

Laconia Area Community Land Trust, Inc.

c/o The Hodges Companies

201 Loudon Road, Concord, NH 03301

Tel: 1-800-742-4686 Fax: 603-228-1387

PRINT & RETAIN FOR YOUR RECORDS



Dear Applicant,

Thank you for your interest in Laconia Area Community Land Trust's permanently affordable housing professionally managed by The Hodges Companies. **Your completed application along with copies of Social Security cards for each household member, should be sent directly to our property management company, The Hodges Companies, 201 Loudon Road, Concord, NH 03301.**

Once received, your application will be quickly verified for eligibility. If it is determined you are eligible you will be placed on the Land Trust's waiting list maintained by Hodges. Hodges will advise you if it is determined you are not eligible.

When there is an opening and your name is at the top of the list, Hodges will contact you to verify you are still interested in housing with the Land Trust. Once you have indicated your continued interest, Hodges will begin the process of verifying your income and checking prior landlord references. This process can take approximately two weeks or sometimes less with your cooperation. Hodges will contact you if additional information is needed. As soon as your application is processed Hodges will contact you directly. Please keep Hodges updated if there are changes, such as phone numbers or addresses.

The Land Trust has strict income guidelines imposed by its lenders. These guidelines must be followed in the qualification process. This means that although you may qualify for some of the Land Trust properties, you may not qualify for other properties with different guidelines.

Although we understand your need for a prompt response, we do ask for your patience during this process. Thank you.

Proudly & Professionally Managed by



201 Loudon Road, Concord, NH 03301

(603) 224-9221

Toll Free 1-800-742-4686

TDD 1-800-545-1833 x118

housing@hodgescompanies.com



Revised 07/14



For Office Use Only
 Date Sent _____
 Date Rec'd _____
 Time Rec'd _____

Applicant Questionnaire

Property(s) applying for: _____

Household Information

List all household members that are applying to live in this apartment with you.

| Name <i>First, Middle Initial, Last</i> | Relationship to Head of Household | M/F | Social Security Number | Birthdate <i>Month, Date, Year</i> |
|--|--------------------------------------|-----|---------------------------|---------------------------------------|
| | Self | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Current Address: _____

Maiden Name: _____

(1) Daytime Phone: (1) _____ (3) Email: (1) _____

(2) Evening Phone (2) _____ (4) How did you (2) _____
 hear about us?:

YES NO

- 1. Do you expect any additions to the household within the next twelve months?**
 Name & Relationship: _____
 Explanation: _____
- 2. Is there anyone living with you now who won't be living with you at this property?**
 Name & Relationship: _____
 Explanation: _____
- 3. Do you have full custody of your child(ren)?**
 Explanation: _____
- 4. Are there any absent household members who under normal conditions would live with you? (For example, a household member away in the military.)**
 Explanation: _____
- 5. Does your household have or anticipate having any pets or service animals?**
 Explanation: _____
- 6. Are you or any member of your household a Veteran?**
 Explanation: _____

Rental History

| <u>YES</u> | <u>NO</u> | |
|-----------------------|-----------------------|--|
| <input type="radio"/> | <input type="radio"/> | 6. Have you or anyone else named on this application filed for bankruptcy? Explanation: _____ |
| <input type="radio"/> | <input type="radio"/> | 7. Have you or anyone else named on this application been convicted of a felony? Explanation: _____ |
| <input type="radio"/> | <input type="radio"/> | 8. Have you or anyone else named on this application been convicted for dealing or manufacturing illegal drugs? Explanation: _____ |
| <input type="radio"/> | <input type="radio"/> | 9. Have you or anyone else named on this application been convicted of property damage? Explanation: _____ |
| <input type="radio"/> | <input type="radio"/> | 10. Have you or anyone else named on this application been evicted from a rental unit of any type including an apartment, home, mobile home or trailer? Explanation: _____ |

Housing References

List the your past THREE non-related housing references. *(If additional space is required, a blank piece of paper.)*

| | <u>Landlord's Name/Address</u> | <u>Your Address</u> | <u>Own/Rent</u> | <u>Dates</u> |
|------------------------------|--------------------------------|---------------------|---|--------------------|
| Name: _____ | _____ | _____ | Own <input type="radio"/> | From: _____ |
| Address: _____ | _____ | _____ | Rent <input type="radio"/> | To: _____ |
| | | | Amount | \$ _____ |
| Phone: () _____ | _____ | _____ | | |
| Name: _____ | _____ | _____ | Own <input type="radio"/> | From: _____ |
| Address: _____ | _____ | _____ | Rent <input type="radio"/> | To: _____ |
| | | | Co qpv'*****&aaaaaaaaaaaaaaaa***** | |
| Phone: () _____ | _____ | _____ | | |
| Name: _____ | _____ | _____ | Own <input type="radio"/> | From: _____ |
| Address: _____ | _____ | _____ | Rent <input type="radio"/> | To: _____ |
| | | | Amount *****&aaaaaaaaaaaaaaaa***** | |
| Phone: () _____ | _____ | _____ | | |

Personal Reference

List a personal reference other than a relative.

Name: _____

Address: _____

Phone: _____ **Relationship:** _____ **Years Known:** _____

Vehicle Identification

List vehicle information for all vehicles that are owned or operated by any household member.

| | <u>Tag/License Plate #</u> | <u>State Issued</u> | <u>Make/Model/Year</u> |
|-------------|----------------------------|---------------------|------------------------|
| Vehicle #1: | _____ | _____ | _____ |
| Vehicle #2: | _____ | _____ | _____ |

Emergency Contact

List someone in the area that is not already on the application.

Name: _____

Address: _____

Phone: _____ Relationship: _____ Years Known: _____

Income Information

Income is counted for anyone 18 or older (unless legally emancipated). However, if the income is unearned income such as a grant or benefit, it is counted for all household members including minors.

Include all income anticipated for the next 12 months.

Do YOU or ANYONE in your household receive OR expect to receive income from:

| <u>YES</u> | <u>NO</u> | | | |
|-----------------------|-----------------------|-------------------------|--|---------------|
| <input type="radio"/> | <input type="radio"/> | 11. | Employment wages or salaries? <i>(Include overtime, tips, bonuses, commissions and payments received in cash.)</i> | |
| | | <u>Household Member</u> | <u>Name of Company</u> | <u>Amount</u> |
| | | _____ | _____ | _____ |
| | | _____ | _____ | _____ |
| | | _____ | _____ | _____ |
| <input type="radio"/> | <input type="radio"/> | 12. | Self-employment or Net Income from a Business? <i>(Include overtime, tips, bonuses, commissions and payments received in cash.)</i> | |
| | | <u>Household Member</u> | <u>Type of Business</u> | <u>Amount</u> |
| | | _____ | _____ | _____ |
| | | _____ | _____ | _____ |
| <input type="radio"/> | <input type="radio"/> | 13. | Regular pay as a member of the Armed Forces/Military Pay? | |
| | | <u>Household Member</u> | <u>Base Name & Branch</u> | <u>Amount</u> |
| | | _____ | _____ | _____ |
| | | _____ | _____ | _____ |
| <input type="radio"/> | <input type="radio"/> | 14. | Unemployment benefits, disability pay or workman's compensation? | |
| | | <u>Household Member</u> | <u>Contact Person</u> | <u>Amount</u> |
| | | _____ | _____ | _____ |
| | | _____ | _____ | _____ |

o o 15. Public Assistance, General Relief or Temporary Aid for Needy Families (TANF, OAA, APTD)?

| <u>Household Member</u> | <u>Contact Person</u> | <u>Amount</u> |
|-------------------------|-----------------------|---------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |

o o 16. (a) Child support or Alimony?
(We must count court-ordered support whether or not it is received unless legal action has been taken to remedy. We must also count support that is not court-ordered rather received directly from payor.)

| <u>Household Member</u> | <u>Payer</u> | <u>Amount</u> |
|-------------------------|--------------|---------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

(b) How is the support received? (Check all that apply)

- Child Support Enforcement Agency Name of Agency: _____
- Court of Law Name of Court: _____
- Directly from Individual Name of Person: _____
- Other Explain: _____

o o (c) If money is not actually received, are you taking legal action to remedy?

Explanation: _____

o o 17. Social Security, SSI, SSD or any other payments from the Social Security Administration?

| <u>Household Member</u> | <u>SSA Office</u> | <u>Amount</u> |
|-------------------------|-------------------|---------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |

o o 18. Regular payments from a Veteran's benefit, pension, retirement benefit or annuities?

| <u>Household Member</u> | <u>Source of Benefit</u> | <u>Amount</u> |
|-------------------------|--------------------------|---------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |

o o 19. Regular payments from a severance package or Long Term Care Insurance Policies?

| <u>Household Member</u> | <u>Source of Benefit</u> | <u>Amount</u> |
|-------------------------|--------------------------|---------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |

o o 20. Regular payments from any type of settlement? (For example, insurance settlements.)

| <u>Household Member</u> | <u>Source of Benefit</u> | <u>Amount</u> |
|-------------------------|--------------------------|---------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |

o o 21. Regular gifts or payments from anyone outside of the household?

(This includes anyone supplementing your income or paying any of your bills.)

| <u>Household Member</u> | <u>Source of Benefit</u> | <u>Amount</u> |
|-------------------------|--------------------------|---------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |

- o o 22. Educational grants, scholarships, or other student benefits?

| <u>Household Member</u> | <u>Source of Benefit</u> | <u>Amount</u> |
|-------------------------|--------------------------|---------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |

- o o 23. Regular payments from lottery winnings or inheritances?

| <u>Household Member</u> | <u>Source of Benefit</u> | <u>Amount</u> |
|-------------------------|--------------------------|---------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |

- o o 24. Regular payments from rental property or other types of real estate transactions?

| <u>Household Member</u> | <u>Source of Benefit</u> | <u>Amount</u> |
|-------------------------|--------------------------|---------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |

- o o 25. Resident Services Stipend (\$200 or more a month) or any other income sources or types not listed?

| <u>Household Member</u> | <u>Source of Benefit</u> | <u>Amount</u> |
|-------------------------|--------------------------|---------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |

- o o 26. Do you or any other household members expect any changes to your income in the next 12 months?
 Explanation: _____

Asset Information:

Include all assets held and the income derived from the asset. INCLUDE ALL ASSETS HELD BY ALL HOUSEHOLD MEMBERS INCLUDING MINORS.

Do YOU or ANYONE in your household have:

- | <u>YES</u> | <u>NO</u> | | | | | | | | | | |
|---|--------------------------|--|-------------------------|--------------------------|---------------|-------|-------|-------|-------|-------|-------|
| o | o | 27. Checking or savings account? | | | | | | | | | |
| <table border="0" style="width: 100%;"> <thead> <tr> <th style="text-align: center;"><u>Household Member</u></th> <th style="text-align: center;"><u>Bank Name</u></th> <th style="text-align: center;"><u>Amount</u></th> </tr> </thead> <tbody> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </tbody> </table> | | | <u>Household Member</u> | <u>Bank Name</u> | <u>Amount</u> | _____ | _____ | _____ | _____ | _____ | _____ |
| <u>Household Member</u> | <u>Bank Name</u> | <u>Amount</u> | | | | | | | | | |
| _____ | _____ | _____ | | | | | | | | | |
| _____ | _____ | _____ | | | | | | | | | |
| o | o | 28. CDs, money market accounts, savings bonds or treasury bills? | | | | | | | | | |
| <table border="0" style="width: 100%;"> <thead> <tr> <th style="text-align: center;"><u>Household Member</u></th> <th style="text-align: center;"><u>Bank Name</u></th> <th style="text-align: center;"><u>Amount</u></th> </tr> </thead> <tbody> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </tbody> </table> | | | <u>Household Member</u> | <u>Bank Name</u> | <u>Amount</u> | _____ | _____ | _____ | _____ | _____ | _____ |
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| _____ | _____ | _____ | | | | | | | | | |
| _____ | _____ | _____ | | | | | | | | | |
| o | o | 29. Stocks, bonds or securities, or capital gains? | | | | | | | | | |
| <table border="0" style="width: 100%;"> <thead> <tr> <th style="text-align: center;"><u>Household Member</u></th> <th style="text-align: center;"><u>Source of Benefit</u></th> <th style="text-align: center;"><u>Amount</u></th> </tr> </thead> <tbody> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </tbody> </table> | | | <u>Household Member</u> | <u>Source of Benefit</u> | <u>Amount</u> | _____ | _____ | _____ | _____ | _____ | _____ |
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| _____ | _____ | _____ | | | | | | | | | |
| _____ | _____ | _____ | | | | | | | | | |

o o 30. Trust funds or whole/universal life?

| <u>Household Member</u> | <u>Source of Benefit</u> | <u>Amount</u> |
|-------------------------|--------------------------|---------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |

o o 31. Pensions, IRAs, KeoghS, Annuities or other retirement accounts?

| <u>Household Member</u> | <u>Source of Benefit</u> | <u>Amount</u> |
|-------------------------|--------------------------|---------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |

o o 32. Cash on hand over \$500? Lump sum or One-Time Cash Receipts?

| <u>Household Member</u> | <u>Source of Benefit</u> | <u>Amount</u> |
|-------------------------|--------------------------|---------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |

o o 33. Real estate, rental property, land contracts/contract for deeds, capital gains or other real estate holdings?
(This includes your personal residence, mobile homes, vacant land, farms, vacation homes or commercial property.)

| <u>Household Member</u> | <u>Source of Benefit</u> | <u>Amount</u> |
|-------------------------|--------------------------|---------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |

o o 34. Personal property held as an investment?
(This includes paintings, coin or stamp collections, artwork, collector or show cars, and antiques. This does not include your personal belongings such as your car, furniture or clothing.)

| <u>Household Member</u> | <u>Source of Benefit</u> | <u>Amount</u> |
|-------------------------|--------------------------|---------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |

o o 35. A safe deposit box? Any other assets not listed above?

| <u>Household Member</u> | <u>Bank Name</u> | <u>Amount</u> |
|-------------------------|------------------|---------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |

o o 36. Have you or any other household members disposed of or given away any asset(s) for LESS than fair market value within the past 2 years?

Household Member: _____ Amount: _____

Explanation: _____

Applicant Status

The following questions pertain to specific eligibility requirements of the Housing Credit Program.

YES NO

o o 37. Are you or any other ADULT household member(s) claiming zero income?

Household Member: _____

Explanation: _____

- 38. Are **ALL** household members (INCLUDING MINORS) currently full-time student(s) or expect to be in the next 12 months?

Household Member(s): _____

- 39. Do you or any ADULT household member now require a live-in care attendant in order to live independently?

Name of Attendant: _____

Relationship (if any): _____

- 40. Will your household be receiving Section 8 or any other rental assistance at time of move-in (Examples: NHHFA, Laconia Housing, others)?

Name of Agency: _____

Contact Person: _____

- 41. Will your household be eligible or are you applying to receive Section 8 rental assistance in the next 12 months?

Expected Date: _____

Name of Agency: _____

Contact Person: _____

Signature Clause

I understand that management is relying on this information to prove my household's eligibility for the Housing Credit Program. I certify that all information and answers to the above questions are true and complete to the best of my knowledge. I consent to release the necessary information to determine my eligibility. I understand that providing false information or making false statements may be grounds for denial of my application. I also understand that such action may result in criminal penalties.

I authorize my consent to have management verify the information contained in this application for purposes of proving my eligibility for occupancy. I will provide all necessary information including source names, addresses, phone numbers, account numbers where applicable and any other information required for expediting this process. I understand that my occupancy is contingent on meeting management's resident selection criteria and the Housing Credit Program requirements.

Penalties for misusing this consent: Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD, the PHA and any owner (or any employee of HUD, the PHA or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willingly requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD, the PHA or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at 42 U.S.C. 208 (a) (6), (7) and (8). Violations of these provisions are cited as violations of 42 U.S.C. 408 (a) (6), (7) and (8).

Authorization-This release may be used for 15 months from the date of signature.

I/we do hereby authorize The Hodges Companies and its staff to contact any agencies, offices, credit bureaus, landlords, criminal records, or professional references for the purpose of verifying the information I/we have provided on the application. The information provided will be used solely for the determination of my/our eligibility and admission to the housing I/we are applying for and the information that is supplied will be kept confidential.

All ADULT household members over the age of 18 must sign below:

Signature

Date

Signature

Date

Signature

Date

Disclaimer

I hereby make application for an apartment and certify that this information is correct. I authorize Laconia Area Community Land Trust's (LACLCT's) property management company, The Hodges Companies (Hodges), to contact any references that I have listed. By signing this application, the applicants understand that this information may be shared with members of the Lakes Region Rental Association.

I also authorize Hodges to obtain consumer reports, and any other information necessary for the purpose of evaluating my application. I understand that such information may include, but is not limited to, credit history, civil and criminal information, records of arrest, rental history, employment/salary details, vehicle records, licensing records, and/or any other necessary information. I understand that subsequent consumer reports may be obtained and utilized under this authorization in connection with an update, renewal, extension, or collection in connection with the rental or lease of a residence for which this application was made.

I hereby expressly release LACLCT, Hodges, and any procurer or furnisher of information, from any liability what-so-ever in the use, procurement, or furnishing of such information and understand that my application information may be provided to various local, state, and/or federal government agencies, including without limitation, various law enforcement agencies.

Signature of Applicant

Date

Signature of Applicant

Date



We ask that you review your application before mailing it to ensure that you've completed it in its entirety. If the application is not complete or missing information, it can't be processed. The following is a checklist of common errors found that will delay the processing of your application:

- Missing social security cards (required for **ALL** household members). If you don't have one, we accept any legal document with the social security number printed on it (medical card, tax return, pay stub, etc)
- Unanswered or incomplete questions on the application. If not applicable, please answer "no" rather than leave it blank.
- Insufficient or lack of landlord history. If less than 3 years, please contact our office regarding alternatives.
- Authorization of Release Information not signed (**EACH** member over 18 years of age must sign).

Please be sure to list a phone number where you can be reached if we have any questions. If you need any additional assistance, please don't hesitate to contact us at 1-800-742-4686.