

# LEBANON HOUSING AUTHORITY

## APPLICATION INSTRUCTIONS

**Please read this carefully before completing the application.**

- If you or anyone in your household is a person with disabilities, and you require a specific accommodation in how we communicate with you or how we do things regarding your application, please contact us to request that accommodation.
- It may take up to 45 days to process your application. After 45 days, if you have not received a confirmation letter, call **603-298-5753** and ask for the applications processor.
- A valid postal mailing address must be provided. If you move and do not update your address with us, your file will be inactivated during our periodic updates. You will then need to reapply.
- **PLEASE PRINT CLEARLY AND LEGIBLY.**
- Answer all questions on the application form. Do not leave any questions blank. If a question does not apply to you such as, “What is your telephone number?”, and you do not have a telephone, write “none”. All yes or no questions must be checked either yes or no.
- If there is not enough space to answer a particular question or to provide any additional explanation that you want to make, please feel free to attach one or more pages to the application.
- Unless specifically indicated on this application, the questions apply to all of the household members listed.
- The information that you provide on this application must be true and complete. It is a violation of federal and state criminal law to make false statements on an application for housing assistance. If you do not understand a question, please ask a LHA representative.
- The legal head of household and spouse/co-head (if any) must sign and date the application form. Be sure to provide signatures in all places where so requested.
- **Be advised that LHA will conduct criminal background checks and sex offender registration checks on all adult household members (including live-in aides) before determining final eligibility**

### **To qualify for housing assistance an applicant must:**

- Have an annual income at the time of admission that does not exceed the HUD income limits. The income limits for Lebanon City, NH are posted on the HUD website at [\*www.hud.gov\*](http://www.hud.gov/) / Resources / Online Library Bookshelf 1 / Income Limits; or **click here:** [LHA Income Limits](#)
- Meet the HUD requirements on citizenship or immigration status.
- Provide documentation of Birthplace and Social Security Numbers (a valid Social Security card) for all family members when eligibility is being determined.
- Pay any money owed LHA or any other housing authority.
- Not be subject to lifetime sex offender registration requirements.
- Sign authorization forms so that LHA can verify the various eligibility requirements.
- Not have any household members engaged in any criminal activity that threatens the life, health, safety, or right to peaceful enjoyment of the premises by other residents or persons in the vicinity.
- Not have any household members engaged in any drug-related or violent criminal activity.

**\*\* You must complete LHA Application pages 1-2 along with HUD DEBTS OWED NOTICE (Form HUD-52675) and HUD SUPPLEMENT TO APPLICATION (Form HUD-92006). Return completed application to LHA by mail, e-mail, fax or in-person during regular business hours. Applications are date and time stamped in the order they are received.**

# LEBANON HOUSING AUTHORITY

31 ROMANO CIRCLE · P.O. BOX 5475  
 WEST LEBANON, NEW HAMPSHIRE 03784  
 1-603-298-5753 FAX 298-0146 TDD-1-800-735-2964  
[www.lebanonhousing.org](http://www.lebanonhousing.org)



### WAIT LIST

**INITIAL APPLICATION FOR (Check):** Section 8 in Lebanon CLOSED\*, Romano Circle Family Public Housing \_\_\_\_\_, Senior Housing (Check each place you wish to apply) Maple Manor \_\_\_\_\_, Rogers House \_\_\_\_\_, Lebanon Towers \_\_\_\_\_,

PLEASE PRINT FULL LEGAL NAME OF HEAD OF HOUSEHOLD:	MAILING ADDRESS (IF DIFFERENT)
NAME: _____	_____
ADDRESS: _____	_____
CITY: _____ STATE _____ ZIP _____	TELEPHONE _____

**STATISTICAL INFORMATION:** So that HUD may determine how well its programs are used by minority families: **Head of household ethnicity** (select one) \_ Hispanic or Latino, \_ Not-Hispanic or Latino. **Race** (select all that apply) [ ] American Indian or Alaskan Native, [ ] Asian, [ ] Black or African American, [ ] Native Hawaiian or Other Pacific Islander, [ ] White, [ ] Other

**CITIZENSHIP:** Is at least one member of the household a U.S. citizen or legal resident of the U.S.? [ ] Yes [ ] No

**\*PREFERENCE:** Is your household displaced by fire or natural disaster? [ ] Yes [ ] No *If yes, you may apply for Section 8 anytime.*

**HOUSEHOLD INCOME:** List **all** money earned or received, **before taxes**, by everyone living in your household, including money from wages, self-employment, child support, contributions, Social Security, disability payments (SSI), Workers' Compensation, retirement benefits, TANF, Veterans benefits, income from rental property or investments.

List all Household members (attach another sheet with additional members)	Relationship of member to head of household	Wages (Monthly gross, not take-home)	Welfare (Monthly)	Child Support (Monthly)	Amount of Other Income (Specify source)	Note here if Disabled/Handicap/Pregnant or a Full-time student
Name: SS#: Date of birth: Sex:	Head of household					
Name: SS#: Date of birth: Sex:						
Name: SS#: Date of birth: Sex:						
Name: SS#: Date of birth: Sex:						
Name: SS#: Date of birth: Sex:						
Name: SS#: Date of birth: Sex:						
Name: SS#: Date of birth: Sex:						

**PLEASE ANSWER ALL QUESTIONS AND SIGN ON THE OTHER SIDE**

OFFICE USE ONLY	
Preference [ ] Yes [ ] No # Adults _____ # Dependents _____ Total size _____ BR Size _____	
Annual Income \$ _____ Median Income ( _____ ) % _____ Ineligible _____ Eligible _____ Approved by _____ Date _____	

**Warning:** Title 18, Section 1001 of the United States Code states that a person is guilty of a felony for knowingly and willingly making a false or fraudulent statement to any department or agency of the United States.

List **all** assets of all family members:

FAMILY MEMBER NAME	TYPE OF ASSET	ACCOUNT NUMBERS	INSTITUTION WHERE HELD	AMOUNT OR VALUE
	Savings Accounts			\$
	Checking Accounts			\$
	CDs, Stocks or Bonds			\$
	Real Estate			\$
	Life Insurance Policies			\$
				\$

1. Have you given away or sold any assets within the past two (2) years? If yes, please state the Value of the assets \$\_\_\_\_\_ and Date disposed of \_\_\_\_\_ [ ] Yes [ ] No
2. Do you or any members of your household require any reasonable accommodation to participate in the program? If yes please explain \_\_\_\_\_ [ ] Yes [ ] No
3. Have you ever received rental assistance before? If yes, list where and when: \_\_\_\_\_ Under what name? \_\_\_\_\_ Who was head of household? \_\_\_\_\_ [ ] Yes [ ] No
4. Have you been evicted from housing assisted under any federally assisted housing program? (For example, Public Housing, Section 8, etc.) If yes, give dates and name of Housing Authority or Owner: \_\_\_\_\_ [ ] Yes [ ] No
5. Have you ever been terminated from the Section 8 certificate or voucher program? If yes, Please explain: \_\_\_\_\_ [ ] Yes [ ] No
6. Have you or anyone in your household ever been arrested or convicted of a crime? If yes, what was the charge(s)? \_\_\_\_\_ When? \_\_\_\_\_ Where? \_\_\_\_\_ Which family member(s) \_\_\_\_\_ [ ] Yes [ ] No
7. Are any of the adult household members subject to the lifetime registration requirement under any state sex offender registration law? If yes, what states? \_\_\_\_\_ [ ] Yes [ ] No
8. Have you ever committed any fraud in a federally assisted housing program or been requested to repay money for knowingly misrepresenting information for such housing programs? If yes, please explain and give dates: \_\_\_\_\_ [ ] Yes [ ] No

**If you do not live in Lebanon when you apply for Section 8, you must use your voucher in Lebanon for one year.**

**I understand that false statements or inaccurate information are grounds for denial of admission to the program**

Signature: \_\_\_\_\_ Date completed: \_\_\_\_\_  
(Head of Household)

Signature: \_\_\_\_\_ Date completed: \_\_\_\_\_  
(Other Adult)

Emergency Contact Person: \_\_\_\_\_ How related: \_\_\_\_\_

Telephone: \_\_\_\_\_

Optional and Supplemental 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.

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

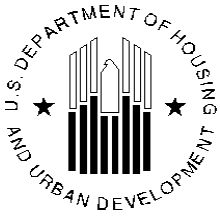
<b>Applicant Name:</b>	
<b>Mailing Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>Name of Additional Contact Person or Organization:</b>	
<b>Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>E-Mail Address (if applicable):</b>	
<b>Relationship to Applicant:</b>	
<b>Reason for Contact:</b> (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	
<b>Commitment of Housing Authority or Owner:</b> 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.	
<b>Confidentiality Statement:</b> The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
<b>Legal Notification:</b> 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.	

**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.



## U.S. Department of Housing and Urban Development Office of Public and Indian Housing

### DEBTS OWED TO PUBLIC HOUSING AGENCIES AND TERMINATIONS

**Paperwork Reduction Notice:** Public reporting burden for this collection of information is estimated to average 7 minutes per response. This includes the time for respondents to read the document and certify, and any recordkeeping burden. This information will be used in the processing of a tenancy. Response to this request for information is required to receive benefits. The agency may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number. The OMB Number is 2577-0266, and expires 08/31/2016.

#### **NOTICE TO APPLICANTS AND PARTICIPANTS OF THE FOLLOWING HUD RENTAL ASSISTANCE PROGRAMS:**

- Public Housing (24 CFR 960)
- Section 8 Housing Choice Voucher, including the Disaster Housing Assistance Program (24 CFR 982)
- Section 8 Moderate Rehabilitation (24 CFR 882)
- Project-Based Voucher (24 CFR 983)

The U.S. Department of Housing and Urban Development maintains a national repository of debts owed to Public Housing Agencies (PHAs) or Section 8 landlords and adverse information of former participants who have voluntarily or involuntarily terminated participation in one of the above-listed HUD rental assistance programs. This information is maintained within HUD's Enterprise Income Verification (EIV) system, which is used by Public Housing Agencies (PHAs) and their management agents to verify employment and income information of program participants, as well as, to reduce administrative and rental assistance payment errors. The EIV system is designed to assist PHAs and HUD in ensuring that families are eligible to participate in HUD rental assistance programs and determining the correct amount of rental assistance a family is eligible for. All PHAs are required to use this system in accordance with HUD regulations at 24 CFR 5.233.

HUD requires PHAs, which administers the above-listed rental housing programs, to report certain information at the conclusion of your participation in a HUD rental assistance program. This notice provides you with information on what information the PHA is required to provide HUD, who will have access to this information, how this information is used and your rights. PHAs are required to provide this notice to all applicants and program participants and you are required to acknowledge receipt of this notice by signing page 2. Each adult household member must sign this form.

#### **What information about you and your tenancy does HUD collect from the PHA?**

The following information is collected about each member of your household (family composition): full name, date of birth, and Social Security Number.

The following adverse information is collected once your participation in the housing program has ended, whether you voluntarily or involuntarily move out of an assisted unit:

1. Amount of any balance you owe the PHA or Section 8 landlord (up to \$500,000) and explanation for balance owed (i.e. unpaid rent, retroactive rent (due to unreported income and/ or change in family composition) or other charges such as damages, utility charges, etc.); and
2. Whether or not you have entered into a repayment agreement for the amount that you owe the PHA; and
3. Whether or not you have defaulted on a repayment agreement; and
4. Whether or not the PHA has obtained a judgment against you; and
5. Whether or not you have filed for bankruptcy; and
6. The negative reason(s) for your end of participation or any negative status (i.e., abandoned unit, fraud, lease violations, criminal activity, etc.) as of the end of participation date.

**Who will have access to the information collected?**

This information will be available to HUD employees, PHA employees, and contractors of HUD and PHAs.

**How will this information be used?**

PHAs will have access to this information during the time of application for rental assistance and reexamination of family income and composition for existing participants. PHAs will be able to access this information to determine a family's suitability for initial or continued rental assistance, and avoid providing limited Federal housing assistance to families who have previously been unable to comply with HUD program requirements. If the reported information is accurate, a PHA may terminate your current rental assistance and deny your future request for HUD rental assistance, subject to PHA policy.

**How long is the debt owed and termination information maintained in EIV?**

Debt owed and termination information will be maintained in EIV for a period of up to ten (10) years from the end of participation date.

**What are my rights?**

In accordance with the Federal Privacy Act of 1974, as amended (5 USC 552a) and HUD regulations pertaining to its implementation of the Federal Privacy Act of 1974 (24 CFR Part 16), you have the following rights:

1. To have access to your records maintained by HUD, subject to 24 CFR Part 16.
2. To have an administrative review of HUD's initial denial of your request to have access to your records maintained by HUD.
3. To have incorrect information in your record corrected upon written request.
4. To file an appeal request of an initial adverse determination on correction or amendment of record request within 30 calendar days after the issuance of the written denial.
5. To have your record disclosed to a third party upon receipt of your written and signed request.

**What do I do if I dispute the debt or termination information reported about me?**

If you disagree with the reported information, you should contact in writing the PHA who has reported this information about you. The PHA's name, address, and telephone numbers are listed on the Debts Owed and Termination Report. You have a right to request and obtain a copy of this report from the PHA. Inform the PHA why you dispute the information and provide any documentation that supports your dispute. HUD's record retention policies at 24 CFR Part 908 and 24 CFR Part 982 provide that the PHA may destroy your records three years from the date your participation in the program ends. To ensure the availability of your records, disputes of the original debt or termination information must be made within three years from the end of participation date; otherwise the debt and termination information will be presumed correct. Only the PHA who reported the adverse information about you can delete or correct your record. Your filing of bankruptcy will not result in the removal of debt owed or termination information from HUD's EIV system. However, if you have included this debt in your bankruptcy filing and/or this debt has been discharged by the bankruptcy court, your record will be updated to include the bankruptcy indicator, when you provide the PHA with documentation of your bankruptcy status.

The PHA will notify you in writing of its action regarding your dispute within 30 days of receiving your written dispute. If the PHA determines that the disputed information is incorrect, the PHA will update or delete the record. If the PHA determines that the disputed information is correct, the PHA will provide an explanation as to why the information is correct.

**This Notice was provided by the below-listed PHA:**

**I hereby acknowledge that the PHA provided me with the  
*Debts Owed to PHAs & Termination Notice:***

**Signature**

**Date**

**Printed Name**