

Emergency Housing Program Assistance Declaration Form



New Hampshire Housing
Bringing You Home

Name: _____

Address: _____

Daytime phone number: _____

E- mail address: _____

Mailing address if different: _____

Important: Please read this before filling in anything else. You may not qualify for this program.

To qualify for the short term assistance of this program (usually 1 month) there is paperwork required and you have to be able to afford your rent after our help. **What is your monthly income?** \$_____ **What is your monthly rent?** _____
If your rent is higher than your income you do not qualify for this program because you need long term assistance. You do not need to fill out anything else. You should seek other help. If your rent is lower than your income and you are having temporary problems paying your rent, answer the following questions:

1. Have you applied to your town welfare? Yes No **Must attach copy of their decision to this completed form.**
2. Are you in danger of eviction? Yes No **Must attach copy of the demand or eviction notice.**

1. What amount are you requesting? \$_____
2. How many people live in your house? _____
3. Household monthly income: \$_____
4. How many adults over age 18? _____
5. How many bedrooms in your unit? _____
6. How many dependents, under 18? _____
7. Monthly rent amount: \$_____ Name of Landlord : _____
Phone number: _____
FAX number: _____ (speeds up process)

Social Security number of head of household: _____

8. Will you be able to pay the rent after our help? Yes No If yes, how? _____
9. Are you a NH resident? Yes No
10. Are you homeless? Yes No If yes, attach verification from town welfare.
11. Are you searching for a more affordable unit? Yes No
12. Are you in subsidized housing? Yes No
13. Are you receiving rental assistance? Yes No
14. Are you living in substandard housing? Yes No
15. Have you applied to a subsidized complex or housing authority? Yes No If so, which ones? _____
16. Are you or any adult household member subject to the lifetime registration requirement under the state sex offender registration law? Yes No

- ✓ I understand that I need to attach a notice of decision from the town and a copy of eviction notice. If homeless, I must attach the homeless certification from the town welfare office.
- ✓ I understand that the Emergency Housing Program does not provide security deposits or apartments.
- ✓ I understand that the program only pays for a portion of a month's rent, I have to pay my portion.
- ✓ I understand that if I need ongoing assistance this program will not be able to help me. I have to be able to afford to pay the rent after receiving this help.

I do hereby swear and attest that all of the information provided by me in this declaration is true and correct. If my income changes while on the Emergency Housing Program, I will report that to New Hampshire Housing.

Signature of Head of Household: _____ Date: _____

Please allow up to 10 business days for our response. If this request is incomplete or does not have the required attachments, it will be returned to you and that will slow down the processing. **Calling us to check on your application takes staff time away from processing requests and will slow down the processing. We will notify you of the outcome.**

For EHP staff only: incomplete missing information returned RA Revised 7-20-2007

Mail completed application with required attachments to: NHHFA PO Box 5087 Manchester, NH 03108