

**PORTSMOUTH REDEVELOPMENT AND HOUSING AUTHORITY
PHOEBUS SQUARE
(APPLICATION FOR ADMISSION)**

NAME _____
 ADDRESS _____
 CITY, STATE, ZIP CODE _____ HOME # _____ WORK # _____

HOW DID YOU HEAR ABOUT PHOEBUS SQUARE? News Ad ___ Flyer/Poster ___ Resident ___ Friend ___ Other _____

IS EVERY MEMBER OF YOUR HOUSEHOLD A PART-TIME OR FULL-TIME STUDENT? YES _____ NO _____

IF YES, ARE ALL ADULT STUDENT MEMBERS

1. Single Parents With Children, None Of Who Are Dependent Of A Third Party Yes _____ No _____
2. Married And Have Filed A Joint Tax Return For The Most Recent Tax Year Yes _____ No _____
3. Receive AFDC Or TANF Yes _____ No _____
4. Enrolled In A Federal, State Or Local Training Program Yes _____ No _____
5. Person Who Was Under The Foster Care System Yes _____ No _____

HOUSEHOLD COMPOSITION AND CHARACTERISTICS

1. List The Head of Household And All Other Members Who Will Be Living In The Unit. Give The Relation Of Each Family Member To The Head. **Legend: DOB – Date of Birth; POB – Place of Birth; C – Citizen; R – Race; D – Disabled; FTS – Full-time Student; PTS - Part-time Student**

MBR#	NAME	RELATION	DOB	POB	SEX	SS#	R	C	D	FTS/ PTS
1		HEAD								
2										
3										

Unit Size Needed: _____ Unit Size Requested: _____ Please State Any Special Housing Accommodations Needed _____

2. Does Anyone Live With You Now Who Is Not Listed Above? Yes _____ No _____
3. Do You Expect Any Changes In Your Household Composition? Yes _____ No _____
If Yes, Explain _____
4. Have You Or Any Member Of The Household Ever Been Arrested? Yes ___ No ___ Convicted? Yes ___ No ___ Drug Related? Yes ___ No ___

ASSETS

1. List All Checking, Savings Accounts (Including IRA's Keogh Accounts And Certificates Of Deposit, Mutual Funds, Etc.) Of All Household Members

MBR#	BANK NAME	TYPE ACCT.	ACCT #	BALANCE

2. List All Stocks, Bonds, Trusts, Real Estate, Life Insurance, Or Other Assets And Their Value Owned By Any Household Member:

RENTAL HISTORY

Name Of Address Of Your Present Landlord:

Telephone No. _____

How Long Have You Lived Here? _____

Reason For Leaving? _____

Current or Former PRHA Resident (Public Housing/Sec 8/Hope Village/Effingham Plaza/Westbury/King Square): Yes _____ No _____

If Yes, Where: _____

Address: _____

How Long Did/Have You Lived Here? _____

Reason For Leaving _____

EXPENSES:

1. Do You Have Expenses For Child Care For A Child Aged 12 Or Younger? Yes ___ No ___

If Yes, Provide Name, Address and Telephone Number Of Care Provider:

What Is The Weekly Cost To You Of The Child Care? \$ _____

2. Do You Pay A Care Attendant Or For Any Equipment For Any Handicapped Or Disabled Household Member(S) Necessary To Permit That Person Or Someone Else In The Household To Work? Yes _____ No _____. If Yes, Provide The Name, Address, And Telephone Number:

What Is The Cost To You? \$ _____

****ELDERLY FAMILIES ONLY:**

1. Do You Have Medicare? Yes _____ No _____ If Yes, What Is The Monthly Premium? \$_____

2. Do You Have Other Medical Insurance? Yes _____ No _____ If Yes, Provide Name, Address, And Telephone Number Of Carrier, Policy Number, Premium Amount And Agent's Name.

3. Do You Have Any Outstanding Medical Bills Which You Are Paying? Yes _____ No _____ If Yes, List Below:

4. What Medical Expenses Do You Expect To Incur In The Next Twelve Months? _____

5. Name And Address Of Pharmacy Used Regularly. _____

APPLICANT CERTIFICATION

I/we certify that if selected to receive assistance, the unit I/we occupy will be my/our only residence. I/we understand that the above information is being collected to determine my/our eligibility. I/we authorize the Portsmouth Redevelopment and Housing Authority to verify all information provided on this application and to contact previous or current landlords or other sources of credit and verification information which may be released to appropriate Federal, State, or local agencies. I/we certify that the statements made in this application are true and complete to the best of my/our knowledge and belief. I/we understand that false statements or information are punishable under Federal law.

Signature of Head: _____

Date: _____

Signature of Spouse/Co-Head: _____

Date: _____

Authority Representative: _____

Date: _____

NO PERSON WILL BE DISCRIMINATED AGAINST ON THE BASIS OF RACE, COLOR, NATIONAL ORIGIN, RELIGION, SEX, FAMILIAL STATUS, DISABILITY OR ELDERLINESS.

