

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 WOODS (FAMILY)

21/28/34/38 Marie Way
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 _____ 3 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.	GROSS Social Security.....Monthly Amt. \$ _____
_____	GROSS 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 over?; 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/disposed of any property in the last two (2) years? Yes ___ No ___

IF YES, type of property _____

Market value when sold/disposed \$ _____

Amount sold/disposed 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: _____

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: _____ Dates
Address: _____ From: _____
_____ To: _____
Telephone # _____

ARE YOU REQUIRED TO GIVE NOTICE BEFORE VACATING? Yes ___ How long? ___ No ___

Previous Landlord: _____ From: _____
Address: _____ To: _____
_____ Telephone # _____

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 WOODS 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 Woods.

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.