

**CITY OF MANCHESTER  
HOUSING INITIATIVES PROGRAM  
HOUSING REHABILITATION PROGRAM**

**RESIDENT APPLICATION PACKET**

Re: Manchester Housing Initiatives Program

Dear Resident:

Your property owner would like to complete rehabilitation on your home and is requesting assistance from the City of Manchester to make the necessary repairs. The City of Manchester's Housing Initiatives Program seeks to address code violations and/or health and safety hazards and to improve energy conservation using Energy Star guidelines. In order for your property owner to be considered for the program, additional information is required. Eligibility and funding are based on resident household income and other documentation. Please fill out and return to your Property Owner as soon as possible:

- 1) Household Information form.
- 2) Income Verifications form for **each household member over eighteen years of age (make copies if needed.)**
- 3) Income Documentation (send in copies of all household income documentation):
  - A current tax return with W-2's for all employed residents in unit.
  - Paycheck stubs for all employed residents in unit (for the most recent month)
  - Documentation of any other resident household income (Interest on savings or investment accounts, Social Security income (SS/SSDI), Disability income, Child Support, Veteran's Pension, Retirement/Pension. Social Services assistance, etc.)

Your prompt response is requested since your property owner's application is temporarily on hold until we receive this information. Thank you for your assistance in this matter.

If you have any questions or need additional information, please do not hesitate to call our office at 603-792-6726, Monday – Friday, 8:00 am to 5:00 pm or by email at [Jahmadkahloon@manchesternh.gov](mailto:Jahmadkahloon@manchesternh.gov).

Sincerely,

Joshua Ahmad-Kahloon  
Planning Technician

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**HOUSEHOLD INFORMATION**

Head of Household: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone No.: \_\_\_\_\_ Email: \_\_\_\_\_

Number of bedrooms in your unit: \_\_\_\_\_

Your monthly rent: \_\_\_\_\_

List any utilities that are included in your rent: \_\_\_\_\_

Is this your primary residence? \_\_\_\_\_

Race:

- White
- American Indian/Alaskan Native
- Asian
- African American
- Native Hawaiian/Other Pacific Islander
- Hispanic, Latino, Spanish
- Other Multi-Racial (specify) \_\_\_\_\_

Elderly Resident or Family Member (*Age 62 or over*):

- Yes
- No

Female Head of Household:

- Yes
- No



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**INCOME VERIFICATION**

**Each** resident over the age of eighteen is required to fill in the information listed below. Make copies if necessary. **Attach documentation for all income sources to this form.**

Head of Household: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone No.: \_\_\_\_\_ Email: \_\_\_\_\_

Employed:  Full-Time  Part-Time  Other \_\_\_\_\_

Employer's Name: \_\_\_\_\_

Employer's Address: \_\_\_\_\_

Gross Pay: \_\_\_\_\_  Weekly  Bi-Weekly  Monthly

Indicate any additional sources of monthly income:

Pension: \_\_\_\_\_ Interest from Assets: \_\_\_\_\_

Social Security: \_\_\_\_\_ Child Support: \_\_\_\_\_

Alimony: \_\_\_\_\_ TANF: \_\_\_\_\_

Other: \_\_\_\_\_ Worker's Compensation: \_\_\_\_\_

Total Yearly Income: \_\_\_\_\_

"I certify that the statements made and information supplied are true and complete to the best of my knowledge. I understand that knowingly providing false or incomplete information is unlawful and can lead to prosecution for fraud. I authorize the agents of the City of Manchester's Housing Rehabilitation Program to verify the information supplied on this form."

\_\_\_\_\_  
Resident Signature

\_\_\_\_\_  
Date