

Marion L. Phillips Apts
Or
 HCV / Section 8

Claremont Housing Authority
243 Broad Street
Claremont, NH 03743
Phone: 603-542-6411
Fax: 603-542-0353

Efficiency Apt
 1 Bedroom Apt
 2 Bedroom Apt
 3 Bedroom or More

PRELIMINARY APPLICATION FOR HOUSING

- 1. Applicant Name: _____
Name of Spouse: _____
Maiden Name: _____
- 2. Telephone#: _____ Email: _____
- 3. Current Address: _____ City: _____ State: _____
- 4. Mailing Address if different: _____
- 5. Minority Code: _____ 1. White 2. Black 3. American Indian or Alaskan Native 4. Asian or Pacific Islander
- 6. Are you a U.S. Citizen _____ Yes _____ No
- 7. Place of Birth: _____

8. Family Members – List everyone who will be living with you, including yourself

Name	Relationship	Date of Birth	Social Security #
_____	Head	_____	_____
_____	Spouse	_____	_____
_____		_____	_____

- 9. Do you have a job? _____ Yes _____ No If yes, where do you work and what is your monthly income?

- 10. What is your gross monthly income:

11. (A) ASSETS:

Do you own any stocks, bonds or real estate? _____ Yes _____ No If yes, please list all

Do you have any of the following? Check all that apply: _____ Checking _____ Savings Account
_____ Certificates of Deposit (CDs) _____ Trust Accounts _____ Stocks _____ Bonds
_____ Savings Certificates _____ Money Market Funds _____ Real property _____ Life
Insurance _____ Any other investment accounts

Have you sold or disposed of any asset(s) in the last two years? _____ Yes _____ No If yes, type of
asset (i.e. money/land/house) _____

12. Do you own cars, trucks, motorcycles, recreational vehicles, etc? _____ Yes _____ No

13. Do you own a pet? _____ Yes _____ No

If yes, describe: _____

14. Are you legally capable of entering into a Lease Agreement? _____ Yes _____ No

15. Is your current apartment subsidized or the rent controlled by the government?

_____ Yes _____ No.

If yes, list the name, address, and phone number of the owner or manager _____

16. Have you ever been served a Notice to Quit or been asked to leave by a previous landlord?

_____ Yes _____ No If yes, please indicate the reason, and identify the property and landlord,

17. Have you ever been convicted of a crime other than a traffic violation? _____ Yes _____ No

If yes, please explain and give place and date of crime: _____

18. Have you ever applied for housing at Marion L. Phillips Apartments in the past?

If yes, when? _____

I/WE CERTIFY THAT THE STATEMENT MADE AND INFORMATION SUPPLIED ARE TRUE AND COMPLETE TO THE BEST OF MY/OUR KNOWLEDGE. I/WE UNDERSTAND THAT FALSE STATEMENTS OR INFORMATION GIVEN MAY BE PUNISHABLE UNDER FEDERAL LAW. I/WE HEREBY AUTHORIZE THE CLAREMONT HOUSING AUTHORITY TO VERIFY ANY AND ALL INFORMATION SUPPLIED ON THIS APPLICATION.

Head of Household Signature

Date

Other Member of Household that shall be living in unit

Date

Name of person filling out this application if different
from applicant. Please Print and then sign your name.

Date