

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



INITIAL APPLICATION FOR (Check): Section 8 in Lebanon _____, Romano Circle Family Public Housing ___ 2 ___ 3 ___ 4 BR Senior Housing.....(NOTE: *Selecting all Elderly/Disabled Sites and Bedroom (BR) sizes shortens wait time.*)
 (Check each site desired): Maple Manor ___ Studio=0BR ___ 1BR, Rogers House ___ 0BR ___ 1BR, Lebanon Towers ___ 1BR

PLEASE PRINT FULL LEGAL NAME OF HEAD OF HOUSEHOLD:	SECONDARY 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.

***PREFERENCES:** *If verified, allows applying when waitlist closed.* [] Household displaced by fire or natural disaster
 Current LHA Program Participant approved for Program Transfer: [] pursuant to §504 Rehabilitation Act-1973 Accommodation or [] pursuant to Violence Against Women Act (VAWA)

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:						
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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 programs.

Signature: _____
(Head of Household)

Date completed: _____

Signature: _____
(Other Adult)

Date completed: _____

Emergency Contact Person: _____ How related: _____

Telephone: _____