

Please read this carefully before completing the housing application

(This page is for your records)

- **It may take up to 30 days to process your application. Please also note that if you do not supply Harbor Homes with a complete application, including all required documents, we will be unable to process your application.**
- **Harbor Homes Inc. currently has a wait list for housing. The wait may vary depending on the program(s) in which you are eligible for. Once your completed application is received, your name will be placed on the housing wait list and it will be your responsibility to keep us informed (*in writing, NOT through phone calls*) of any change in address or phone number so that we may contact you in regards to housing. Being placed on the wait list does not guarantee eligibility for housing.**
- **If you move and do not inform Harbor Homes Inc. *in writing* of your new address/contact information, your name will be removed from the list during our annual update process, and you will need to reapply, starting the process again. Changes can be mailed to or dropped off at 45 High St. Nashua, NH 03060 c/o Wait List.**
- **Please answer all questions on the application. Do not leave any questions blank and be sure to read the application in its entirety to ensure that you fit the criteria for housing.**
- **You must provide accurate and complete information on this application. It is a violation of state and federal law to make false statements on any application for housing assistance.**
- **Please be advised that Harbor Homes Inc. will conduct a criminal background check as well as a sex offender registry check on all adult members of the household before admittance into any of our programs.**
- **PLEASE DO NOT LEAVE DUPLICATE MESSAGES REGARDING CHANGE OF INFO OR WAITLIST STATUS**



Partnership for Successful Living:

The Partnership for Successful Living is an innovative collaboration of six nonprofit agencies—Harbor Homes; So. NH HIV/AIDS Task Force; Greater Nashua Council on Alcoholism/Keystone Hall; Healthy at Home; Welcoming Light; and Milford Regional Counseling Services—providing comprehensive housing and supportive services, helping individuals and families to achieve sustainable independence

Administrative offices located at 45 High Street, Nashua, NH, 03060

www.nhpartnership.org

Harbor Homes, Inc.
45 High Street
Nashua NH 03060
www.harborhomes.org

Date Received: _____ Time Received: _____ Registry: Yes or No (For Office Use Only)

Housing Application

Applicant's Name: _____ Race: _____
 (First, Middle, Last)

Present Address: _____

Telephone #: _____ Marital Status: _____

D.O.B. _____ Sex: _____ S.S. #: _____

Email: _____

Family Summary: Please list all persons who will be living in the unit. (Use reverse side if more space needed):

Last Name	First Name	Relationship to HOH	Gender	Date of Birth	Social Security #

Please List all states you as well as any of your family members have previously resided in throughout your lifetime:

Do you have a court appointed Legal Guardian: Yes No

If Yes, Name: _____

Address: _____

Phone: _____

Please list all sources of regularly received monies in the household. List the source as well as the amount:

Source: _____ Monthly Amount: _____

Source: _____ Monthly Amount: _____

Source: _____ Monthly Amount: _____

Other: (If Any) _____

Medicaid: Yes No Pending If yes #: _____

Medicare: Yes No Pending If yes #: _____

Other Insurance Yes No Pending If yes #: _____

(carrier & policy #)

Assets: Please list all assets and approximate values (i.e. bank accounts, real estate, vehicles, etc.):



Reasonable Accommodations: If reasonable accommodations are needed in order to participate in this application process or to make effective use of our housing programs, applicants/tenants have the right to request such modification. A reasonable accommodation is a change in rules, policies, practices, or services so that a person with a disability will have an equal opportunity to access and apply for housing or to use and enjoy a dwelling unit or common space. Harbor Homes, Inc. will do anything we can to assist but are not required to make changes that would fundamentally alter our programs or create an undue financial and administrative burden. Reasonable accommodations may be necessary at all stages of the housing process, including application, tenancy, or to prevent eviction. Requests for reasonable accommodations can be made to the VP of Operations, Carol Furlong at 45 High Street, Nashua, NH 03060.

Are you or any member of your household subject to a State Lifetime Sexual Offender Registry? Yes No

(Please note: Harbor Homes prohibits the admission of anyone subject to a State Lifetime Sexual Offender Registry)

The primary eligibility requirement for most housing with Harbor Homes, Inc. is having a certified mental illness. Do you meet this criteria? Yes No

Have you served in the Military? Yes No

If yes, please provide copy of DD214 with application

The primary eligibility for Veterans F.I.R.S.T. housing is having served in active duty for 2 years and honorably discharged. Do you fit these criteria? Yes No

Branch of Service: _____ Enter Date: _____ Exit Date: _____

Honorable Discharge: Yes No

DD-214 Enclosed: Yes No

Have you received medical services at the VA in Manchester, NH? Yes No

Are you currently homeless? Yes No

Are you currently living in subsidized housing? Yes No

Unit size: Number of bedrooms needed (circle one): 0 1 2 3 4

Do you require a handicap accessible unit? Yes No

List any modifications or special accommodations needed: _____

How did you hear of Harbor Homes, Inc.? _____

Type of Housing Preferred/Recommended

- Harbor Homes Group Home/ Harbor Homes III (Winter St./Chestnut St. Community Residence)**
HUD Housing, 24-hour staffing, individuals with a mental illness, medications dispensed, own bedroom, shared bathroom and common areas

- Harbor Homes II (Allds St. Supervised Apartments)**
HUD Housing, physically disabled or diagnosed with a mental illness, individual and shared units, must be able to self-medicate

- Safe Haven Residence - Homeless Hard to Reach-Not-Connected to Services**
HUD Housing, 24-hour staffing, chronically homeless, individuals with a mental illness, able to self-medicate, shared bedroom and common areas

- Permanent Housing Programs**
HUD Housing, chronically homeless, individuals with a mental illness, apartments out in the community with supportive services, able to self-medicate

- PH5 Apartments – Dual Diagnosis**
HUD Housing, chronically homeless, individuals with a mental illness and substance abuse, apartments out in the community with supportive services, able to self-medicate

- H.H. Ownership Condos**
HUD Section 811 housing, individuals with a mental illness, apartments out in the community with supportive services, able to self-medicate

- Veterans**
24 month transitional housing program for honorably discharged homeless veterans.

- Rotary Apartments:** Non-supportive affordable (less than market rent) housing for low income individuals/families.

- Connecticut Valley House:** HUD 202 program, age 62 and over **or** disabled individuals, preference to Veterans and Claremont residents.

- Great Brook Homes:** HUD 202 program, age 62 and over **or** disabled individuals

- Woodview Commons:** HUD 202 program, independent shared living age 62 and over **or** disabled individuals

ALL HUD HOUSING REQUIRES THAT ALL APPLICANTS SUPPLY A COPY OF THEIR SOCIAL SECURITY CARD (OR OTHER SSN DOCUMENTATION):

COPY OF SOCIAL SECURITY CARD AND COMPLETED DECLARATION OF CITIZENSHIP. IF SOCIAL SECURITY CARD IS UNAVAILABLE, OTHER ACCEPTABLE FORMS OF IDENTIFICATION INCLUDE: drivers license with SSN; ID card issued by a federal, State, or local agency, a medical insurance provider, employer or trade union; earnings statement on payroll stubs; bank statement; Form 1099; benefit award letter; retirement benefit letter; life insurance policy; or court record. For individuals who have applied for legalization under the Immigration Reform and Control Act of 1986, acceptable documentation is a letter from the DHS indicating that SSN's have been assigned.

- **All forms of identification must include SSN # on them.**

FOR SOME HUD PROGRAMS, PROOF OF HOMELESSNESS IS REQUIRED

Have you ever been evicted from a Section 8/public housing residence?
Yes ____ No ____ If yes, reason for eviction:

APPLICANT CERTIFICATION (Does not apply to Nashua Rotary apartments)

I certify that if selected to receive assistance, the unit I occupy will be my primary residence. I understand that the above information is being collected to determine my eligibility. I authorize the Owner/Manager to verify all information provided on this 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 certify that the statements made in this application are true and complete to the best of my knowledge and belief. I understand that false statements or information are punishable under Federal Law.

I also understand that the US Department of Housing and Urban Development, which subsidizes unit rent and utilities at some of Harbor Homes, Inc.'s properties and programs, **prohibits the admission into that property of families of whom any member:**

- 1) **Has been evicted from federally assisted housing for drug-related criminal activity.** This prohibition is for three years from the date of eviction. Exception may be made to this prohibition if it can be adequately demonstrated by the applicant that the evicted household member who engaged in drug-related criminal activity has successfully completed an approved supervised drug rehabilitation program; or, the circumstances leading to the eviction no longer exist.

- 2) Is determined by Harbor Homes, Inc. and affiliate organizations to be **currently engaging in illegal use of a drug**; or, Harbor Homes, Inc., and affiliate organizations have reasonable cause to believe that his/her illegal use or a pattern of illegal use of a drug may interfere with the health, safety or right to peaceful enjoyment of the premises by other residents.

- 3) **Is subject to a lifetime registration requirement under a State sex offender registration program.**

I understand that criminal history background checks as well as sex offender registry checks will be performed in New Hampshire and any other states where members of the applicant family are known to have resided.

Signature of Applicant or Guardian

Date

Witness

Date

Exhibit 3-5: Citizenship Declaration (does not apply to Nashua Rotary Apartments)

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 (print or type first name, middle initial, last name) perjury, that I am:

_____ 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 (**see Sample Verification Consent Form in Exhibit 3-6**).

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

HARBOR HOMES INC.

CERTIFICATION OF STUDENT STATUS (does not apply to Nashua Rotary Apartments)

In accordance with 24 CFR Parts 5, 880, and 883, a student enrolled in an Institute of Higher Education, as defined by the Higher Education Act of 1965 - amended 1998, will be deemed eligible for assistance if the student meets all other eligibility requirements, passes screening criteria, and is:

- 1 - Living with parent(s)/guardian or
- 2 - Disabled and was receiving assistance as of November 30, 2005 or
- 3 - Over 23 years of age or
- 4 - A veteran or
- 5 - Married or
- 6 - Has a dependent child or
- 7 - Can prove independence of parents, including providing certification that the parents did not claim the student on the most recent tax return or
- 8 - Has parents who are income eligible for the Section 8 program.

I _____ hereby certify that **I am not** currently enrolled in an Institute of Higher Education as a part time or full time student.

I _____ hereby certify that **I am** currently enrolled in an Institute of Higher Education as a ___ Part time ___ Full Time student and that of the above listed criteria, the following criteria is/are applicable to me.

Applicant/Resident Signature

Date

Witness Signature

Date

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.

Form

HUD- 92006 (05/10)