

## APPLICATION FOR HOUSING

LOW INCOME HOUSING TAX CREDIT PROPERTY (LIHTC)

USDA, RURAL DEVELOPMENT

EQUAL HOUSING OPPORTUNITY; HANDICAP ACCESSIBLE

### PLEASE PRINT

This is an application for housing at:

**PLYMOUTH APARTMENTS (FAMILY)**

27/49 Morgan Drive

Plymouth, NH 03264

(603) 536-4402 (TDD ACCESS)

Please complete this application and return to:

HANAWAY MANAGEMENT CO.

28 Marie Way, #25

Plymouth, NH 03264

Thank-you for your interest in an apartment managed by Hanaway Management Company. Enclosed you will find your application packet. Please complete all documents entirely. Signatures are required by all adult applicants. Faxed applications will not be accepted. Feel free to call management at (603) 536-4402 if you have any questions. **Our office hours are Monday through Thursday, 7:00 A.M. to 4:00 P.M.** If you would like to make an appointment to discuss your application, please call to set up a convenient time.

We ask that you review your application before mailing to ensure that you have completed it in its entirety. If the application is not complete or is missing information, it cannot be processed.

**The following is a checklist of COMMON ERRORS that will DELAY the process of your application:**

- Unanswered or incomplete questions on the application. If not applicable, please answer either "no" or "N/A" rather than leaving it blank.
- Insufficient or lack of landlord history. If less than two (2) years, please contact our office regarding alternatives.
- Authorization to Release Information is not signed (**EACH** member over eighteen (18) years of age must sign).

Please be sure to list a phone number where you can be reached if we have questions. Remember, if you need any additional assistance, please don't hesitate to contact us.



## **IMPORTANT INFORMATION ON THE PROCESSING OF YOUR APPLICATION FOR HOUSING**

**THIS APPLICATION MUST BE COMPLETED IN ITS ENTIRETY.** Social security numbers must be included for all household members, including children, before a determination of eligibility can be made.

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 avoid disturbing their neighbors, etc., but there is no requirement that they do these things without assistance.

Hanaway Management Company is a management company that provides housing to eligible family households, elderly households, and single persons. Hanaway Management Company is not permitted to discriminate against applicants on the basis of their race, color, religion, sex, age, marital status, sexual orientation, familial status, handicap status, or national origin. In addition, Hanaway Management Company 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 Hanaway Management Company 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 prefer not to discuss your situation with Hanaway Management Company, that is your right.

The United States Department of Agriculture (USDA) prohibits discrimination in all its programs and activities on the basis of their race, color, religion, sex, age, marital status, sexual orientation, familial status, handicap status, or national origin. 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. GENERAL INFORMATION**

Applicant Name(s) \_\_\_\_\_

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

Street

Apt #

City

State

Zip

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

Street

Apt #

City

State

Zip

Telephone # (\_\_\_\_) \_\_\_\_\_

Cell Phone # (\_\_\_\_) \_\_\_\_\_

No. of bedrooms in current unit \_\_\_\_\_

Do you rent \_\_\_\_\_? Or own \_\_\_\_\_?

Amount of current monthly: Rental payment \$ \_\_\_\_\_ Mortgage payment \$ \_\_\_\_\_

If you own, do you receive rental income from property? Yes \_\_\_\_\_ No \_\_\_\_\_

Check utilities paid by you:

Heat \_\_\_\_\_ Electricity \_\_\_\_\_ Gas \_\_\_\_\_ Other \_\_\_\_\_

Approximate monthly cost of utilities paid by you (excluding phone and cable TV) \$ \_\_\_\_\_

Bedroom size requested: 1 bedroom \_\_\_\_\_ 2 bedrooms \_\_\_\_\_ Handicap unit \_\_\_\_\_

**B. HOUSEHOLD COMPOSITION:** List ALL persons who will live in the apartment. List head of household first.

Name	Relationship to Head	M/F	Birth Date	SS#	Student Y/N

Do you anticipate any additions to this household in the next twelve (12) months? Yes \_\_\_ No \_\_\_  
 Explain: \_\_\_\_\_

Is **ANYONE** in the household a full time student? Yes \_\_\_ No \_\_\_

**IF YES**, furnish the following information:

Household members name: \_\_\_\_\_

Name of institution: \_\_\_\_\_

Is **EVERYONE** in the household a full time student? Yes \_\_\_ No \_\_\_

**IF YES**, answer the following questions:

- a. Is the full time student married and filing a joint tax return? Yes \_\_\_ No \_\_\_
- b. Is the student a title IV recipient? Yes \_\_\_ No \_\_\_
- c. Is the student enrolled in a job training program receiving assistance under the Job Training Partnership Act? Yes \_\_\_ No \_\_\_
- d. Is the full time student a TANF recipient? Yes \_\_\_ No \_\_\_
- e. Is the full time student a single parent living with his/her minor child who is not a dependent on another's tax return? Yes \_\_\_ No \_\_\_

C. **INCOME**: List **ALL** sources of regularly received monies, regardless of recipient's age.

<u>FAMILY MEMBER NAME</u>	<u>SOURCE OF INCOME</u>
_____ a.	<b>GROSS</b> Social Security.....Monthly Amt. \$ _____
_____	<b>GROSS</b> Social Security.....Monthly Amt. \$ _____
_____ b.	SSI Benefits.....Monthly Amount \$ _____
_____	SSD Benefits.....Monthly Amount \$ _____
_____ c.	Pensions. (1).....Monthly Amount \$ _____
_____	Pensions. (2).....Monthly Amount \$ _____
Source of Pension(s)	(1) _____
	(2) _____
_____ d.	Veterans Benefits.. Monthly Amount \$ _____ Claim # _____
_____ e.	Unemployment Comp.....Weekly Amount \$ _____

**FAMILY MEMBER NAME**

**SOURCE OF INCOME**

\_\_\_\_\_ f. Public Assistance (TANF).....Monthly Amt \$ \_\_\_\_\_

\_\_\_\_\_ g. **GROSS** Wages.....Monthly Amount \$ \_\_\_\_\_  
Employer \_\_\_\_\_  
Phone # \_\_\_\_\_  
Address \_\_\_\_\_

\_\_\_\_\_ **GROSS** Wages.....Monthly Amount \$ \_\_\_\_\_  
Employer \_\_\_\_\_  
Phone # \_\_\_\_\_  
Address \_\_\_\_\_

\_\_\_\_\_ h. Full Time Student Income (only full time students eighteen (18) and over) Monthly Amount \$ \_\_\_\_\_

\_\_\_\_\_ i. Are you entitled to receive Alimony.....Yes \_\_\_ No \_\_\_  
Alimony received...Monthly Amount \$ \_\_\_ Source \_\_\_\_\_

\_\_\_\_\_ j. Are you entitled to receive Child Support.....Yes \_\_\_ No \_\_\_  
Child Support.....Monthly Amount \$ \_\_\_ Source \_\_\_\_\_

\_\_\_\_\_ k. Interest Income.....Monthly Amount \$ \_\_\_ Source \_\_\_\_\_  
Interest Income.....Monthly Amount \$ \_\_\_ Source \_\_\_\_\_

\_\_\_\_\_ l. Military Pay.....Monthly Amount \$ \_\_\_\_\_  
Armed Forces.....Monthly Amount \$ \_\_\_\_\_

\_\_\_\_\_ m. Severance Pay.....Monthly Amount \$ \_\_\_\_\_

\_\_\_\_\_ n. Settlement/gift income.....Monthly Amount \$ \_\_\_\_\_

\_\_\_\_\_ o. Other income.....Monthly Amount \$ \_\_\_\_\_

**TOTAL GROSS ANNUAL INCOME** (Base this on the monthly amounts listed above and multiply by twelve (12).  
\$ \_\_\_\_\_

Do you anticipate any change in this income in the next twelve (12) months? Yes \_\_\_ No \_\_\_

**IF YES**, explain: \_\_\_\_\_

**D. ASSETS**

Checking Account(s) # \_\_\_\_\_ Bank \_\_\_\_\_ Balance \$ \_\_\_\_\_  
 # \_\_\_\_\_ Bank \_\_\_\_\_ Balance \$ \_\_\_\_\_

Savings Account(s) # \_\_\_\_\_ Bank \_\_\_\_\_ Balance \$ \_\_\_\_\_  
 # \_\_\_\_\_ Bank \_\_\_\_\_ Balance \$ \_\_\_\_\_

Trust Accounts/Annuities # \_\_\_\_\_ Bank \_\_\_\_\_ Balance \$ \_\_\_\_\_

Certificates # \_\_\_\_\_ Bank \_\_\_\_\_ Balance \$ \_\_\_\_\_  
 # \_\_\_\_\_ Bank \_\_\_\_\_ Balance \$ \_\_\_\_\_

Credit Union # \_\_\_\_\_ Bank \_\_\_\_\_ Balance \$ \_\_\_\_\_  
 # \_\_\_\_\_ Bank \_\_\_\_\_ Balance \$ \_\_\_\_\_

Mutual Funds Name \_\_\_\_\_ #Shares \_\_\_\_\_ Dividend paid \$ \_\_\_\_\_ Value \$ \_\_\_\_\_  
 Name \_\_\_\_\_ #Shares \_\_\_\_\_ Dividend paid \$ \_\_\_\_\_ Value \$ \_\_\_\_\_

Stocks Name \_\_\_\_\_ #Shares \_\_\_\_\_ Dividend paid \$ \_\_\_\_\_ Value \$ \_\_\_\_\_  
 Name \_\_\_\_\_ #Shares \_\_\_\_\_ Dividend paid \$ \_\_\_\_\_ Value \$ \_\_\_\_\_

Savings Bonds Name \_\_\_\_\_ Maturity Date \_\_\_\_\_ Value \$ \_\_\_\_\_  
 Name \_\_\_\_\_ Maturity Date \_\_\_\_\_ Value \$ \_\_\_\_\_

IRA's, KEOGH, 401 K, Retirement Accounts Name \_\_\_\_\_ Value \$ \_\_\_\_\_  
 Name \_\_\_\_\_ Value \$ \_\_\_\_\_

Whole or Universal Life Insurance # \_\_\_\_\_ Face Value \$ \_\_\_\_\_  
 # \_\_\_\_\_ Face Value \$ \_\_\_\_\_

Cash on hand?; Capital gains?; Lottery winnings? Value \$ \_\_\_\_\_

Personal property held as an investment: Type \_\_\_\_\_ Value \$ \_\_\_\_\_

Property: Do you own any property? Yes \_\_\_ No \_\_\_

**IF YES**, type of property \_\_\_\_\_

Location \_\_\_\_\_

Appraised market value \$ \_\_\_\_\_

Mortgage or outstanding loans balance \$ \_\_\_\_\_

Amount of annual insurance premium \$ \_\_\_\_\_

Amount of most recent tax bill \$ \_\_\_\_\_

Have you sold/dispensed of any property in the last two (2) years? Yes \_\_\_ No \_\_\_

**IF YES**, type of property \_\_\_\_\_

Market value when sold/dispensed \$ \_\_\_\_\_

Amount sold/dispensed for \$ \_\_\_\_\_

Date of transaction \_\_\_\_\_

Have you disposed of any other assets in the last two (2) years (Example: Given away money to relatives, set up Irrevocable Trust Accounts)? Yes \_\_\_ No \_\_\_

**IF YES**, describe asset \_\_\_\_\_

Date of Disposition \_\_\_\_\_

Amount Disposed \$ \_\_\_\_\_

Do you have any other assets not listed above (excluding personal property)? Yes \_\_\_ No \_\_\_

**IF YES**, describe: \_\_\_\_\_

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**E. MEDICAL/CHILDCARE/HANDICAP ASSISTANCE EXPENSES:** If you are 62 years of age or older, or permanently handicapped or disabled any age, you qualify for a \$400 Elderly Deduction. Do you qualify? Yes/No (Circle one)

Do you require any modifications to an apartment? Yes \_\_\_ No \_\_\_

**IF YES**, describe: \_\_\_\_\_

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 pocket" and not reimbursed by medical insurance.**

- Medicare premiums..... Monthly Amount \$ \_\_\_\_\_
- Medicare premiums..... Monthly Amount \$ \_\_\_\_\_
- Blue Cross/Blue Shield..... Monthly Amount \$ \_\_\_\_\_
- Blue Cross/Blue Shield..... Monthly Amount \$ \_\_\_\_\_
- AARP..... Monthly Amount \$ \_\_\_\_\_
- AARP..... Monthly Amount \$ \_\_\_\_\_
- Any other medical insurance..... Monthly Amount \$ \_\_\_\_\_
- Any other medical insurance..... Monthly Amount \$ \_\_\_\_\_

Anticipated prescription costs **NOT** covered by insurance nor reimbursed:

Pharmacy Name: \_\_\_\_\_

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

Monthly Amount \$ \_\_\_\_\_

Anticipated dental costs **NOT** covered by insurance nor reimbursed:

Dentist Name: \_\_\_\_\_

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

Annual Amount \$ \_\_\_\_\_

Anticipated eye-care costs **NOT** covered by insurance nor reimbursed:

Provider Name: \_\_\_\_\_

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

Annual Amount \$ \_\_\_\_\_

Anticipated doctor costs **NOT** covered insurance nor reimbursed:

Doctor Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Annual Amount \$ \_\_\_\_\_

Other anticipated "out of pocket" non-prescription medically needed expenses, not reimbursed by medical insurance:

Patient's Name: \_\_\_\_\_  
Description: \_\_\_\_\_  
Annual Amount \$ \_\_\_\_\_

Outstanding medical bills for which you are making payments:

Balance \$ \_\_\_\_\_ Monthly Payment \$ \_\_\_\_\_ Payable To: \_\_\_\_\_  
Balance \$ \_\_\_\_\_ Monthly Payment \$ \_\_\_\_\_ Payable To: \_\_\_\_\_

Are you seeing a physician regularly? Yes \_\_\_ No \_\_\_

Physician Name: \_\_\_\_\_  
Address: \_\_\_\_\_

Projected costs for the next twelve (12) months **NOT** covered by insurance: \$ \_\_\_\_\_

Any other medical expenses? (Please list types and amounts): \_\_\_\_\_

Would you benefit from a handicap unit? Yes \_\_\_ No \_\_\_

**CHILDCARE EXPENSES: Complete ONLY for children twelve (12) years and younger.**

Name of person/agency caring for children: \_\_\_\_\_

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

Weekly cost for childcare due to employment \$ \_\_\_\_\_

Weekly cost for childcare due to education \$ \_\_\_\_\_

**F. PROGRAM INFORMATION**

Are you legally capable of entering a lease agreement? Yes \_\_\_ No \_\_\_

Are you displaced? Yes \_\_\_ No \_\_\_

**IF YES**, name of Displacement Agency: \_\_\_\_\_

Is your current unit condemned? Yes \_\_\_ No \_\_\_

**IF YES**, by whom? \_\_\_\_\_

Does anyone in your household require wheelchair accessible housing? Yes \_\_\_ No \_\_\_



Are you currently living in subsidized housing? Yes \_\_\_\_\_ No \_\_\_\_\_  
Have you ever resided in a project financed or subsidized by the federal government? Yes \_\_\_ No \_\_\_

**IF YES**, give name and address: \_\_\_\_\_

Have you ever been evicted from public housing or any other federal housing program? Yes \_\_\_ No \_\_\_

Describe reasons: \_\_\_\_\_

Have you ever been evicted from other housing? Yes \_\_\_ No \_\_\_

Have you or any other person named on this application ever been convicted for using, dealing, or manufacturing illegal drugs? Yes \_\_\_ No \_\_\_

**IF YES**, list date(s) of conviction: \_\_\_\_\_

Have you or any other person named on this application ever been convicted of a crime other than a traffic violation? Yes \_\_\_ No \_\_\_

**IF YES**, list nature and date of criminal action convicted of: \_\_\_\_\_

Are you or any other person named on this application required to enlist on a sex offender registration list? Yes \_\_\_ Give name of applicant(s) \_\_\_\_\_ No \_\_\_

**G. REFERENCE INFORMATION** (You must provide information for the last two (2) years from the date of your application).

Current Landlord: \_\_\_\_\_ Address: \_\_\_\_\_ Telephone # \_\_\_\_\_  
Dates From: \_\_\_\_\_ To: \_\_\_\_\_

**ARE YOU REQUIRED TO GIVE NOTICE BEFORE VACATING? Yes \_\_\_ How long? \_\_\_ No \_\_\_**

Previous Landlord: \_\_\_\_\_ Address: \_\_\_\_\_ Telephone # \_\_\_\_\_  
From: \_\_\_\_\_ To: \_\_\_\_\_

**Credit References**

- 1. Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone #: \_\_\_\_\_
- 2. Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone #: \_\_\_\_\_
- 3. Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

**Personal References**

1. Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone #: \_\_\_\_\_  
 2. Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone #: \_\_\_\_\_  
 3. Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

Nearest relative not living with you:

1. Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone #: \_\_\_\_\_ Relation: \_\_\_\_\_  
 2. Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone #: \_\_\_\_\_ Relation: \_\_\_\_\_

**H. OTHER REQUIRED INFORMATION**

**VEHICLES**: List any cars, trucks, or other vehicles owned.

Make and model of vehicle: \_\_\_\_\_ Registration # \_\_\_\_\_  
 Make and model of vehicle: \_\_\_\_\_ Registration # \_\_\_\_\_

**NO DOGS OR CATS ARE ALLOWED AT PLYMOUTH APARTMENTS UNLESS AS A REASONABLE ACCOMODATION FOR A PERSON WITH A HANDICAP OR DISABILITY.**

Do you have any pets? Yes \_\_\_ No \_\_\_

**IF YES**, please describe: \_\_\_\_\_

**I. 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 will be my/our permanent residence.

I/we understand that eligibility for housing will be based on either the USDA, Rural Development or the New Hampshire Housing Finance Authorities eligibility criteria and Hanaway Management Company resident selection criteria. 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 change 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 significant omissions are punishable by law, and could be grounds for cancellation of this application or termination of residency after occupancy.**

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Spouse/Co-Head Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Other Adult

\_\_\_\_\_  
Date

\_\_\_\_\_  
Agent for Hanaway Management Company

\_\_\_\_\_  
Date

The information regarding race, national origin, and sex designation solicited on this application are requested in order to assure the Federal Government, acting through the U.S. Department of Agriculture, Rural Development that the Federal Laws prohibiting discrimination against tenant applications on the basis of race, color, religion, sex, age, marital status, sexual orientation, familial status, handicap status, or national origin 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, if you choose not to furnish it, the owner is required to note the race/national origin and sex of individual applicants on the basis of visual observation or surname.

Race: \_\_\_\_\_ Ethnic Group: \_\_\_\_\_ Gender: \_\_\_\_\_  
 American Indian, Alaskan Native, Hispanic or Latino Male  
 Asian, Black or African American, Non-Hispanic or Latino Female  
 Native Hawaiian, Other Pacific Islander,  
 White, Other

**HANAWAY MANAGEMENT COMPANY  
28 MARIE WAY, #25  
PLYMOUTH, NH 03264  
(603) 536-4402; FAX (603) 536-1109**

**AUTHORIZATION TO RELEASE INFORMATION**

I/We, \_\_\_\_\_, hereby authorize the release of any pertinent information to Hanaway Management Company which is necessary in determining my/our eligibility for an apartment at Plymouth Apartments.

This authorization shall include any or all information with regards to the following, but not limited to:

Income, assets, medical expenses, landlord references, credit references, personal references, police/criminal background checks, and/or other information required in determining my/our eligibility for housing.

Since this release may be sent to several different agencies or individuals, I/We authorize Hanaway Management Company to use copies of this release to obtain the information required.

Applicant's Signature	Date
Spouse/Co-Head Signature	Date
Other Member over Eighteen (18) Years of Age	Date

This release may be used for up to fifteen (15) months from the date of signature.