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

Hodges Development USE ONLY: **DATE SENT:**

DATE RECEIVED: _____ **TIME RECEIVED:** _____ **INITIALS:** _____ **ID #:** _____

APPLICATION FOR ASSISTED HOUSING (USDA, Rural Development)

- If the information provided by or about any applicant from any source at any time during the screening process reveals negative information relating to the applicant's ability to meet the obligations of tenancy, the information will be researched as part of the tenant selection screening process and that applicant will be asked to explain this information as part of a uniformly applied policy applicable to all applicants.
- All applicants must be able to meet essential obligations of tenancy -- they must be able to pay rent, to care for their apartment, to report required information to Hodges Development, to avoid disturbing their neighbors, etc., but there is no requirement that they be able to do these things without assistance.
- Hodges Development is a management company that provides low rent housing to eligible households, elderly households and single people. Hodges Development is not permitted to discriminate against applicants on the basis of their race, color, religion, sex, national origin, disability handicap or familial status. In addition, Hodges Development has a legal obligation to provide "reasonable accommodations" to applicants if they, or any household member, have a disability or handicap.
- A reasonable accommodation is some modification or change Hodges Development can make to its apartments or procedures that will assist an otherwise eligible applicant with a disability to take advantage of government programs.
- If you, or a member of your household, have a disability or handicap and think you might need or want a reasonable accommodation, or qualify for a handicap adjustment to income under the USDA, Rural Development program, or any other adjustment you are eligible for, you may request it at any time in the application process or after admission. This is up to you. If you would prefer not to discuss your situation with the management company, that is your right.
- The U.S. Department of Agriculture (USDA) prohibits discrimination in all its programs and activities on the basis of race, color, national origin, sex, religion, age, disability, political beliefs, sexual orientation, or marital or family status. (Not all prohibited bases apply to all programs.) Persons with disabilities who require alternative means for communication of program information (Braille, large print, audiotape, etc.) should contact USDA's TARGET Center at (202) 720-2600 (voice and TDD).
- To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call (202) 720-5964 (voice and TDD). USDA is an equal opportunity provider and employer.

A. **FAMILY SUMMARY -**List all persons, including yourself, who will be living in the apartment. List head of household first.

Name	Relationship	Birth Date	Place of Birth	Soc. Sec. #
1	**Head**			
2				
3				
4				
5				
6				

Mailing Address: _____ City: _____ State _____ Zip: _____

Physical Address: _____ City: _____ State: _____ Zip: _____
(if different than mailing address)

Telephone No. (which you can be reached at): **Phone** _____ **E-Mail Address** _____

Applying to Property(s) _____ **Requested Unit Size:** _____ **Bedrooms**

How did you hear about the apartment for which you are applying? _____

If you require a handicap-accessible unit, check here ☐

If you require any modifications to an apartment, check here and explain in a note to us ☐

B. **INCOME - All sources of regularly received monies must be listed regardless of recipient's age.**

Family Member Name	Sources of Income	Amount
	Social Security **Gross Monthly Amount**	$
	Social Security **Gross Monthly Amount**	$
	Pension **Gross Monthly Amount**	$
	Source:	
	Address:	
	Pension Gross Monthly Amount	$
	Source:	
	Address:	
	Regular Pay from Military or Armed Forces	$
	Source Address:	
	VA Benefits (Claim #)	$
	SSI/SSD.SSA Benefits **Gross Monthly Amount**	$
	Unemployment Compensation **Gross Monthly Amount**	$
	Disability/Worker's Compensation **Gross Monthly Amount**	$
	TANF, OAA, APTD **Gross Monthly Amount**	$
	Wages **Gross Monthly Amount**	$
	Employer:	
	Address:	
	Wages **Gross Monthly Amount**	$
	Employer:	
	Address:	
	Alimony **Gross Monthly Amount**	$
	Child Support **Gross Monthly Amount**	$
	Other Income **Gross Monthly Amount** (for example, business income, rental income, annuities, resident services stipend over $200/month, severance pay, etc.)	$
	Self Employment Income	$
	Education scholarships, grants	$

C. **ASSETS**:

Have you sold or disposed of any asset(s) valued over $1,000 in the last two years? Yes☐ No☐

If yes, type of asset (e.g., money/land/house) _____

Market value when sold/disposed $_____ Amount sold/disposed for $_____ Date of transaction _____

Provide the following information for all members of the household (use another sheet of paper if necessary).

Checking, Savings Accounts

Bank	Bank
Address	Address
Account No.	Account No.
Int. Rate Balance $	Int. Rate Balance $

Life Insurance (Whole or Universal)

Bank	Bank
Address	Address
Policy No.	Policy No.
Cash Value $	Cash Vaule $

Certificates of Deposit, Money Market

Bank	Bank
Address	Address
Acct.# Int Rate Amt. $	Acct.# Int Rate Amt. $
Penalty for Early Withdrawal Maturity Date	Penalty for Early Withdrawal Maturity Date

Stocks **IRA's/401-K's/Annuities**

Name	Bank
Address	Address
Value $ Div. Rate	Value $ Div. Rate

Savings Bonds, T-Bills **Trust Accounts**

Insurance Compay	Bank
Address	Address
Cash Value $	Account No.
Interest rate	Int. Rate Balance $

C. **ASSETS** (continued)

Real Estate

Do you own any property? Yes☐ No☐ If yes, type & location of property _____

_____

Appraised market value $_____ Mortgage or outstanding loan due $_____

Name & address of broker/realtor who would provide verification of market value:

_____

Broker/Realtor **Address** **City** **State** **Zip**

Cash on Hand, Safe Depsot Box, Proerpty Held as an Investment

Do you have any cash on hand, safe deposit box, or property held as an investment? Yes☐ No ☐
If yes, type & location of property _____ Aprox Value $ _____

D. **MEDICAL AND CHILD CARE EXPENSES**

FOR ELDERLY, DISABLED, HANDICAPPED APPLICANTS ONLY

Medical Costs - **Complete only if head or spouse is 62 or older, handicapped, or disabled AND ONLY if these medical expenses are paid for out of your own pocket and not reimbursed by medical insurance**.

Medicare

Monthly Amount $	Monthly Amount $

Medical Insurance

Name	Name
Address	Address
Claim No. Monthly Amt. $	Claim No. Monthly Amt. $

Pharmacy

Name	Name
Address	Address
Anticipated prescription costs **not covered by insurance** - Monthly Amount $	Anticipated prescription costs **not covered by insurance** - Monthly Amount $

Physician

Are you seeing a physician **REGULARLY**? Yes☐ No☐	
Name	Name
Address	Address
Anticipated costs **not covered by insurance** - Monthly Amount $	Anticipated costs **not covered by insurance** - Monthly Amount $

Outstanding Medical Bills for which You are Making Monthly Payments

Name	Name
Address	Address
Anticipated costs **not covered by insurance** - Balance Due $ Monthly Amount $	Anticipated costs **not covered by insurance** - Balance Due $ Monthly Amount $

Child Care Expenses - Complete for children 12 and younger - Weekly cost for Child Care $_____

Name & Address of Person/Agency caring for children: _____

_____

E. **PROGRAM INFORMATION** **Circle One**

Are you currently living in subsidized housing? Yes☐ No☐ Subsidy Type? HUD USDA Section 8

F. **APPLICANT INFORMATION**

Do you have a Section 8 Voucher or any other type of voucher? Yes☐ No☐

1. Have you have been served a Notice to Quit or been asked to leave by a previous landlord Yes☐ No☐
2. Have you have been served with lease violations from a previous landlord Yes☐ No☐
3. Have you have been evicted Yes☐ No☐

Name of Landlord and date _____

4. Have you or any household member have been evicted from federally assisted housing for drug-related criminal activity? Yes☐ No☐

Name of Landlord and date _____

If you checked any of the above boxes, please explain the circumstances on an attached sheet of paper and identify property & landlord.

5. Have you or a household member have been convicted of a sex related crime or are subject to a lifetime registration in a State sex offender registration program? Yes☐ No☐

   List all states, other than the one that you reside in now, in which you have lived in during the last seven years? _____
6. You or a household member been convicted of a misdemeanor or felony? Yes☐ No☐

   List the type, nature and date of criminal action.

   _____

7. Will all of the persons in the household be or have been full-time students during five calendar months of this year or plan to be in the next calendar year at an educational institution (other than a correspondence school) with regular faculty and students? Yes ☐ No ☐

If **YES**, please answer the following questions.

a. Are any full-time student(s) married and filing a joint tax return? Yes ☐ No ☐

b. Are any student(s) enrolled in a job-training program receiving assistance under the Job Training Partnership Act? Yes ☐ No ☐

c. Are any full-time student(s) a TANF or a Title IV recipient? Yes ☐ No ☐

d. Are any full-time student(s) a single parent living with his/her minor child who is not a dependant on another's tax return? Yes ☐ No ☐

G. **REFERENCE INFORMATION-Please list at least 3 years**

Current Landlord (Name, Address,& Phone No.)

_____

How long have you lived there? _____ Is this landlord related to you? Yes☐ No☐

Are you required to give a 30-day notice? Yes☐ No☐ What is the amount of your current rent? _____

List all Previous Landlords for ALL Adults in Household (Attach a sheet of paper if more space is needed.) **(**Name, Address & Phone No.)

1.	2.
Address of Apt.	Address of Apt.
How long did you live there?	How long did you live there?
Is this landlord related to you? Yes☐ No☐	Is this landlord related to you? Yes☐ No☐
Current Rent Amount $ _____	Rent Amount $

List two Professional Personal References for ALL Adults in Household (Attach a sheet of paper if more space is needed.) (Name, Address, Phone No. & Relationship) Examples: teachers, principals, past/present employers, physicians, etc.) Please do not list relatives or friends.

1.	2.
Phone No. Relationship	Phone No. Relationship

All information received by Hodges Development during the application process regarding the applicant or applicant's household will be taken into consideration as part of the application.

Other Information

Please provide us with the name, address, & phone number of an emergency contact and relationship to you:

_____

Vehicles - List any vehicle owned

Type _____ Year/Make_____

Color _____ License Plate No. _____

Do you own a pet Or Service Animal? Yes☐ No☐ If yes, describe _____

CERTIFICATION

I/we hereby certify that I/we do not and will not maintain a separate, subsidized rental unit in another location. I/we understand I/we must pay a security deposit for this apartment prior to occupancy. I/we certify that the housing I/we will occupy is/will be my/our permanent residence.

I/we understand that eligibility for housing will be based on either the USDA, Rural Development or the Department of Housing and Urban Development's eligibility criteria and Hodges Development resident selection criteria (see attached). I/we understand that this application in no way ensures occupancy and that my/our application can be rejected based on, but not limited to (1) a history of unjustified and/or chronic nonpayment of rent and/or financial obligations; (2) a history of living or housekeeping habits that would pose a direct threat to the health and safety of other individuals or whose tenancy would result in substantial physical damage to the property of others; (3) a history of disturbance of neighbors; (4) a history of violations of the terms of previous rental agreements, especially those resulting in eviction from housing or termination from residential programs; (5) police records indicating any type of criminal activity or convictions; and (6) any records which show the applicant's behavior to be unacceptable, even if it is a manifestation of an applicant's disability.

I/we certify that the information given in this application is true to the best of my/our knowledge. I/we understand that any false information or any omission of any significant information is punishable by law, and could be grounds for cancellation of this application or termination of residency after occupancy.

Head of Household_____ Date_____

Spouse/Co-Tenant_____ Date_____

Other Adult Member_____ Date_____

For Hodges Development _____ Date_____

The information regarding race, national origin, and sex designation solicited on this application is requested in order to assure the Federal Government, acting through the USDA, Rural Development, that Federal Laws prohibiting discrimination against tenant applicants on the basis of race, color, national origin, religion, sex, familial status, age, and handicap are complied with. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However, we would like to make you aware that, if you do not provide this information, the owner/rental agent is required to note race/national origin and sex based on visual observation or surname.

Ethnicity: ☐ Hispanic or Latino ☐ Not Hispanic or Latino

Race: (mark one or more) ☐ American Indian or Alaskan Native ☐ Black or African American ☐ Asian

☐ Native Hawaiian or Other Pacific Islander ☐ White ☐ Other

Gender: ☐ Male ☐ Female

Veteran: ☐ Yes ☐ No

TENANT RELEASE AND CONSENT

I/We _____, the undersigned hereby authorize all persons or companies in the categories listed below to release information regarding employment, income and/or assets for purposes of verifying information on my/our apartment rental application. I/We authorized release of information without liability to the owner/manager of the apartment community listed below, and/or the state housing development agency or it's service provider.

INFORMATION COVERED

I/We understand that the previous or current information regarding we/us may be needed. Verifications and inquires that may be requested include but are not limited to: personal identity, student status, employment income, assets, and medical or child care allowances. I/We understand that this authorization cannot be used to obtain information about me/us that is not pertinent to my eligibility for and continued participation as a Qualified Tenant.

GROUPS OR INDIVIDUALS THAT MAY BE ASKED

The groups or individuals that may be asked to release the above information include, but are not limited to:

Past and Present Employers	Criminal Checks	Veterans Administration
Support and Alimony Providers	State Unemployment Agencies	Retirement Systems
Educational Institutions	Social Security Administration	Medical Providers
Banks/Financial Institutions	Curent and Previous Landlords	Child Care Providers
Public Housing Agencies	State and Federal Agencies	Credit Agencies

CONDITIONS

I/We agree that a photocopy of the authorization may be used for the purposes stated above. The original of this authorization is on file and will stay in effect for 15 months from the date signed. I/We understand that I/We have a right to review this file and correct any information that is incorrect.

SIGNATURES

_____ _____ _____

Head of Household (Print Name) Date

_____ _____ _____

Co-Head/Spouse (Print Name) Date

USDA Rural Development

Rural Housing and Community Programs

Things You Should Know About USDA Rural Rental Housing

Don't risk losing your chances for federally assisted housing by providing false, incomplete, or inaccurate information on your application or recertification

Penalties for Committing Fraud

You must provide information about your household status and income when you apply for assisted housing in apartments financed by the U.S. Department of Agriculture (USDA). USDA places a high priority on preventing fraud. If you deliberately omit information or give false information to the management company on your application or recertification forms, you may be:

- Evicted from your apartment;
- Required to repay all the extra rental assistance you received based on faulty information;
- Fined;
- Put in prison and/or barred from receiving future assistance.

Your State and local governments also may have laws that allow them to impose other penalties for fraud in addition to the ones listed here.

How To Complete Your Application

When you meet with the landlord to complete your application, you must provide information about:

- **All Household Income.** List all sources of money that you receive. If any other adults will be living with you in the apartment, you must also list all of their income. Sources of money include:
  - –Wages, unemployment and disability compensation, welfare payments, alimony, Social Security benefits, pensions, etc.;
  - –Any money you receive on behalf of your children, such as child support, children's Social Security, etc.;
  - –Income from assets such as interest from a savings account, credit union, certificate of deposit, stock dividends, etc.;
  - –Any income you expect to receive, such as a pay raise or bonus.
- **All Household Assets.** List all assets that you have. If any other adults will be living with you, you must also list all of their assets. Assets include:
  - –Bank accounts, savings bonds, certificates of deposit, stocks, real estate, etc.;
  - –Any business or asset you sold in the last 2 years for less than its full value, such as selling your home to your children.
- **All Household Members.** List the names of all the people, including adults and children, who will actually live with you in the apartment, whether or not they are related to you.

Ask for Help if You Need It

If you are having problems understanding any part of the application, let the landlord know and ask for help with any questions you may have. The landlord is trained to help you with the application process.

Before You Sign the Application

- Make sure that you read the entire application and understand everything it says;
- Check it carefully to ensure that all the questions have been answered completely and accurately;
- Don't sign it unless you are sure that there aren't any errors or missing information.

By signing the application and certification forms, you are stating that they are complete to the best of your knowledge and belief. Signing a form when you know it contains misinformation is considered fraud.

- The management company will verify your information. USDA may conduct computer matches with other Federal, State or private agencies to verify that the income you reported is correct;
- Ask for a copy of your signed application and keep a copy of it for your records.

Tenant Recertification

Residents in USDA-financed assisted housing must provide updated information to the management company at least once a year. Ask your landlord when you must recertify your income.

You must **immediately** report:

- Any changes in income of $100 or more per month;
- Any changes in the number of household members.

For your annual recertification, you must report:

- All income changes, such as increases in pay or benefits, job change or job loss, loss of benefits, etc., for any adult household member;

- Any household member who has moved in or out;
- All assets that you or your adult housemates own, or any assets that were sold in the last 2 years for less than their full value.

Avoid Fraud, Report Abuse

Prevent fraudulent schemes through these steps:

- Don't pay any money to file your application;
- Don't pay any money to move up on the waiting list;
- Don't pay for anything not covered by your lease;
- Get receipts for any money you do pay;
- Get a written explanation for any money you are required to pay besides rent, such as maintenance charges.

Report Abuse: If you know anyone who has falsified an application, or who tries to persuade you to make false statements, report him or her to the manager. If you cannot report to your manager, call your local or state USDA office at 1 (800) 670-6553, or write: USDA, STOP 0782, 1400 Independence Ave., SW, Washington, DC 20250.

If You Disagree With a Decision

Tenants may file a grievance in writing with the complex owner in response to the owner's actions, or failure to act, that result in a denial, significant reduction, or termination of benefits. Grievances may also be filed when a tenant disputes the owner's notice of proposed adverse action.

Notice of Adverse Action

The complex owner must notify tenants in writing about any proposed actions that may have adverse consequences, such as denial of occupancy and changes in the occupancy rules or lease. The written notice must give specific reasons for the proposed action, and must also advise tenants of the "right to respond to the notice within 10 calendar days after the date of the notice" and of "the right to a hearing." Housing complexes in areas with a concentration of non-English-speaking people must send notices in English and in the majority non-English language.

Grievance Process Overview

USDA believes that the best way to resolve grievances is through an informal meeting between tenants and the landlord or owner. Once the owner learns about a tenant grievance, the process should begin with an informal meeting between the two parties. Owners must offer to meet with tenants to discuss the grievance within 10 calendar days of receipt of the complaint. USDA encourages owners and tenants to try to reach a mutually satisfactory resolution to the problem at the meeting.

If the grievance is not resolved, the tenant must request a hearing within 10 days of receipt of the meeting findings. The parties will then select a hearing panel or hearing officer to govern the hearing. All parties are notified of the decision 10 days after the hearing.

When a Grievance Is Legitimate

The landlord must determine if a grievance is within the established rules for the program. For example, "I want to file a complaint because the manager doesn't speak to me" is not a legitimate complaint. However, "I want to file a complaint because the manager isn't maintaining the property according to USDA guidelines" is a legitimate complaint. Below are examples of cases in which tenants may and may not file a complaint.

A complaint may not be filed with the owner/management if:	A complaint may be filed with the owner/management if:
USDA has authorized a proposed rent change.	There is a modification of the lease, or changes in the rules or rent that are not authorized by USDA.
A tenant believes that he/she has been discriminated against because of race, color, religion, national origin, sex, age, familial status, or disability. Discrimination complaints should be filed with USDA and/or the Department of U.S. Housing and Urban Development (HUD), not with the owner/management.	The owner or management fails to maintain the property in a decent, safe, and sanitary manner.
The complex has formed a tenant's association and all parties have agreed to use the association to settle grievances.	The owner violates a lease provision or occupancy rule.
USDA has required a change in the rules and proper notices have been given.	A tenant is denied admission to the complex.
The tenant is in violation of the lease and the result is termination of tenancy.	
There are disputes between tenants that do not involve the owner/management.	
Tenants are displaced or other adverse effects occur as a result of loan prepayment.	

PA 1998
December 2008

The U.S. Department of Agriculture (USDA) prohibits discrimination in all its programs and activities on the basis of race, color, national origin, age, disability, and where applicable, sex, marital status, familial status, parental status, religion, sexual orientation, genetic information, political beliefs, reprisal, or because all or a part of an individual's income is derived from any public assistance program. (Not all prohibited bases apply to all programs.) Persons with disabilities who require alternative means for communication of program information (braille, large print, audiotape, etc.) should contact USDA's TARGET Center at (202) 720-2600 (voice and TDD).

To file a complaint of discrimination write to USDA, Director, Office of Civil Rights, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410 or call (800) 795-3272 (voice) or (202) 720-6382 (TDD). USDA is an equal opportunity provider and employer.

RECEIPT OF "THINGS YOU SHOULD KNOW"

I/We _____, acknowledge

Receipt of a copy of the USDA published "Things You Should Know"

Notice on this _____ day of _____, 20____.

_____ _____ _____

Signature **Property** **Unit #**

_____

Signature

Disclaimer

I hereby make application for an apartment and certify that this information is correct. I authorize Laconia Area Community Land Trust's (LACLT'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 LACLT, 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.