

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

Laconia Area Community Land Trust

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

Current Address: _____

Maiden Name: _____

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)?

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 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 your past THREE 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="radio"/>	From: _____
Address:	_____	_____	Rent <input type="radio"/>	To: _____
Phone:	() _____	_____		
Name:	_____	_____	Own <input type="radio"/>	From: _____
Address:	_____	_____	Rent <input type="radio"/>	To: _____
Phone:	() _____	_____		
Name:	_____	_____	Own <input type="radio"/>	From: _____
Address:	_____	_____	Rent <input type="radio"/>	To: _____
Phone:	() _____	_____		

Personal Reference

List a personal reference other than a relative.

Name: _____
Address: _____

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

☐

(EMC #01)

☐

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

Household Member

Name of Company

Amount

_____	_____	_____
_____	_____	_____
_____	_____	_____

☐

(EMC #07)

☐

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

Household Member

Type of Business

Amount

_____	_____	_____
_____	_____	_____

☐

(EMC #03)

☐

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

Household Member

Base Name & Branch

Amount

_____	_____	_____
_____	_____	_____

☐

(EMC #04)

☐

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

Household Member

Contact Person

Amount

_____	_____	_____
_____	_____	_____

☐ ☐
(EMC #05)

15. Public Assistance, General Relief or Aid to Families with Dependent Children (AFDC)?

Household Member

Contact Person

Amount

_____	_____	_____
_____	_____	_____

☐ ☐
If yes, If no,
(EMC #06) EMC #19

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.)

Household Member

Payor

Amount

_____	_____	_____
_____	_____	_____
_____	_____	_____

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

☐ Child Support Enforcement

Name of Agency:

Agency

☐ Court of Law

Name of Court:

☐ Directly from Individual

Name of Person:

☐ Other

Explain:

☐ ☐
(If yes, obtain court papers)

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

Explanation: _____

☐ ☐
(EMC #02)

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

Household Member

SSA Office

Amount

_____	_____	_____
_____	_____	_____

☐ ☐
(EMC #08)

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

Household Member

Source of Benefit

Amount

_____	_____	_____
_____	_____	_____

☐ ☐
(EMC #08)

19. Regular payments from a severance package?

Household Member

Source of Benefit

Amount

_____	_____	_____
_____	_____	_____

☐ ☐
(EMC #08)

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

Household Member

Source of Benefit

Amount

_____	_____	_____
_____	_____	_____

☐ ☐
(EMC #08)

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

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

Household Member

Source of Benefit

Amount

_____	_____	_____
_____	_____	_____

<input type="radio"/> (EMC #13)	<input type="radio"/>	22. Educational grants, scholarships, or other student benefits?									
<table border="0" style="width: 100%;"> <tr> <th style="text-align: left;"><u>Household Member</u></th> <th style="text-align: left;"><u>Source of Benefit</u></th> <th style="text-align: left;"><u>Amount</u></th> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </table>			<u>Household Member</u>	<u>Source of Benefit</u>	<u>Amount</u>	_____	_____	_____	_____	_____	_____
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_____	_____	_____									
_____	_____	_____									
<input type="radio"/> (EMC #08)	<input type="radio"/>	23. Regular payments from lottery winnings or inheritances?									
<table border="0" style="width: 100%;"> <tr> <th style="text-align: left;"><u>Household Member</u></th> <th style="text-align: left;"><u>Source of Benefit</u></th> <th style="text-align: left;"><u>Amount</u></th> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </table>			<u>Household Member</u>	<u>Source of Benefit</u>	<u>Amount</u>	_____	_____	_____	_____	_____	_____
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_____	_____	_____									
_____	_____	_____									
<input type="radio"/> (EMC #08)	<input type="radio"/>	24. Regular payments from rental property or other types of real estate transactions?									
<table border="0" style="width: 100%;"> <tr> <th style="text-align: left;"><u>Household Member</u></th> <th style="text-align: left;"><u>Source of Benefit</u></th> <th style="text-align: left;"><u>Amount</u></th> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </table>			<u>Household Member</u>	<u>Source of Benefit</u>	<u>Amount</u>	_____	_____	_____	_____	_____	_____
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_____	_____	_____									
_____	_____	_____									
<input type="radio"/> (EMC #08)	<input type="radio"/>	24. Any other income sources or types not listed?									
<table border="0" style="width: 100%;"> <tr> <th style="text-align: left;"><u>Household Member</u></th> <th style="text-align: left;"><u>Source of Benefit</u></th> <th style="text-align: left;"><u>Amount</u></th> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </table>			<u>Household Member</u>	<u>Source of Benefit</u>	<u>Amount</u>	_____	_____	_____	_____	_____	_____
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_____	_____	_____									
_____	_____	_____									
<input type="radio"/>	<input type="radio"/>	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 hold:

<u>YES</u> <input type="radio"/> (EMC #09)	<u>NO</u> <input type="radio"/>	27. Checking or savings account?									
<table border="0" style="width: 100%;"> <tr> <th style="text-align: left;"><u>Household Member</u></th> <th style="text-align: left;"><u>Bank Name</u></th> <th style="text-align: left;"><u>Amount</u></th> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </table>			<u>Household Member</u>	<u>Bank Name</u>	<u>Amount</u>	_____	_____	_____	_____	_____	_____
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_____	_____	_____									
_____	_____	_____									
<input type="radio"/> (EMC #09)	<input type="radio"/>	28. CDs, money market accounts or treasury bills?									
<table border="0" style="width: 100%;"> <tr> <th style="text-align: left;"><u>Household Member</u></th> <th style="text-align: left;"><u>Bank Name</u></th> <th style="text-align: left;"><u>Amount</u></th> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </table>			<u>Household Member</u>	<u>Bank Name</u>	<u>Amount</u>	_____	_____	_____	_____	_____	_____
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_____	_____	_____									
_____	_____	_____									
<input type="radio"/> (EMC #10)	<input type="radio"/>	29. Stocks, bonds or securities, or capital gains from?									
<table border="0" style="width: 100%;"> <tr> <th style="text-align: left;"><u>Household Member</u></th> <th style="text-align: left;"><u>Source of Benefit</u></th> <th style="text-align: left;"><u>Amount</u></th> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </table>			<u>Household Member</u>	<u>Source of Benefit</u>	<u>Amount</u>	_____	_____	_____	_____	_____	_____
<u>Household Member</u>	<u>Source of Benefit</u>	<u>Amount</u>									
_____	_____	_____									
_____	_____	_____									

☐ ☐
(EMC #09)

30. Trust funds?

<u>Household Member</u>	<u>Source of Benefit</u>	<u>Amount</u>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>

☐ ☐
(EMC #09)

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

<u>Household Member</u>	<u>Source of Benefit</u>	<u>Amount</u>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>

☐ ☐
(EMC #13)

32. Cash on hand over \$500?

<u>Household Member</u>	<u>Source of Benefit</u>	<u>Amount</u>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>

☐ ☐
(EMC #10)

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>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>

☐ ☐
(EMC #10)

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>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>

☐ ☐
(EMC #13)

35. A safe deposit box?

<u>Household Member</u>	<u>Bank Name</u>	<u>Amount</u>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>

☐ ☐
(EMC #11)

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

☐ ☐
(EMC #20)

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

Household Member: _____

Explanation: _____

☐ ☐
(EMC #12 & #18)

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

Household Member(s): _____

☐ ☐
(EMC #15 & #21)

39. Will you or any ADULT household member require a live-in care attendant 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, Ozanam Place)?

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.

All ADULT household members must sign below:

Signature

Date

Signature

Date

Signature

Date

Revised 10/19/06

Disclaimer

I hereby make application for this 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

AUTHORIZATION TO RELEASE INFORMATION

I/WE, _____, hereby authorize the release
of any pertinent information to The Hodges Companies which is necessary in
determining my/our eligibility for an apartment with **Laconia Area Community Land
Trust.**

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

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

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

Applicant/Resident Authorizing Signature

Date

Co-Applicant/Co-Resident Authorizing
Signature

Date

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

PROPERTIES CURRENTLY OWNED BY

LACONIA AREA COMMUNITY LAND TRUST

Please check off which property Waiting List you'd to be placed on.

Land Trust Portfolio, Laconia, New Hampshire

85 Elm Street Yes _____ No _____

This property has 4 units comprised of 3 three-bedroom units, and 1 two-bedroom unit. This building is designed for Transitional Housing for Homeless Families. Household Income must be below 80% of the Median Area Income Limit for Family Size. Parking available. No pets.

24 Walnut Street Yes _____ No _____

This property has 3 units comprised of 1 three-bedroom unit and 2 two-bedroom units. Household Income must be below 80% of the Median Area Income Limit for Family Size. Parking available, Laundry Hook-ups. No pets.

44 Pearl Street Yes _____ No _____

This property has 2 units comprised of 1 three-bedroom unit and 1 two-bedroom unit. Household Income must be below 80% of the Median Area Income Limit for Family Size. Parking available, Handicap Accessible unit, Laundry Hook-ups. No pets.

155/157 Oak Street Yes _____ No _____

This property has 2 units comprised of 1 three-bedroom unit and 1 two-bedroom unit. Household Income must be below 80% of the Median Area Income Limit for Family Size. Parking available, Laundry Hook-ups. No pets.

334 South Main Street Yes _____ No _____

This property has 3 units comprised of 1 four-bedroom unit w/Laundry Hook-up, 1 two-bedroom unit, and 1 one-bedroom unit. Household Income must be below 80% of the Median Area Income Limit for Family Size. Parking available, Laundry Hook-ups. No pets.

199 Washington Street Yes _____ No _____

This property has 2 units comprised of 1 two-bedroom unit and 1 three-bedroom unit. Household Income must be below 80% of the Median Area Income Limit for Family Size. Parking available, Laundry Hook-ups. No pets.

79 Lincoln Yes _____ No _____

This property has 2 units comprised of 2 four-bedroom units. Household Income must be below 50% and 60% of the Median Area Income Limit for Family Size. Parking available, Laundry Hook-ups. No pets.

21 & 23 Winter Street Yes _____ No _____

This property has 10 units comprised of 4 two-bedroom units and 6 one-bedroom units, with 1 Handicap Accessible Unit. Household Income must be below 80% of the Median Area Income Limit for Family Size. Parking available, Laundry Hook-ups. No pets.

Avery Hill, Laconia, New Hampshire

14, 16, 20 & 22 Grove Street Yes _____ No _____

This property has 3 duplexes, all three-bedroom units. Parking, Laundry Hook-ups, Full basement storage. Household Income must be below 50% and 60% of the Median Area Income Limit for Family Size. Must meet guidelines for the Low Income Tax Credit Program. Income Restrictions apply. Full-Time Student Rule applies. No Pets.

38 Avery Street Yes _____ No _____

This property has 2 units, both three-bedrooms. Parking, Laundry Hook-ups, Full basement storage. Household Income must be below 50% and 60% of the Median Area Income Limit for Family Size. Must meet guidelines for the Low Income Tax Credit Program. Income Restrictions apply. Full-Time Student Rule applies. No Pets.

5, 8, & 11 Lougee Court Yes _____ No _____

This property has 3 duplexes, all three-bedroom units, with a Handicap Accessible Unit. Parking, Laundry Hook-ups, Full basement storage. Household Income must be below 50% and 60% of the Median Area Income Limit for Family Size. Must meet guidelines for the Low Income Tax Credit Program. Income Restrictions apply. Full-Time Student Rule applies. No Pets.

Pine Hill, Laconia, New Hampshire

12 & 14 Beaman Street Yes _____ No _____

This property is a duplex, 1 four-bedroom unit and 1 two-bedroom handicap accessible unit. Parking, Laundry Hook-ups. Household Income must be below 50% and 60% of the Median Area Income Limit for Family Size. Must meet guidelines for the Low Income Tax Credit Program. Income Restrictions apply. Full-Time Student Rule applies. No Pets.

365 & 371 South Main Street Yes _____ No _____

This property has 4 units, all three-bedroom units. Parking, Coin operated Laundry, Full basement storage. Household Income must be below 50% and 60% of the Median Area Income Limit for Family Size. Must meet guidelines for the Low Income Tax Credit Program. Income Restrictions apply. Full-Time Student Rule applies. No Pets.

820 N. Main Street Yes _____ No _____

This property has 4 units, all three-bedroom units. Parking, Coin operated Laundry, Full basement storage. Household Income must be below 50% and 60% of the Median Area Income Limit for Family Size. Must meet guidelines for the Low Income Tax Credit Program. Income Restrictions apply. Full-Time Student Rule applies. No Pets.

11, 41, & 47 Merrimac Street Yes _____ No _____

These properties are duplexes with 6 units, 4 three-bedroom units, and 2 two-bedroom units. Parking, some Coin operated Laundry and others Laundry Hook-ups, Full basement storage. Household Income must be below 50% and 60% of the Median Area Income Limit for Family Size. Must meet guidelines for the Low Income Tax Credit Program. Income Restrictions apply. Full-Time Student Rule applies. No pets.

11 Winter Street Yes _____ No _____

This property is a duplex, 2 three-bedroom units. Parking, Coin operated Laundry, Full basement storage. Household Income must be below 50% and 60% of the Median Area Income Limit for Family Size. Must meet guidelines for the Low Income Tax Credit Program. Income Restrictions apply. Full-Time Student Rule applies. No pets.

LNI, Laconia, New Hampshire

26 Pine Street Yes _____ No _____

This property is a duplex, 2 four-bedroom units. Parking, Laundry Hook-ups, Full basement storage. Household Income must be below 50% and 60% of the Median Area Income Limit for Family Size. Must meet guidelines for the Low Income Tax Credit Program. Income Restrictions apply. Full-Time Student Rule applies. No pets.

30 Pine Street Yes _____ No _____

This property has 3 units, 1 one-bedroom unit, 1 two-bedroom unit and 1 four-bedroom unit. Parking, Laundry Hook-ups, Full basement storage. Household Income must be below 50% and 60% of the Median Area Income Limit for Family Size. Must meet guidelines for the Low Income Tax Credit Program. Income Restrictions apply. Full-Time Student Rule applies. No pets.

17 Highland Street Yes _____ No _____

This property is a duplex, 2 two-bedroom units with one Handicap accessible. Parking, Laundry Hook-ups, Full basement storage. Household Income must be below 50% and 60% of the Median Area Income Limit for Family Size. Must meet guidelines for the Low Income Tax Credit Program. Income Restrictions apply. Full-Time Student Rule applies. No pets.

8-10 Beaman Street Yes _____ No _____

This property is a duplex, 2 two-bedroom units. Parking, Laundry Hook-ups, Full basement storage. Household Income must be below 50% and 60% of the Median Area Income Limit for Family Size. Must meet guidelines for the Low Income Tax Credit Program. Income Restrictions apply. Full-Time Student Rule applies. No pets.

11-13 Beaman Street

Yes _____

No _____

This property is a duplex, 2 three-bedroom units. Parking, Laundry Hook-ups, Full basement storage. Household Income must be below 50% and 60% of the Median Area Income Limit for Family Size. Must meet guidelines for the Low Income Tax Credit Program. Income Restrictions apply. Full-Time Student Rule applies. No pets.

80 Bowman Street

Yes _____

No _____

This property is a duplex, 2 two-bedroom units. Parking, Laundry Hook-ups, Full basement storage. Household Income must be below 50% and 60% of the Median Area Income Limit for Family Size. Must meet guidelines for the Low Income Tax Credit Program. Income Restrictions apply. Full-Time Student Rule applies. No pets.

12 Batchelder Street

Yes _____

No _____

This property has 6 units, 4 one-bedroom units, 2 two-bedroom units. Parking, Coin operated laundry. Household Income must be below 50% and 60% of the Median Area Income Limit for Family Size. Must meet guidelines for the Low Income Tax Credit Program. Income Restrictions apply. Full-Time Student Rule applies. No pets.

Mill View Housing, Laconia, New Hampshire

28 Locust Street

Yes _____

No _____

This property is a duplex, 1 two-bedroom unit, 1 three-bedroom unit. Parking, Laundry Hook-up in three-bedroom unit, no hook-up in two-bedroom unit. Household Income must be below 50% and 60% of the Median Area Income Limit for Family Size. Must meet guidelines for the Low Income Tax Credit Program. Income Restrictions apply. Full-Time Student Rule applies. No pets.

20 Locust Street

Yes _____

No _____

This property has 3 units, all three-bedroom units. Parking, Laundry Hook-ups. Household Income must be below 50% and 60% of the Median Area Income Limit for Family Size. Must meet guidelines for the Low Income Tax Credit Program. Income Restrictions apply. Full-Time Student Rule applies. No pets.

5 Jameson Street

Yes _____

No _____

This property is a duplex, both two-bedroom handicap accessible units. Parking, Laundry Hook-ups. Household Income must be below 50% and 60% of the Median Area Income Limit for Family Size. Must meet guidelines for the Low Income Tax Credit Program. No pets. Income Restrictions apply. Full-Time Student Rule applies.

115 & 117 Union Avenue

Yes _____

No _____

These properties have 11 units, 4 one-bedroom units and 7 two-bedroom units. Parking, Coin operated laundry, storage. Household Income must be below 50% and 60% of the Median Area Income Limit for Family Size. Must meet guidelines for the Low Income Tax Credit Program. No pets. Income Restrictions apply. Full-Time Student Rule applies.

Mechanic School

Yes _____

No _____

This property has 6 units, 4 one-bedroom units, 2 two-bedroom units. Parking, Coin operated laundry, ***Non-Smoking property***. Household Income must be below 60% of the Median Area Income Limit for Family Size. Must meet guidelines for the Low Income Tax Credit Program. Income Restrictions apply. Full-Time Student Rule applies. No pets.

**Income restrictions apply and vary between properties.
Questions please call 1-800-742-4686 for details.**



Laconia Area Community Land Trust, Inc.

c/o Hodges Development Corp.
201 Loudon Road, Concord, , NH 03247-6104
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 should be sent directly to our property management company, The Hodges Companies: Attn: Ms. Shelley Freeman, Senior Property Manager, 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 takes approximately four to six weeks. Hodges will contact you if additional information is needed. As soon as your application is processed, Hodges will contact you directly. Meanwhile, please keep Hodges updated if things change for you, 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 other properties with different guidelines.

Although we understand you need to have an answer, we do ask for your patience during this process. Thank you.

**Proudly & Professionally managed by
The Hodges Companies
201 Loudon Road, Concord, NH 03301
(603) 224-9221
1-800-742-4686 X118
TDD 1-800-545-1833 X118
housing@hodgescompanies.com**

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