

Mail this application to:

The name of the waitlist I'm applying for is: _____

Some waitlists are closed: Before sending this application, check <http://www.housingworks.net/> to see what is open

You **must** answer every question on this application: respond to questions that are not applicable by writing "N/A".
Incomplete applications may be returned or discarded.

Name of HoH: _____

Long-Term Mailing Address _____

City/State/Zip: _____
(this address should ideally work for the next 3-5 years):

Phone(s): _____ - _____ - _____ _____ - _____ - _____

Email: _____

The **SSN** for the head of household is: _____

Does the HoH have a **Social Security Number** (SSN)? ☐ Yes ☐ No *If "Yes" you must provide it above).*

What is your **date of birth**? _____ What is your **gender**? _____

Race (white, black, asian, etc)? _____

What was your **mother's last name** when she was born? *Protects your privacy*) _____

How many people will be living in the unit? _____ people. What **unit size** are you seeking? _____ BR

Describe your **Income Sources** (Job, Food Stamps, SSI, TAFDC, etc.) _____

What is your family's **ANNUAL** income? \$ _____ (do NOT write an hourly, weekly, or monthly amount!)

☐ YES ☐ NO Do you have a **rental voucher** or **some other form of regular rental assistance**?

Specify: ☐ Section 8 ☐ MRVP ☐ AHVP ☐ Homebase ☐ _____

☐ YES ☐ NO Do you need a **wheelchair accessible unit** (or a "no-steps" unit)?

☐ YES ☐ NO Do you need **reasonable accommodations** due to a disability, either during the application period or tenancy? _____

☐ YES ☐ NO Are you or any member of your household subject to a lifetime registration requirement under a **State Sex Offender Registration** program?

☐ YES ☐ NO **Priority/Preference Status:** If there is a section in this application that asks about priorities and preferences, did you claim any?

Office Only: Date/Time Stamp

MB Management Co., Agent
195 Eastern Ave., Unit A, Manchester, NH 03104
Phone: (603) 645-7631 Fax: (603) 624-8390

Housing Credit Program
Applicant Questionnaire

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	Birth Date <i>Month, Date, Year</i>

Current Address: _____

Daytime Phone: _____ **Evening Phone:** _____

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)? *(If no, obtain proof of amount of time child(ren) will be living in unit.)*

Explanation: _____

☐☐

4. Are there any absent household members who under normal conditions would live with you? *(For example, a spouse away in the military.)*

Explanation: _____

☐☐

5. Does your household have or anticipate having any pets other than those used as service animals?

Rental History

YES

NO

☐
☐

6. Have you or any one else named on this application filed for bankruptcy?

Explanation: _____

☐
☐

7. Have you or any one else named on this application been convicted of a felony?

Explanation: _____

☐
☐

8. Have you or any one else named on this application been convicted for dealing or manufacturing illegal drugs

Explanation: _____

☐
☐

9. Have you or any one else named on this application been convicted of property damage?

Explanation: _____

☐
☐

10. Have you or any one 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 past THREE years of housing references. (If additional space is required, use the back of this page.)

	<u>Landlord's Name/Address</u>	<u>Your Address</u>	<u>Own/Rent</u>	<u>Dates</u>
Name:	_____	_____	Own <input type="checkbox"/>	From: _____
Address:	_____	_____	Rent <input type="checkbox"/>	To: _____
Phone:	() _____	_____		
Name:	_____	_____	Own <input type="checkbox"/>	From: _____
Address:	_____	_____	Rent <input type="checkbox"/>	To: _____
Phone:	() _____	_____		
Name:	_____	_____	Own <input type="checkbox"/>	From: _____
Address:	_____	_____	Rent <input type="checkbox"/>	To: _____
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:

YES

☐

NO

☐

11. **Employment wages or salaries?** *(Include overtime, tips, bonuses, commissions and payments received in cash.)*

Household Member

Name of Company

Amount

_____	_____	_____
_____	_____	_____
_____	_____	_____

☐☐

12. **Self-employment?** *(Include overtime, tips, bonuses, commissions and payments received in cash.)*

Household Member

Type of Business

Amount

_____	_____	_____
_____	_____	_____

☐☐

13. **Regular pay as a member of the Armed Forces/Military?**

Household Member

Base Name & Branch

Amount

_____	_____	_____
_____	_____	_____

☐☐

14. **Unemployment benefits or workman's compensation?**

Household Member

Case Worker

Amount

_____	_____	_____
_____	_____	_____

YES☐NO☐

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

Household MemberCase WorkerAmount

☐☐

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 payer.)*Household MemberPayerAmount

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

☐ Child Support Enforcement AgencyName of Agency:

☐ Court of LawName of Court:

☐ Directly from IndividualName of Person:

☐ OtherExplain:

☐☐

(c) If support/alimony is court-ordered but not actually received, are you taking legal action to remedy?

Explanation:

☐☐

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

Household MemberSSA OfficeAmount

☐☐

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

Household MemberSource of BenefitAmount

☐☐

19. Regular payments from a severance package?

Household MemberSource of BenefitAmount

☐☐

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

Household MemberSource of BenefitAmount

☐☐

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

*(This includes anyone supplementing your income or paying any of your bills.)*Household MemberSource of BenefitAmount

<u>YES</u>	<u>NO</u>			
<input type="checkbox"/>	<input type="checkbox"/>	22. Regular payments from lottery winnings or inheritances?		
		<u>Household Member</u>	<u>Source of Benefit</u>	<u>Amount</u>
		_____	_____	_____
		_____	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	23. Regular payments from rental property or other types of real estate transactions?		
		<u>Household Member</u>	<u>Source of Benefit</u>	<u>Amount</u>
		_____	_____	_____
		_____	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	24. Any other income sources or types not listed?		
		<u>Household Member</u>	<u>Source of Benefit</u>	<u>Amount</u>
		_____	_____	_____
		_____	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	25. 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 hold:

<u>YES</u>	<u>NO</u>			
<input type="checkbox"/>	<input type="checkbox"/>	26. Checking or savings account?		
		<u>Household Member</u>	<u>Financial Institute</u>	<u>Amount</u>
		_____	_____	_____
		_____	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	27. CDs, money market accounts, or treasury bills?		
		<u>Household Member</u>	<u>Financial Institute</u>	<u>Amount</u>
		_____	_____	_____
		_____	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	28. Stocks, bonds or securities		
		<u>Household Member</u>	<u>Company or Broker</u>	<u>Amount</u>
		_____	_____	_____
		_____	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	29. Trust Funds		
		<u>Household Member</u>	<u>Financial Institute</u>	<u>Amount</u>
		_____	_____	_____
		_____	_____	_____

YES

☐

NO

☐

30. Pensions, IRAs, Keogh, annuities or other retirement accounts?

Household Member

Financial Institute

Amount

☐☐

31. Whole life insurance policy?

Household Member

Insurance Carrier

Amount

☐☐

32. Real estate, rental property, land contracts/contract for deeds, other holdings or capital gains?

(This includes your personal residence, mobile homes, vacant land, farms, vacation homes or commercial property.)

Household Member

Address of Property

Amount

☐☐

33. 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.)

Household Member

Item

Amount

☐☐

34. A safe deposit box?

Household Member

Financial Institute

Amount

☐☐

35. 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

☐

36. Are you or any other ADULT household members claiming zero income?

Household Member: _____

Explanation: _____

☐☐

37. Are you or any other household members (INCLUDING MINORS) currently a full-time student or expect to be one in the next 12 months?

Household Member(s): _____

YES

NO

- ☐ ☐ 38. Will you or any ADULT household member require a live-in care attendant to live independently?
- Name of Attendant: _____
- Relationship (if any): _____
- ☐ ☐ 39. Will your household be receiving Section 8 rental assistance at time of move-in?
- Name of Agency: _____
- Contact Person: _____
- ☐ ☐ 40. 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.

All ADULT household members must sign below:

Signature

Date

Signature

Date

Signature

Date

Housing History, Page 1

Note: you can often locate landlord information by using the Tax Assessor's website in each town (or by calling the Tax Assessor's phone number in most towns): To determine if there is an online Tax Assessor page for a town search the web like this: "Tax Assessor, Boston MA" or "Property Assessment, Dallas TX".

CURRENT RESIDENCE

DATES YOU LIVED THERE:

Name on the lease _____ to: _____ or present

Address you lived at: _____
Street and Apt# City State Zip

Landlord's Name and Address _____

Landlord Tel: _____

Did this landlord bring any court action against the leaseholder or you? ☐ Yes ☐ No

Did this landlord return your security deposit? (check one) ☐ Yes ☐ No ☐ N/A

PRIOR RESIDENCE

DATES YOU LIVED THERE:

Name on the lease _____ to _____

Address you lived at: _____
Street and Apt# City State Zip

Landlord's Name and Address _____

Landlord Tel: _____

Did this landlord bring any court action against the leaseholder or you? ☐ Yes ☐ No

Did this landlord return your security deposit? (check one) ☐ Yes ☐ No ☐ N/A

RESIDENCE BEFORE THAT

DATES YOU LIVED THERE:

Name on the lease _____ to _____

Address you lived at: _____
Street and Apt# City State Zip

Landlord's Name and Address _____

Landlord Tel: _____

Did this landlord bring any court action against the leaseholder or you? ☐ Yes ☐ No

Did this landlord return your security deposit? (check one) ☐ Yes ☐ No ☐ N/A

Housing History, Page 2

RESIDENCE BEFORE THAT

DATES YOU LIVED THERE:

Name on the lease _____ to _____

Address you lived at: _____
Street and Apt# City State Zip

Landlord's Name and Address _____

Landlord Tel: _____

Did this landlord bring any court action against the leaseholder or you? ☐ Yes ☐ No

Did this landlord return your security deposit? (check one) ☐ Yes ☐ No ☐ N/A

RESIDENCE BEFORE THAT

DATES YOU LIVED THERE:

Name on the lease _____ to _____

Address you lived at: _____
Street and Apt# City State Zip

Landlord's Name and Address _____

Landlord Tel: _____

Did this landlord bring any court action against the leaseholder or you? ☐ Yes ☐ No

Did this landlord return your security deposit? (check one) ☐ Yes ☐ No ☐ N/A

RESIDENCE BEFORE THAT

DATES YOU LIVED THERE:

Name on the lease _____ to _____

Address you lived at: _____
Street and Apt# City State Zip

Landlord's Name and Address _____

Landlord Tel: _____

Did this landlord bring any court action against the leaseholder or you? ☐ Yes ☐ No

Did this landlord return your security deposit? (check one) ☐ Yes ☐ No ☐ N/A

Housing History, Page 3

RESIDENCE BEFORE THAT

DATES YOU LIVED THERE:

Name on the lease _____ to _____

Address you lived at: _____
Street and Apt# City State Zip

Landlord's Name and Address _____

Landlord Tel: _____

Did this landlord bring any court action against the leaseholder or you? ☐ Yes ☐ No

Did this landlord return your security deposit? (check one) ☐ Yes ☐ No ☐ N/A

RESIDENCE BEFORE THAT

DATES YOU LIVED THERE:

Name on the lease _____ to _____

Address you lived at: _____
Street and Apt# City State Zip

Landlord's Name and Address _____

Landlord Tel: _____

Did this landlord bring any court action against the leaseholder or you? ☐ Yes ☐ No

Did this landlord return your security deposit? (check one) ☐ Yes ☐ No ☐ N/A

RESIDENCE BEFORE THAT

DATES YOU LIVED THERE:

Name on the lease _____ to _____

Address you lived at: _____
Street and Apt# City State Zip

Landlord's Name and Address _____

Landlord Tel: _____

Did this landlord bring any court action against the leaseholder or you? ☐ Yes ☐ No

Did this landlord return your security deposit? (check one) ☐ Yes ☐ No ☐ N/A