Housing Choice Voucher (HCV) Section 8 Application

What is the Section 8 Housing Choice Voucher?

The goal of the Federal Housing Choice Voucher Program (Section 8) is to provide safe, decent, sanitary, and affordable housing to very low-income households. Through the program, a qualified household pays a portion of their adjusted income toward rent and utilities, and New Hampshire Housing pays the remainder directly to the landlord. The rental unit is selected by the household and must meet certain housing quality standards.

The estimated waiting time for a voucher is based on the number of people on the waiting list, the availability of vouchers, and an applicant's preference status.

To qualify for the HCV Program, you must

- Have an annual income that does not exceed 50% of the area median income limit. HUD Income Limits https://www.nhhousing.org/rental-assistance/apply/
- Provide verification of Social Security numbers for all household members.
- Meet HUD requirements for immigration or citizenship status.
- Pay any money you owe to New Hampshire Housing or any other housing authority.
- Sign authorization forms so that New Hampshire Housing can verify your eligibility requirements for the rental assistance programs.
- Not be subject to lifetime sex offender registration requirements.
- Not have any household members who are engaged in any criminal activity that threatens the life, health, safety, or right to peaceful enjoyment of the premises by other residents.
- Not have any household member who is engaged in any drug-related or violent criminal activity.

Please note that the information provided is subject to verification through computer matching with other federal agencies for the purpose of locating delinquent debtors. The debtor records include Social Security number, claim number, program code, and indication of indebtedness. Categories of records include records of claims and defaults, repayment agreements, credit reports, financial statements, and records of foreclosures.

Questions? Contact Us.

Call:	1-800-439-7247 or 603-310-9390
Email:	rentinfo@nhhousing.org
TTY/Relay:	603-472-2089 or the NH Relay Number: 711; TTY or Voice: 711 or 800-735-2964 (English) or 800-676-3777 (Español).
Español:	800-676-4290.

Completing the application

- Answer all questions on the application form.
  - Do not leave any questions blank.
  - If a question does not apply to you, write "none."
  - All Yes or No questions must be checked (√).
  - Refer to the page of preferences and special programs because they can affect the length of wait time.
- Unless specifically indicated, all questions in this application apply to all members of the household.
- The legal head of household and spouse/co-head must sign and date the application.
  - By signing the application, you swear that all the information is true and complete.
  - Any misrepresentation or failure to disclose information may result in denial or termination of assistance.
- If you do not receive an application confirmation letter from us within 30 days, call 1-800-439-7247.

Mail your application to

New Hampshire Housing, PO Box 5087, Manchester, NH 03108

Report Changes to your contact information

While you are on the waiting list for a voucher, please create an online account at https://hcvportal.nhhousing.org/ to make changes to your application. If there is no access to a computer, please notify us if your contact information changes. Our waiting list is updated yearly and if we cannot contact you, your application will be inactivated. You will need to re-apply if you cannot be contacted.

Reasonable Accommodation

A Reasonable Accommodation is intended to provide people with disabilities equal opportunity to participate in the Housing Choice Voucher program through the modification of policies and procedures. New Hampshire Housing is obligated to make accommodation that is reasonable, unless doing so would result in an undue hardship or fundamental alteration in the nature of the housing program. If you are a person with a disability, and if your request is reasonable, we will try to accommodate your request. New Hampshire Housing will respond to your request within 30 days.

To obtain a Reasonable Accommodation Request form:

- Call 1-800-439-7247
- People who are hard of hearing can use the TDD line at 603-472-2089 or the NH Relay Number: 711. TTY or Voice: 711 or 800-735-2964 (English) or 800-676-3777 (Español).
- Español: 800-676-4290.
- Write to New Hampshire Housing, PO Box 5087, Manchester, NH 03108.
- Visit our website at: www.nhhousing.org and complete a request form, located in forms and publications https://www.nhhousing.org/rental-assistance/find-forms/
- If you need help filling out a Reasonable Accommodation Request form, or if you would like to submit a request in some other way, please let us know. Any information you provide will be kept confidential.

Housing Choice Voucher Application

First Name, Middle name, Last Name, and suffix (Jr., Sr., III, etc.)	
Required: Full Social Security Number	**Required:** Full Date of Birth (MM/DD/YYYY)
Mailing address (street address or PO box, city, state, zip code)	
Physical address (if different from mailing address)	
Phone Number:	Email Address:

Ethnicity: (check one) ☐ Hispanic/Latino ☐ Non-Hispanic/Latino	What Gender do you Identify with? ☐ F ☐ M	Disabled ☐ YES ☐ NO
Race: (check all that apply ☐ Asian ☐ White ☐ Black/African American ☐ Native Hawaiian/Pacific Islander ☐ American Indian/Alaska Native		

Total number of people who will live in your home when you receive a voucher? _____ List the names and relationship of all people who will live in your unit?	
Name	Relationship
Name	Relationship
Name	Relationship
Name	Relationship
Name	Relationship
Name	Relationship
Number of adult household members over 18?	Number of dependents under the age of 18?
What is the yearly gross income (before tax) for all household members?	**$**
Do you speak English? ☐ Well ☐ Not Well ☐ Not at all	
What language do you speak if you do not speak English well?	

Required: Are any members of your household subject to lifetime registration under a state sex offender law? If yes, name of family member:_____	☐ YES ☐ NO

By Signing below, I certify I understand that the information provided is accurate and complete

- ☑ Submitting false or misrepresenting information may result in not being eligible for assistance in the Housing Choice Voucher Program.
- ☑ I need to notify New Hampshire Housing if any information on this application changes.
- ☑ If I cannot be contacted at the last mailing address given, my name may be removed from the waiting list.

Head of Household Signature:	Date:	Spouse, Co-Head, Signature:	Date:

9/2026

Head of Household Name:	SSN# XXX-XX-

Preferences: ☐ Check the preferences that apply to your household. An approved preference could affect your place on the waiting list.

☐	A member of the household has a terminal illness (death will result within 24 months as verified by a medical professional).
☐	A member of the household is eligible for services through one of the Home and Community Based Service Waivers (DD, IHS, ABD, or CFI Waiver) as verified by the service provider.
☐	A member of the household is a disabled individual under 62 transitioning out of a nursing home.
☐	A member of the household currently serves in the US Armed Forces or has been discharged with an honorable discharge or a discharge based on a service-related injury, illness, or disability.
☐	There is a person with disabilities in the household who is over the age of 18 and under 62.
☐	I am a victim of domestic violence, dating violence, sexual assault or stalking.
☐	The household is rent burdened or at risk of becoming homeless because I/we: ☐ pay more than half of my/our gross income toward rent, or ☐ live with friends or relatives. My name is not on the lease. If I were not in this current living arrangement, I would otherwise be homeless, or ☐ am/are temporarily living in a substandard living situation, i.e., campground or other temporary placement.
☐	The household is homeless because I/we: ☐ Lack a fixed, regular, and adequate nighttime residence. ☐ Reside in Permanent Supportive Housing and no longer require intensive services. This program is designed to support the "moving on" of permanent supportive housing tenants who are capable of living in independent community-based housing.

Preferences or Programs that require an agency referral

(Referral is required to qualify for the following)

☐	The household is eligible for transitional housing through The Way Home or Harbor Homes.
☐	The household is participating in transitional housing through DHHS and they are transitioning from an institution and is in a program receiving case management services through DHHS.
☐	The Household is working with DCYF and qualifies for the Family Unification Program (FUP): ☐ The family is working with DCYF for whom the lack of adequate housing is the primary reason that our children will be placed in out-of-home care or their return is being delayed for that reason, **or** ☐ I am a youth at least 18 years of age and not yet 25 years of age who left foster care or will leave foster care within 90 days and I am homeless or at risk of becoming homeless, **or** ☐ Family Youth Independence Program
☐	Mainstream Program: Any person with disabilities in the household over 18 and under 62 who qualifies for a preference within this program because they are: ☐ Transitioning out of institutional or other segregated settings ☐ At serious risk of institutionalization because they lack access to supportive services for independent living, or they would be institutionalized if their services were cut, or ☐ Residents of permanent supportive housing or a rapid rehousing program who have previously experienced homeless.

Head of Household Name:	SSN# XXX-XX-

Project Based Property Option

These properties have vacancies from time to time. If you choose to live in one of these units, you will pay 30% of your monthly adjusted income towards rent and utilities. The owner handles tenant selection from a separate waiting list for each property. If you choose to be on the waiting list for one of these properties, it does not affect your placement on the Housing Choice Voucher waiting list.

Properties marked as Elderly are age restricted, and applicants must be 62 years of age or over

☑ Check which properties you would like to be notified about when there is a vacancy.

☑ Check any preferences that you qualify for.

Belknap County	**Property Information**	**Bedroom Sizes Available**
Belmont	☐ Sandy Ledge	2 and 3 bedrooms
Gilford	☐ Gilford Village Knolls 3 Elderly ▫ Barrier free/accessible	1 bedroom
Laconia	☐ Province Street	1 and 2 bedrooms
Carroll County		
Conway	☐ Conway Pines Senior Elderly ▫ Barrier free/accessible	1 and 2 bedrooms
Cheshire County		
Hinsdale	☐ Hinsdale School	1, 2 and 3 bedrooms
Keene	☐ Westmill Senior Elderly ▫Barrier free/accessible	1 bedroom
Swanzey	☐ West Swanzey Family Housing	1 and 2 bedrooms
Winchester	☐ Snow Brook	2 and 3 bedrooms
Coos County		
Berlin	☐ Notre Dame Senior Housing Elderly ☐ Barrier free/accessible ☐ Choices for Independence (CFI)Preference	1 bedroom
Grafton County		
Bristol	☐ Newfound River Apartments	1 and 2 bedrooms
Hanover	☐ Summer Park 2 Elderly	1 bedroom
Lebanon	☐ Upper Valley Transitional	2 bedrooms
Plymouth	☐ Bridge House ▫Veteran Preference	Single Room Occupancy

Hillsborough County	**Property Information**	**Bedroom Sizes Available**
Amherst	☐ Parkhurst Place Elderly ☐ Barrier free/accessible	1 bedroom
Hudson	☐ Friars Court ☐ Barrier free/accessible	1 and 2 bedrooms
Nashua	☐ Avery Lane	1 and 2 bedrooms
Pelham	☐ Pelham Terrace Elderly ▫Barrier free/accessible	1 bedroom
Peterborough	☐ Vose Farm	1 and 2 bedrooms

Merrimack County

Concord	☐ Willow Crossing ▫Barrier free/accessible	2 and 3 bedrooms
Penacook	☐ Penacook Landing	1 and 2 bedrooms

Rockingham County

Deerfield	☐ Sherburne Woods Elderly ▫Barrier free/accessible (1 bedroom only)	1 and 2 bedrooms
Hampton Falls	☐ The Meadows Elderly ▫Barrier free/accessible	1 bedroom
Londonderry	☐ Whittemore Place	2 and 3 bedrooms

Strafford County

Dover	☐ Bellamy Mill Apartments	1 and 2 bedrooms
Farmington	☐ Mad River Apartments ▫Barrier free/accessible	3 bedrooms
Rochester	☐ Arthur H. Nickless Jr. Housing for the Elderly Elderly ☐ Barrier free/accessible	1 bedroom
Rochester	☐ Brookside Place	2 bedrooms
Rochester	☐ Apple Ridge Apartments	1 and 2 bedrooms
Rochester	☐ Champlin Place, LP Elderly	1 bedroom
Rochester	☐ Rapids on Cocheco	1 and 2 bedrooms

Sullivan County

Claremont	☐ Goddard Block	0, 1 and 2 bedrooms

Additional Project Based Properties

There are additional Project-Based Voucher (PBV) properties that require referrals from designated partner agencies for applicants to be placed on the property's waitlist. For referral assistance you should contact the referral agency. Listed below are listed the properties and their corresponding referral agencies:

Concord	Green Street Apartments Concord Coalition to End Homelessness	1 bedroom
Concord	120 Pleasant Street Concord Coalition to End Homelessness	0 bedroom
Concord	Railyard Apartments Concord Coalition to End Homelessness	1 bedroom
Concord	South State Street Residences Concord Coalition to End Homelessness	1 and 2 bedrooms
Laconia	Bay Street Lakes Region Mental Health Center	0 bedroom
Lebanon	Parkhurst Community Housing Upper Valley Haven	1 bedroom
Manchester	434 Union St Housing Benefits	0 and 1 bedrooms
Manchester	Residence at Chestnut St Maloney Properties	0, 1 and 2 bedrooms

Nashua	35 Spring St, Nashua NH Nashua Soup Kitchen and Shelter	0 and 1 bedrooms
Newport	Dexter Richards Son & Woolen Mills Elm Grove Properties	0, 1 and 2 bedrooms
Rochester	Academy Street Family Housing Strafford County Community Action	2 bedrooms

Moderate Rehabilitation Property Option

These properties have vacancies from time to time. If you choose to live in one of these units, you will pay 30% of your monthly adjusted income towards rent and utilities. You cannot, however, take your assistance with you if you move out of the property. You may remain on the waiting list while you live in one of these properties. Properties marked as elderly/disabled are available to applicants 62+ or applicants with disabilities under the age of 62.

☑ Check which properties you would like to be notified about when there is a vacancy.

Cheshire County	**Property Information**	**Bedroom Sizes Available**
Hinsdale	☐ Post Office Square (Depot St)	1, 2, and 3 bedrooms
Hinsdale	☐ Todd Block (14 Main St) Elderly /Disabled	0 and 1 bedrooms

Grafton County

Bristol	☐ Central Square Elderly /Disabled	1 bedroom

Hillsborough County

Manchester	☐ School and Third	2, and 3 bedrooms
Nashua	☐ Summer Street Elderly /Disabled	1 bedroom

Strafford County

Farmington	☐ Crowley Street	1 and 2 bedrooms

Sullivan County

Claremont	☐ High Street	1 bedroom

OMB Control # 2502-0581
Exp. (02/28/2019)

Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING

This form is to be provided to each applicant for federally assisted housing

Instructions: Optional Contact Person or Organization: You have the right by law to include as part of your application for housing, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. **You may update, remove, or change the information you provide on this form at any time.** You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form.

Applicant Name:	
Mailing Address:	
Telephone No:	**Cell Phone No:**
Name of Additional Contact Person or Organization:	
Address:	
Telephone No:	**Cell Phone No:**
E-Mail Address (if applicable):	
Relationship to Applicant:	

Reason for Contact: (Check all that apply)

- ☐ Emergency
- ☐ Unable to contact you
- ☐ Termination of rental assistance
- ☐ Eviction from unit
- ☐ Late payment of rent
- ☐ Assist with Recertification Process
- ☐ Change in lease terms
- ☐ Change in house rules
- ☐ Other: _____

Commitment of Housing Authority or Owner: If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.

Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.

Legal Notification: Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.

☐ Check this box if you choose not to provide the contact information.

Signature of Applicant **Date**

The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). The public reporting burden is estimated at 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Section 644 of the Housing and Community Development Act of 1992 (42 U.S.C. 13604) imposed on HUD the obligation to require housing providers participating in HUD's assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend, or person associated with a social, health, advocacy, or similar organization. The objective of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any delivery of services or special care to the tenant and assist with resolving any tenancy issues arising during the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and maintained as confidential information. Providing the information is basic to the operations of the HUD Assisted-Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fraud, waste and mismanagement. In accordance with the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless the collection displays a currently valid OMB control number.

Privacy Statement: Public Law 102-550, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions.

U.S. Department of Housing and Urban Development

Office of Public and Indian Housing

DEBTS OWED TO PUBLIC HOUSING AGENCIES AND TERMINATIONS

Paperwork Reduction Notice: Public reporting burden for this collection of information is estimated to average 7 minutes per response. This includes the time for respondents to read the document and certify, and any record keeping burden. This information will be used in the processing of a tenancy. Response to this request for information is required to receive benefits. The agency may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number. The OMB Number is 2577-0266, and expires 06/30/2026.

NOTICE TO APPLICANTS AND PARTICIPANTS OF THE FOLLOWING HUD RENTAL ASSISTANCE PROGRAMS:

- Public Housing (24 CFR 960)
- Section 8 Housing Choice Voucher, including the Disaster Housing Assistance Program (24 CFR 982)
- Section 8 Moderate Rehabilitation (24 CFR 882)
- Project-Based Voucher (24 CFR 983)

The U.S. Department of Housing and Urban Development maintains a national repository of debts owed to Public Housing Agencies (PHAs) or Section 8 landlords and adverse information of former participants who have voluntarily or involuntarily terminated participation in one of the above-listed HUD rental assistance programs. This information is maintained within HUD's Enterprise Income Verification (EIV) system, which is used by Public Housing Agencies (PHAs) and their management agents to verify employment and income information of program participants, as well as, to reduce administrative and rental assistance payment errors. The EIV system is designed to assist PHAs and HUD in ensuring that families are eligible to participate in HUD rental assistance programs and determining the correct amount of rental assistance a family is eligible for. All PHAs are required to use this system in accordance with HUD regulations at 24 CFR 5.233.

HUD requires PHAs, which administers the above-listed rental housing programs, to report certain information at the conclusion of your participation in a HUD rental assistance program. This notice provides you with information on what information the PHA is required to provide HUD, who will have access to this information, how this information is used and your rights. PHAs are required to provide this notice to all applicants and program participants and you are required to acknowledge receipt of this notice by signing page 2. Each adult household member must sign this form.

What information about you and your tenancy does HUD collect from the PHA?

The following information is collected about each member of your household (family composition): full name, date of birth, and Social Security Number.

The following adverse information is collected once your participation in the housing program has ended, whether you voluntarily or involuntarily move out of an assisted unit:

1. Amount of any balance you owe the PHA or Section 8 landlord (up to $500,000) and explanation for balance owed (i.e. unpaid rent, retroactive rent (due to unreported income and/ or change in family composition) or other charges such as damages, utility charges, etc.); and
2. Whether or not you have entered into a repayment agreement for the amount that you owe the PHA; and
3. Whether or not you have defaulted on a repayment agreement; and
4. Whether or not the PHA has obtained a judgment against you; and
5. Whether or not you have filed for bankruptcy; and
6. The negative reason(s) for your end of participation or any negative status (i.e., abandoned unit, fraud, lease violations, criminal activity, etc.) as of the end of participation date.

Who will have access to the information collected?
This information will be available to HUD employees, PHA employees, and contractors of HUD and PHAs.

How will this information be used?
PHAs will have access to this information during the time of application for rental assistance and reexamination of family income and composition for existing participants. PHAs will be able to access this information to determine a family's suitability for initial or continued rental assistance, and avoid providing limited Federal housing assistance to families who have previously been unable to comply with HUD program requirements. If the reported information is accurate, a PHA may terminate your current rental assistance and deny your future request for HUD rental assistance, subject to PHA policy.

How long is the debt owed and termination information maintained in EIV?
Debt owed and termination information will be maintained in EIV for a period of up to ten (10) years from the end of participation date or such other period consistent with State Law.

What are my rights?
In accordance with the Federal Privacy Act of 1974, as amended (5 USC 552a) and HUD regulations pertaining to its implementation of the Federal Privacy Act of 1974 (24 CFR Part 16), you have the following rights:

1. To have access to your records maintained by HUD, subject to 24 CFR Part 16.
2. To have an administrative review of HUD's initial denial of your request to have access to your records maintained by HUD.
3. To have incorrect information in your record corrected upon written request.
4. To file an appeal request of an initial adverse determination on correction or amendment of record request within 30 calendar days after the issuance of the written denial.
5. To have your record disclosed to a third party upon receipt of your written and signed request.

What do I do if I dispute the debt or termination information reported about me?
If you disagree with the reported information, you should contact in writing the PHA who has reported this information about you. The PHA's name, address, and telephone numbers are listed on the Debts Owed and Termination Report. You have a right to request and obtain a copy of this report from the PHA. Inform the PHA why you dispute the information and provide any documentation that supports your dispute. HUD's record retention policies at 24 CFR Part 908 and 24 CFR Part 982 provide that the PHA may destroy your records three years from the date your participation in the program ends. To ensure the availability of your records, disputes of the original debt or termination information must be made within three years from the end of participation date; otherwise the debt and termination information will be presumed correct. Only the PHA who reported the adverse information about you can delete or correct your record.

Your filing of bankruptcy will not result in the removal of debt owed or termination information from HUD's EIV system. However, if you have included this debt in your bankruptcy filing and/or this debt has been discharged by the bankruptcy court, your record will be updated to include the bankruptcy indicator, when you provide the PHA with documentation of your bankruptcy status.

The PHA will notify you in writing of its action regarding your dispute within 30 days of receiving your written dispute. If the PHA determines that the disputed information is incorrect, the PHA will update or delete the record. If the PHA determines that the disputed information is correct, the PHA will provide an explanation as to why the information is correct.

This Notice was provided by the below-listed PHA:	**I hereby acknowledge that the PHA provided me with the *Debts Owed to PHAs & Termination N*otice:**
New Hampshire Housing Finance Authority	**Signature** **Date** **Printed Name**

Language Assistance Services

ATTENTION: If you speak a language other than English, language assistance services, free of charge, are available to you. Call 1-800-439-7247.

Español (Spanish) ATENCIÓN: Si usted habla español, servicios de asistencia lingüística, de forma gratuita, están a su disposición. Llame al 1-800-439-7247.

Português (Portuguese) ATENÇÃO: Se você fala português, encontram-se disponíveis serviços linguísticos gratuitos. Ligue para 1-800-439-7247.

Kreyòl Ayisyen (French Creole) ATANSYON: Si nou palé Kreyòl Ayisyen, gen asistans pou sèvis ki disponib nan lang nou pou gratis. Rele 1-800-439-7247.

繁體中文 (Traditional Chinese) 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-800-439-7247.

Tiếng Việt (Vietnamese) CHÚ Ý: Nếu quí vị nói Tiếng Việt, dịch vụ thông dịch của chúng tôi sẵn sàng phục vụ quí vị miễn phí. Gọi số 1-800-439-7247.

Русский (Russian) ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-439-7247.

العربية (Arabic)
إنتباه: إذا أنت تتكلم أللغة
العربية، دخمات ألمساعدة متوفرة لك مجانا إتصل على 1-800-439-7247

ខ្មែរ (Cambodian) ប្រសិនបើអ្នកនិយាយភាសា, ការជំនួយផ្នែកភាសា, ដោយឥតគិតថ្លៃ, មានសំរាប់បំរើអ្នក។ ចូរទូរស័ព្ទ 1-800-439-7247

Français (French) ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-800-439-7247.

Italiano (Italian) ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-800-439-7247.

한국어 (Korean) '알림': 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-439-7247. 번으로 전화해 주십시오.

ελληνικά (Greek) ΠΡΟΣΟΧΗ: Αν μιλάτε ελληνικά, υπάρχουν στη διάθεσή σας δωρεάν υπηρεσίες γλωσσικής υποστήριξης. Καλέστε 1-800-439-7247.

Polski (Polish) UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-800-439-7247.

ह दी (Hindi) □ान : अगर आप ह ी बोलते ै तो आपके लये भाषाक ी स ायता उपलब्ध द ै.

जानकारी के लये फोन करे. 1-800-439-7247.

ગુજરાતી (Gujarati) ધ્યાન આપો : જો તમે ગુજરાતી બોલતા હો તો આપને માટે ભાષાકીય સહાય તદ્દન મફત ઉપલબ્ધ છે. વિશેષ માહહતી માટે ફોન કરો. 1-800-439-7247.

ພາສາ ລາວ (Lao) ໂປດຊາບ: ຖ າ ຖ ອ ຖ ພາສາ ລາວ, ຖ ບ ລ ຖ ຊ ອ ດ ຖ ພາສາ, ໂດ ບ ສ ຖ, ພ ຖ . ໂ ຣ 1-800-439-7247.