



## Affordable Housing Incentive Program Occupancy Assistance Program

As funding allows, the Affordable Housing Incentive Program (AHIP) is offering one-time Occupancy Assistance to low-income households in need of financial support for the purposes of housing stabilization/eviction prevention or to help them access / move into permanent, affordable housing. Qualifying households may be eligible for up to three months of Occupancy Assistance, which may include any of the following: unit rent (whether arrearages or current rent, but must not to exceed 200% of fair market rent), utility payments (whether arrearages, current, or utility deposits required to initiate service), or security deposit assistance. Funds are limited and available on a first-come, first-serve basis.

### **INSTRUCTIONS:**

Please complete one form per household and include the requested information for all persons in the household. Be sure to include required documentation to process payment (e.g., proof of income, past-due utility bill). The adult head of household must sign and date the form.

**Please email the completed application along with supporting documentation to [housing@graniteuw.org](mailto:housing@graniteuw.org) with subject line "Occupancy Assistance Request."**

### **PART I: TENANT INFORMATION**

#### **Tenant Contact Information**

First Name:

Middle Name:

Last Name:

Phone Number:

Email Address:

Address:

County:

Name of organization referring household:

Name of individual / employee referring household:



**Area Median Income Chart:**

FY 2023 Income Limit Area	HUD Median Family Income	FY 2023 Income Limit Category	Household Size							
			1	2	3	4	5	6	7	8
Portsmouth-Rochester, NH HMFA	\$136,000	80% AMFI	\$66,300	\$75,750	\$85,200	\$94,650	\$102,250	\$109,800	\$117,400	\$124,950
		50% AMFI	\$43,150	\$49,300	\$55,450	\$61,600	\$66,550	\$71,500	\$76,400	\$81,350
		30% AMFI	\$25,900	\$29,600	\$33,300	\$36,950	\$39,950	\$42,900	\$45,850	\$50,560
Merrimack County, NH	\$116,000	80% AMFI	\$62,100	\$70,950	\$79,800	\$88,650	\$95,750	\$102,850	\$109,950	\$117,050
		50% AMFI	\$38,800	\$44,350	\$49,900	\$55,400	\$59,850	\$64,300	\$68,700	\$73,150
		30% AMFI	\$23,300	\$26,600	\$29,950	\$33,250	\$35,950	\$40,280	\$45,420	\$50,560
Belknap County, NH	\$104,200	80% AMFI	\$56,400	\$64,450	\$72,500	\$80,550	\$87,000	\$93,450	\$99,900	\$106,350
		50% AMFI	\$35,250	\$40,300	\$45,350	\$50,350	\$54,400	\$58,450	\$62,450	\$66,500
		30% AMFI	\$21,150	\$24,200	\$27,200	\$30,200	\$35,140	\$40,280	\$45,420	\$50,560

**Please specify which area median income level best applies to the applicant’s household?**

- 51- 80% of the AMFI
- 31-50% of the AMFI
- At or below 30% of the AMFI

**The applicant’s household’s estimated annual income is:**

\_\_\_\_\_ Take income from last month and multiply by 12

To comply with program guidelines, the applicant must indicate which income and hardship eligibility category applies to their household. **Do not complete the rest of this form if the household does not meet the program’s income limits and one of the categories below.**

- Experiencing financial hardship.
- One or more individuals within the household has been unemployed for last 90 days.

**I have been negatively impacted by the COVID-19 pandemic (Check all of the statements that apply to you and/or members of your household since March 2020):**

- A member of my household or I have qualified for unemployment benefits.
- One or more people in my household experienced a reduction in hours of work or income.
- One or more people in my household has had extra expenses (medical expenses, childcare, PPE, penalties, internet cost, for example).
- One or more individuals within the household demonstrate a risk of experiencing homelessness or housing instability.

**Please explain any loss of income, extra expenses, or other financial hardship:**

**PART III: HOUSING RISKS**

**Do you have any of the following?**

	<b>YES</b>	<b>NO</b>
Past due utility bill.		
Past due rent notice.		
Eviction notice.		
Paying more than 30% of household income for rent and utilities.		
Currently homeless and unable to afford security deposit and/or move-in costs.		
Currently in unstable housing and unable to afford security deposit and/or move-in costs to move-into affordable/sustainable housing.		
Living in unsafe or unhealthy conditions.		

**If living in unsafe or unhealthy conditions, please check any that apply.**

- Housing which does not meet minimum standards, and local minimum requirements for use and occupancy, including NH RSA:48-A:14.
- Presence of mold or lead paint hazards.
- Utilities not in service.
- No heat.
- City code notice of violation(s).
- Overcrowded (more than two persons per bedroom) or staying with relatives.

**PART IV: RENT & UTILITY ASSISTANCE INFORMATION**

**What are you applying for?**

Current rent	Past due rent
Current utility assistance	Past due utility assistance
Security deposit	Utility deposit to initiate service
Other housing cost (please specify):	

**Rental Assistance**

Landlord Name:

Landlord Mailing Address:

Landlord's email:

Landlord phone number:

Total monthly rent payment:

Tenant/household portion of rent:

Amount of rent past-due to landlord:

Total assistance requested:

**Payment Request.** I am seeking payment for the amounts past due and up to three months of rent, utilities, or other eligible housing expenses. I understand that I can apply for future assistance payments three months at a time.

**No Other Governmental Rental Assistance.** No other governmental rental assistance will pay or has paid the above past due rent and future rent.

I \_\_\_\_\_ have read the above information.

**Utility Arrearages / Past Due**

List past due utility bills you cannot pay. You will be asked to provide copies of bills for us to process your request.

	Utility Provider	Type of Utility	Amount Past Due	Account Number
1				
	Mailing Address / Payment Processing Info:			
	Utility Provider	Type of Utility	Amount Past Due	Account Number
2				
	Mailing Address / Payment Processing Info:			
	Utility Provider	Type of Utility	Amount Past Due	Account Number
3				
	Mailing Address / Payment Processing Info:			

**Current Utility Bills**

List current utility bills you cannot pay. You will be asked to provide copies of bills for us to process your request.

	<b>Utility Provider</b>	<b>Type of Utility</b>	<b>Amount Due</b>	<b>Account Number</b>
<b>1</b>				
	<b>Mailing Address / Payment Processing Info:</b>			
	<b>Utility Provider</b>	<b>Type of Utility</b>	<b>Amount Due</b>	<b>Account Number</b>
<b>2</b>				
	<b>Mailing Address / Payment Processing Info:</b>			
	<b>Utility Provider</b>	<b>Type of Utility</b>	<b>Amount Due</b>	<b>Account Number</b>
<b>3</b>				
	<b>Mailing Address / Payment Processing Info:</b>			

**Other Housing Expenses (e.g., security deposit, utility deposit, etc.)**

Please list other housing expenses you cannot pay. You will be asked to provide copies of bills / documentation.

	<b>Description</b>	<b>Provider</b>	<b>Amount Requested</b>
<b>1</b>			
	<b>Mailing Address:</b>		
	<b>Payment Processing Info:</b>		
	<b>Description</b>	<b>Provider</b>	<b>Amount Requested</b>
<b>2</b>			
	<b>Mailing Address:</b>		
	<b>Payment Processing Info:</b>		

	<b>Description</b>	<b>Provider</b>	<b>Amount Requested</b>
<b>3</b>			
	<b>Mailing Address:</b>		
	<b>Payment Processing Info:</b>		

**PART V: PART II: TENANT CERTIFICATION/ATTESTATION**

I certify, attest, and affirm under penalty of perjury that above information is complete and accurate to the best of my knowledge and belief. I authorize the US Department of Treasury, the State of New Hampshire, NH CDFA, Granite United Way, and the Affordable Housing Incentive Program (AHIP) to verify and investigate such information with my full cooperation at any time. I understand that providing false or misleading statements or omissions to the United States government, the State of New Hampshire, Granite United Way, and AHIP on this application and attestation may result in federal and state criminal and civil actions for fines, penalties, damages, or imprisonment.

I release the AHIP, Granite United Way, NH CDFA, and the State of New Hampshire from any and all liability which may result from providing such information as it pertains to me or members of my household. By signing the application, the applicant certifies that all information provided is correct and that failure to provide correct information or misrepresentation, falsifying or failure to disclose information could result in the household being denied occupancy assistance.

I have read and understand the above attestation (certification). I am signing this Application, Release of Information, and Attestation (Certification) by electronically entering my name below or providing a wet signature.

Signature of Applicant

Print Applicant Name Here

Date

**I can attest that the above mentioned individual / household has a need for the requested assistance and to the best of my knowledge is not receiving any other assistance for this purpose.**

Name of Referring Individual

Name of Referring Agency

Signature of Referring Individual

Title

Email Address

Phone Number



**Nondiscrimination Policy:** AHIP's Occupancy Assistance Program prohibits discrimination based on race, color, creed, religion, sex, age, national origin, marital status, sexual orientation, familial status and physical or mental disability.

**For us to process your application and issue payment, please submit copies of the following documents with your application:**

**ALL requests for occupancy assistance must include one of the following proofs of income:**

**1. Last month of paystubs, 2022 Tax return.**

If the tenant / applicant is not categorically eligible, AHIP will require the Tier 1 or Tier 2 partner agency to provide the following documentation of income for all household members.

The Tier 1 or Tier 2 agency may choose between using HUD's definition of "annual income" in 24 CFR 5.609 and using adjusted gross income as defined for purposes of reporting under Internal Revenue Service Form 1040 series for individual federal annual income tax purposes. The method chosen may be different for each applicant.

**Annual Income**

- The 2020 IRS Form 1040 (i.e., the form used by US taxpayers to file an annual income tax return) for all household members over the age of 18, using the adjusted gross income reported; OR
- Wage statements, pay stubs, IRS Form W-2, IRS Form 1099, and Schedule C if self-employed, interest statements, Form 1099 G, or benefit statements from NHES account if unemployed, and other income proof for all household members. Documentation of more than one month of household income may be used to determine annual household income.

**Monthly Income (when only one month of documentation is provided)**

- Household members' monthly income as of the date of request for rental assistance.
- The last month of wage statements, pay stubs, interest statements, unemployment benefit statements from NHES account, and other income proof for all household members.
- When relying on monthly income for eligibility, income certification is on valid for a three-month period and must be redetermined for any requests that are more than 90 days after first request for rental or security deposit assistance.

OR

**2. Benefits Determination Letter (e.g., SNAP, WIC, TANF) or approval letter for Housing Choice Voucher / state or federally subsidized Rental Assistance Program.**

If an applicant's household income has been verified to be at or below 80 percent of the area median income in connection with another local, state, or federal government assistance program, AHIP can rely on a determination letter from the government agency that verified the applicant's household income or for ERA2 their status as a low-income family, provided that the determination for such program was made on or after January 1, 2020. No further income documentation is required when the household is determined to be categorically eligible.

OR

**3. Tenant/AHIP Agency Self-Attestation Form**

Written self-attestation is permitted as the basis for determining income in circumstances where documentation is not available due to extenuating circumstances including, but not limited to, disabilities, lack of technological access, or lost or unavailable records.

Tier 1 and Tier 2 partner agencies should consider tenants/applicants requesting assistance under these circumstances. Written attestation should be accepted from the tenant/applicant and caseworker or other professional with knowledge of the applicant's circumstances.

**Please see additional required documentation for specific requests.**

**Rent / Security Deposit Requests:**

1. Copy of Lease and/or demand for past-due rent with your name and address
2. Copy of lease / demand for security deposit
3. Landlord / Housing Provider's contact information
4. W9 for landlord / Housing Provider. The referring agency should ask your landlord for these documents if you are unable to provide / obtain it.
5. Mailing address for payments and any other payment processing information (e.g., account numbers, name on account).

**Requests for Assistance for Utility Bills, Arrears, or Deposits:**

1. Copy of current bill and/or past-due bills with your name and address
2. Utility account number, mailing address for payments, and any other payment processing information.