Keene Housing

Pre-application for Housing Assistance

Date stamp (Office use only)

This is a preliminary application. Once this pre-application is processed, we will notify you of your status. Unless otherwise noted, all information is required. Incomplete or illegible applications will not be processed. Please make certain to complete, sign, date and return the "Supplement to Application for Federally Assisted Housing" with your application. This is an optional form and if you choose not to provide the information, please check the appropriate box, sign, date and return. The application will not be considered complete without it's return. It is your responsibility to keep your address up to date with Keene Housing. Failure to do so may result in you being removed from the waiting lists. If you have any questions, please call us at (603) 352-6161 or stop by one of our open application sessions Tuesdays and Thursdays from 1:30 pm to 3:30 pm. ONE PRE-APPLICATION PER HOUSEHOLD PLEASE.

1. Personal information

_____ - _____ - _____ _____
Social Security Number Birth date (mm/dd/yy)

_____
Email Address

(_____) _____ – _____
Area Code Telephone Number

2. Name and address of head of household

_____
Last name First name Middle initial

_____
Mailing address Apartment number City State Zip

_____
Address where you are currently living (if different from above) City State Zip

3. Citizenship Declaration *By law, only U.S. citizens and eligible noncitizens can receive federal rental assistance.*

I hereby certify that all household members listed on this pre-application are United States citizens or a noncitizen with eligible immigration status.

☐ Yes ☐ No If "no", who? _____

I understand that if KH schedules my household for a determination of eligibility appointment I will be required to provide proof of citizenship status for all household members. To request more information on eligible immigration status, please contact Keene Housing at (603) 352-6161 x 302 or apply@keenehousing.org.

4. Current Living Situation *(Check any that apply)*

- ☐ Living in a Cheshire Housing Trust Property
- ☐ Fear of reprisal
- ☐ Hate Crime Victims
- ☐ Displaced due to disaster or government action
- ☐ Living in a motel/hotel room
- ☐ Leaving a jail/prison, or medical institution
- ☐ Living in a car or tent
- ☐ Living in a shelter
- ☐ Afraid to return home
- ☐ Fleeing or attempting to flee a dangerous situation

5. Gender (optional)

- ☐ Male
- ☐ Female

6. Ethnicity (optional)

- ☐ Hispanic/Latino
- ☐ Not Hispanic/Latino

7. Race (optional)

- ☐ White
- ☐ American Indian/Alaska Native
- ☐ Hawaiian/Pacific Islander
- ☐ Black/African American
- ☐ Asian
- ☐ Other

8. Veteran?

- ☐ Yes
- ☐ No

9. Employment Status

- ☐ Employed
- ☐ Unemployed

10. Student?

- ☐ Yes
- ☐ No

11. Disability. It is not necessary to give us disability information unless you are requesting anything special due to the disability of a household member.

11a. Do you claim a disability? ☐ Yes ☐ No

11b. Do you need an accommodation to help you complete the application process? ☐ Yes ☐ No

11c. Do you need an accommodation in housing features as a result of your disability? ☐ Yes ☐ No

11d. If "yes" to **11b** or **11c**, what accommodation do you request? (You may attach additional sheets.)

Is any member of your household a person without a social security number and was age 62 or older on January 31, 2010? _____ Yes _____ No

12. List others who will live with you. For **Ethnicity** and **Race**, please use the categories listed in Item 6 and Item 7.

#	Relationship	Last name	First name + middle initial	Ethnicity (optional)	Race (optional)	Gender (Optional)	Social Security #	DOB (mm/dd/yy)	Disabled? (Y/N)	Veteran? (Y/N)
1										
2										
3										
4										
5										

If you have more than five household members, please check here ☐ and list them on a separate piece of paper.

13. List all monthly income/money coming in for all household members. Only one income source and household member per line please.

Household Member	Monthly Gross Income	Income Source

If you need additional space, please check here ☐ and list monthly gross income and source on a separate piece of paper.

For Office Use Only: ☐ Homeless at application

14. Please answer the following questions and provide an explanation where applicable. (Understand that if any question below is answered "NO" and a background check reveals otherwise, the application for rental assistance will be denied for misrepresentation.)

- ✓ Are you or any other person(s) listed on this Pre-Application subject to a lifetime sex offender registration requirement in any state? ☐ Yes ☐ No
  If yes, who? _____

- ✓ Do you or any other person(s) listed on this Pre-Application owe any money to a public housing authority? ☐ Yes ☐ No If yes, please provide the name and complete address of the specific housing authority_____

  _____

- ✓ Have you or any other person(s) on this Pre-application been convicted for methamphetamine production? ☐ Yes ☐ No
  If yes, who? _____

- ✓ Please list all states in which any household member has lived as an adult.

  _____

  _____

15. Certification of applicant: I hereby certify that the information I have provided in this pre-application is true and accurate. I understand that if I do not provide all of the information requested, or if I make property selections for which I am not eligible, my name may not be added to the waiting list. I understand that my having provided any false information will result in my application being cancelled or denied or in the termination of my housing assistance. I understand that at the time I rise to the top of a waiting list, I will be required to verify the information I have provided here. I accept responsibility for keeping Keene Housing informed of my current address, and I understand that my application may be cancelled if I fail to do so.

X_____ X_____

Signature of head of household *Date* Signature of spouse or co-head of household *Date*

For office use only Signature of Keene Housing waiting list processing staff _____

PRIVACY ACT NOTICE: The Department of Housing and Urban Development (HUD) is authorized to collect the following information by the U.S. Housing Act of 1937 (42 U.S.C. 1437 et. seq.), Title VI of the Civil Right Act of 1964 (42 U.S.C. 2000d), the Fair Housing Act (42 U.S.C. 3601–19) and the Housing and Community Development Act of 1987 (42 U.S.C. 3543). Your income and other information are being collected by HUD to determine your eligibility, the appropriate bedroom size, and the amount your family will pay toward rent and utilities. HUD also uses your family income and other information to assist in managing and monitoring HUD-assisted housing programs, to protect the Government's financial interest, and to verify the accuracy of the information you provide. This information will not be disclosed or released outside of HUD, except as permitted or required by law. You must provide all of the information requested by the Keene Housing, including all Social Security Numbers for you and all other household members. Failure to provide any requested information may result in a delay or rejection of your eligibility approval.

1. PROPERTY CHOICE: If you are interested in renting an apartment owned or managed by Keene Housing please select at least one property, although you may choose as many as you like. KH's occupancy standard requires spouses or domestic partners to share a bedroom. A single person is eligible only for a studio or 1 bedroom. Be sure the property you select has the bedroom size needed for your family size.

2. HOUSING CHOICE VOUCHER PROGRAMS: The Housing Choice Voucher Programs assist low income families, including those with disabilities, with the cost of renting safe and affordable housing in the private market not owned or managed by Keene Housing.

3. RESIDENT SELF-RELIANCE PROGRAM: With the exception of residents at Evergreen Knoll, Meadow Road and some units at Brookbend East and West, **all non-elderly, non-disabled households receiving assistance from KH are required to participate in KH's Resident Self Reliance Program (RSR).** More information about RSR, Keene Housing's occupancy standards, current wait times, and program details are available at our Central Office and online at www.keenehousing.org.

Properties

- Ash Brook Apartments: Elec not included / Keene / 1 bedroom *
- Bennett Block: Elec included; Laundry on-site; no parking / Keene / Studio - 2 bedrooms *
- Brookbend East: Elec not included; Laundry hook-ups / Keene / 2 - 3 bedrooms *
- Brookbend West: Elec not included; Laundry hook-ups / Keene / 2 - 3 bedrooms *
- Everygreen Knoll: Util included; Laundry on-site / Swanzey / 2 - 3 bedrooms *
- Forest View: Util included; Laundry hook-ups / Keene / 2 - 3 bedrooms *
- Harper Acres: Community Room Util included; Laundry on-site / Keene / Studio - 2 bedrooms *
- Meadow Road: Elec not included; Laundry hook-ups / Keene / 2 - 3 bedrooms
- North and Gilsum: Util included; Laundry hook-ups; Community Room Elec not included; Laundry hook-ups / Keene / 3-4 bedrooms *
- Riverbend: Elec not included; heat and hot water included; laundry hook-ups; full basement / Swanzey / 2 -3 bedrooms *
- Scattered Sites: Varies / Keene / 0 - 3 bedrooms *
- Scattered Sites: Varies / Marlboro / 0 - 3 bedrooms *
- Stone Arch Village Family: Elec not included; Laundry on-site / Keene / 2 - 3 bedrooms *
- Hampshire House: Util included; single room occupancy; shared bathroom & kitchen / Keene / single room

Senior Housing

- Central Square Terrace (age 62 or older or disabled): Util included; Laundry on-site; Limited parking; Community Room; Elevator / Keene / Studio - 1 bedroom
- Stone Arch Village – Senior (age 62 or older or disabled): Util included; Laundry on-site; Community Room; Elevator / Keene / 1 - 2 bedrooms

Housing Choice Voucher Programs

- Housing Choice Voucher

Please select any that apply to you:

- A member of my household is a person over 18 and under 62, who is disabled, and transitioning out of setting.
- A member of my household is a person over 18 and under 62, who is disabled and who is at risk of institutionalization.
- A member of my household is a person over 18 and under 62, who is disabled and who is homeless.
- A member of my household is a person over 18 and under 62 who is disabled and is at risk of becoming homeless.

Please complete and return to:
Keene Housing, 831 Court Street, Keene, NH 03431
Or sign, scan, and email to: apply@keenehousing.org

Where indicated with a (*), see page 5

Assessing the Impact of Rental Subsidy Types

In order to identify which types of affordable housing programs have the greatest impact on people's ability to improve their economic future, Keene Housing is conducting a study to identify which programs work best. During the study, working-age, non-disabled residents entering certain Keene Housing programs indicated with an (*) or properties indicated with an (*) on page 4 are randomly assigned to receive one of three types of rental assistance. The three types of assistance are: 1) Keene Housing pays a portion of the rent, which is decided based on the tenant's income, with a recertification of income after three years, 2) Keene Housing pays a portion of the rent, which is decided based on the tenant's income, with a yearly re-certification of income, or 3) Keene Housing pays a significant portion of the unit rent at first, but decreases the subsidy after two years and again after another year. After the rental assistance type is decided, each tenant is also randomly selected to participate or not to participate in the Resident Self-Reliance program (RSR), which provides quarterly counseling sessions to help residents set economic goals as well as connections to job and training opportunities.

By receiving a rental subsidy or residing in one of Keene Housing's properties, working-age non-disabled residents of Keene Housing agree to participate in this assessment. Random selection of subsidy type and RSR participation is necessary because it provides both fairness and an assurance that the study results are correct and able to be reproduced for other tenants. This assessment has been approved by the U.S. Department of Housing and Urban Development. Your participation in this study will help Keene Housing and other housing providers improve how they deliver rental assistance so that it leads to the best outcomes for future participants.

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)

- ☐ Emergency
- ☐ Unable to contact you
- ☐ Termination of rental assistance
- ☐ Eviction from unit
- ☐ Late payment of rent
- ☐ Assist with Recertification Process
- ☐ Change in lease terms
- ☐ Change in house rules
- ☐ Other: _____

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.

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.

Keene Housing

831 Court Street, Keene, NH 03431
PHONE & TTD – 603.352.6161
FAX – 603.352.6845

NOTICE TO ALL APPLICANTS

Reasonable Accommodations and Modifications for Applicants with Disabilities

Keene Housing is a public agency that provides rental assistance to eligible families with children, elderly families, disabled families, and single people. Keene Housing is not permitted to discriminate against applicants on the basis of their race, religion, sex, color, national origin, age, disability, or familial status. In addition, Keene Housing has a legal obligation to provide "reasonable accommodation or modification" to applicants if they or family members have a disability. A reasonable accommodation is a change to a rule, policy, procedure, or service that will assist an otherwise eligible applicant or resident with a disability to make effective use of the Keene Housing's programs. A reasonable modification is a structural change that can be made to its units or common areas. Examples of reasonable accommodations and modifications would include:

- Making alterations to a unit so it could be used by a family member with a wheelchair;
- Adding or altering unit features so they may be used by a family member with a disability;
- Installing strobe type flashing light smoke detectors in an apartment for a family with a hearing impaired member;
- Permitting a family to have a large dog to assist a family member with a disability in a family development where the size of the dog is usually limited;
- Making large type documents, Braille documents, cassettes or a reader available to an applicant with a vision impairment during the application process;
- Making a sign language interpreter available to an applicant with a hearing impairment during the interview or meeting with staff;
- Permitting an outside agency or individual to assist an applicant with a disability to meet the applicant screening criteria.

An applicant family that has a member with a disability must still be able to meet essential obligations of tenancy. They must be able to pay rent, to care for their apartment, to report required information, to avoid disturbing neighbors, etc. but there is no requirement that they be able to do those things without assistance.

If you or a member of your family have a disability and think you might need or want a reasonable accommodation or modification, you may request it at any time in the application process or at any time you need an accommodation. This is up to you. If you would prefer not to discuss your situation with Keene Housing, that is your right.

Fair Housing

Keene Housing does not discriminate based on race, color, national origin, religion, sex, familial status, disability, age, marital status, sexual orientation, perceived sexual orientation or gender identity.

If you or anyone in your family is a person with disabilities, and you require a specific accommodation in order to fully utilize our programs and services, please contact the Keene Housing main office.

EQUAL HOUSING OPPORTUNITY

NEW HAMPSHIRE

Emergency Rental Assistance Program

DO YOU NEED HELP PAYING YOUR RENT AND UTILITIES BECAUSE OF COVID-19?

The New Hampshire Emergency Rental Assistance Program provides assistance to eligible residents who cannot pay their rent and utilities due to the COVID-19 pandemic.

Apply at the Community Action Partnership (CAP) agency in your area.

APPLY AT **CAPNH.org** OR CALL **2-1-1**

Community Action Partnership of New Hampshire

Community Action Program Belknap-Merrimack Counties, Inc.

SCS People Helping People Southwestern Community Services

SNHS The Community Action Partnership serving Hillsborough and Rockingham Counties

Tri-County Community Action Serving Coös, Carroll & Grafton Counties since 1965 Helping People Changing Lives

Community Action Partnership of Strafford County

2-1-1 Get Connected. Get Help.™

NEW HAMPSHIRE
Emergency Rental Assistance Program

DO YOU NEED HELP PAYING YOUR RENT AND UTILITIES BECAUSE OF COVID-19?

The New Hampshire Emergency Rental Assistance Program provides assistance to eligible residents who are experiencing financial hardship due to COVID-19 and are at risk for homelessness, or living in unsafe or unhealthy housing.

TO LEARN IF YOU QUALIFY FOR ASSISTANCE:
APPLY ONLINE AT CAPNH.ORG OR CALL 2-1-1

WHAT THE PROGRAM COVERS

- Past-due and future rent payments.
- Utilities, such as electricity, home heating costs, water, sewer, trash.
- Other housing-related costs such as internet and relocation expenses associated directly or indirectly with COVID-19.
- Relocation expenses including rental application fees, utility hook-up fees, and security deposits.
- You may qualify for utility assistance even if you do not receive or need rental assistance

PROGRAM ELIGIBILITY

- At least one person in your household has qualified for unemployment benefits, had their income reduced, had significant costs, or had other financial hardship due to COVID-19. Certain income requirements must be met.
- You do not need to be receiving unemployment benefits payments.
- The CAP agency will assist in identifying information needed.
- Eligible households may qualify for assistance for past-due and future rent and utility payments for a period not to exceed 15 months.

Your Community Action Partnership (CAP) agency will assist you with the application process. The application can be completed online, or you may request a paper application.

APPLY AT CAPNH.org OR CALL 2-1-1

This is a federally funded through the Governor's Office for Emergency Relief and Recovery. It is administered by New Hampshire Housing, in collaboration with the Community Action Partnership agencies.