sign and date below and forward this format to the name and address specified in the attached notification. If this block is checked on behalf of a child, the adult who is responsible for the child should sign and date below.

Signature Date

Check here if adult signed for a child: _____

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.