

Have you or anyone in your household ever applied for or participated in a rental-assistance program? _____

If yes, please explain. _____

Have you or anyone in your household ever been evicted or violated your lease while participating in a rental-assistance program? _____ If yes, please explain. _____

Are you interested in an efficiency/studio (0-bedroom) apartment? Yes No

Program Information

Optional: The following questions are asked of every applicant for PHA housing assistance. They are used to determine if an applicant household needs special features in its housing unit. Are you or any member of your household handicapped _____ or disabled _____? Do you or any member of your family require special features in a housing unit? For example, wheelchair accessible unit, unit for vision or hearing impaired. _____ If yes, please state type of special feature required:

PLEASE ANSWER YES OR NO TO ALL QUESTIONS:

1. Does anyone outside of your household pay for any of your bills or give you money? _____ If yes, please explain below.
2. Have you or any other adult members ever used any name(s) or Social Security Number(s) other than the one you are currently using? _____ If yes, please explain below.
3. Have you or any one in your household ever been convicted of any crime other than traffic violations? _____ If yes, please explain below.
4. Have you ever committed 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 below.

5. Are you a part-time or full-time student? _____

6. Check all that apply for head of household or co-head: _____ legal resident of the City of Portsmouth or employed in the City of Portsmouth. (4 pts.) _____ veteran as verified by the Department of Veteran Affairs. (2 pts.) _____ working head of household or working spouse or person 62 years old or older or a person who is unable to work because of the extent of their disability. (1 pts.)

PLEASE NOTE: This preliminary application places a person on the Portsmouth Housing Authority's wait list; it does not determine eligibility for rental assistance. When your name approaches the top of the wait list, you will be contacted by mail, so please keep this office informed of any address changes. When you are contacted, you will need to complete a full application. The Portsmouth Housing Authority will verify all information and determine eligibility for rental assistance.

I/We do hereby swear and attest that all of the information contained on this application is true and correct. I/We also understand that all changes in the income of any member of the household as well as any changes in the household composition (members) must be reported to the Portsmouth Housing Authority in WRITING IMMEDIATELY.

SIGNATURE OF HEAD OF HOUSEHOLD DATE SIGNATURE OF SPOUSE DATE

SIGNATURE OF OTHER ADULT DATE SIGNATURE OF OTHER ADULT 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 FALSE OR FRAUDULENT STATEMENTS TO ANY DEPARTMENT OR AGENCY OF THE UNITED STATES GOVERNMENT

APPLICANTS ACKNOWLEDGEMENT OF THE PORTSMOUTH HOUSING AUTHORITY'S NON-SMOKING POLICY

I the undersigned hereby acknowledge that effective January 1, 2009 the Portsmouth Housing Authority has put in place a Non-Smoking Policy.

1. Smoking is not permitted anywhere in any buildings including apartments, in accordance with the following schedule. Effective on **January 1, 2009**, all current residents, all employees, all guests, and all new residents of all Portsmouth Housing Authority owned or managed properties after this date will be prohibited from smoking anywhere in the buildings, including in apartment units. There is a temporary exception to this policy for current residents who are smokers. Any current resident as of June 11, 2008 who smokes must complete a temporary smoking exemption form allowing them to smoke in their apartment only. This exemption will continue only until **July 1, 2009**, at which time the smoking policy will also apply to the resident. **All new residents will not be allowed to smoke in apartment units as of June 11, 2008.** Failure of any resident to follow the smoke-free policy will be considered a lease violation.
2. "No Smoking signs will be posted outside and inside of the building.
3. Smoking outside the building will be posted as a smoking area and must be at least 20 feet from any buildings.
4. If a resident smells tobacco smoke in any place in the building, they are to report this to the office as soon as possible. Management will seek the source of the smoke and take appropriate action.
5. For the health and safety of the Portsmouth Housing Authority employees and their representatives, no resident shall have any type of tobacco or related product burning at such time as any employee or representative of the Portsmouth Housing Authority enters and remains in your apartment unit. If any resident refuses to put out the burning tobacco or related product prior to the employee or representative entering the apartment or if the resident lights a tobacco or related product while an employee or representative remains in the apartment, the employee or representative shall vacate your apartment and shall not return until such time as there is no longer any tobacco or related product burning. This may result in a delay of services in your apartment.
6. New tenants will be given two (2) copies of the smoking policy. After review, the tenant will sign both copies and return one to the Portsmouth Housing Authority Property Management Office. The copy will be placed in the tenant's file.
7. Upon adoption of this policy, all tenants presently living in any managed or owned property of the Portsmouth Housing Authority will be given two copies of the policy. After review, the tenant will sign both copies and return one to the Portsmouth Housing Authority Property Management Office for placement in the tenant's file.

APPLICANTS CERTIFICATION

I _____ have read and understand the above smoking policy and I agree to comply fully with the provisions upon being housed with the Portsmouth Housing Authority.

Applicant's Signature: _____

Date: _____

DOCUMENTATION NEEDED FOR PRELIMINARY APPLICATION. TO BE RETURNED WITH APPLICATION.

COPIES OF BIRTH CERTIFICATE AND SOCIAL SECURITY CARDS FOR EVERYONE IN THE HOUSEHOLD. PROOF OF PREFERENCE.

Portsmouth Resident, that is verified by the following methods: Rent Receipt, Copy of Lease, Utility Bill, Employer/Agency Record, School Record, Driver's License, Voter Registration Record, Credit Report, Statement from Landlord: At least three of the foregoing is required. **Employed in the City of Portsmouth:** Notarized Employment Verification Statement signed by employer.

Veteran, that is verified by United States Government Documents (ex. DD214-Discharge Paperwork with Honorable Discharge).

Working, Elderly or Disabled and Working Family, that has been employed at least 20 hours per week for a continuous 18 months preceding selection from Waiting List or from the date the preference was claimed or a person who is disabled or 62 years old or older. This preference must be verified by the employer, disability assistance provider, and/or birth certificate.

DEFINITION OF A PORTSMOUTH RESIDENT

The Portsmouth Housing Authority defines a "Portsmouth Resident" for the purposes of providing a resident selection preference for all of its housing programs as:

An individual or family that has previously reside in the City of Portsmouth for a period of no less than five consecutive years, who has moved away and now wishes to return to the City to reside:

OR:

An individual or family that has to move to the City of Portsmouth due to age, disability or illness and must live near or with family who resides in the City of Portsmouth and has done so for a period of two (2) consecutive years prior to consideration of this request.