



**365 North Main Street
West Lebanon, New Hampshire 03784
(603) 653-3000 – Telephone
(603) 653-3002 – Fax**

Low Income Housing Tax Credit Program

APPLICANT QUESTIONNAIRE

HOUSEHOLD INFORMATION:

Complete the following information for each household member who will occupy the unit at time of move-in:

Name <i>First, Middle Initial, Last</i>	Relationship to Head of Household	Marital Status?	Male or Female?	Social Security Number	Birth Date <i>Month, Date, Year</i>

CURRENT ADDRESS: _____

DAYTIME TEL: (____) _____ **EVENING TEL:** (____) _____

Circle either YES or NO to each question.

Yes No 1. Do you expect any additions to the household within the next twelve months?
 Name & Relationship: _____
 Explanation: _____

Yes No 2. Is there anyone living with you now who won't be living with you at this property?
 Name & Relationship: _____
 Explanation: _____

Yes No 3. Do you have full custody of your children?
 Explanation: _____

Yes No 4. Are there any absent household members who under normal conditions

would live with you?

Name & Relationship: _____

Explanation: _____

RENTAL HISTORY: *Circle either YES or NO to each question.*

Yes No 6. Have you or anyone else named on this application filed for bankruptcy?
Explanation: _____

Yes No 7. Have you or anyone else named on this application ever been convicted of a felony?
Explanation: _____

Yes No 8. Have you or anyone else named on this application ever been convicted for dealing or manufacturing illegal drugs?
Explanation: _____

Yes No 9. Have you or anyone else named on this application ever been convicted of property damage?
Explanation: _____

Yes No 10. Have you or anyone else named on this application ever been evicted from a rental unit of any type including an apartment, home, mobile home or trailer?
Explanation: _____

HOUSING REFERENCES: *Please indicate your place(s) of residence for the past three years.*

	Landlord's Name/Address/Telephone #	Your Address	Own/Rent?	Dates
1.		1.	1.	1.
2.		2.	2.	2.
3.		3.	3.	3.

PERSONAL REFERENCE: *List a personal reference other than a relative.*

Name/Address of Reference

Phone: _____ Relationship: _____ Years Known: _____

EMERGENCY CONTACT:*(If possible list someone in the area that is not listed on the application.)*

Name/Address

Phone: _____ Relationship: _____ Years Known: _____

INCOME INFORMATION

INCOME INFORMATION: Include the gross amount of all income anticipated for the next 12 months. Cite the source and the full address for each type of income received. Please include the dollar (\$) amount in the space provided. All questions must be answered with a Yes or No. Questionnaires not answered completely will be returned to applicant as incomplete.

(CIRCLE either YES or NO to each question.)

Do YOU or ANYONE in your household receive OR expect to receive income from:

Yes No 11. Social Security, SSI, or other payments from the Social Security Administration? *(Be sure to list the gross amount before the Medicare deduction. This is not the amount that is deposited in the bank each month.)*

Household Member	Type of Income	Gross Amount Per Month
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Yes No 12. Employment pensions or retirement benefits, veteran's benefits (V.A.) or annuities? *(This is compensation received on a regular basis over which you have no control. For example, your monthly retirement for working for XYZ corp for 35 year or the monies distributed from an annuity that you or they purchased and over which you have NO control.)*

Household Member	Name of Source	Account #	Gross Amount/Month
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Any increases anticipated within the next twelve months? _____ If yes, how much:

\$ _____

Source Contact and Address: _____

Source Telephone Number: _____

Yes No 13. Employment wages or salaries? *(Please indicate pay period, i.e. weekly, biweekly, monthly etc.) Include overtime, tips, bonuses, commissions and payments received in cash.*

Household Member	Employer	Amount Rec'd	Per Pay Period
_____	_____	_____	_____
_____	_____	_____	_____

Employer Contact and Address: _____

Employer's Telephone: _____

Yes No 14. Self-employment? *(Include overtime, tips, bonuses, commissions and payments received in cash. You will need to provide tax returns for the last three years for verification purposes)*

Household Member	Type of Work	Amount Rec'd Per Year
_____	_____	_____
_____	_____	_____

Yes No 15. Unemployment benefits or workman's compensation?

Household Member	Source	Amount
_____	_____	_____
_____	_____	_____

Agency Contact and Address: _____

Agency Telephone Number: _____

Yes No 16. Public Assistance, General Relief or Aid to Families with Dependent Children or other public support program?

Household Member	Program Type	Amount Rec'd Per Month
_____	_____	_____
_____	_____	_____

Agency Contact and Address: _____

Agency Telephone Number: _____

Yes No 17. Alimony or Child Support? *(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 but received directly from the payor.)*

A. Household Member	Amount
_____	_____
_____	_____

Explain: _____

ASSET INFORMATION

ASSET INFORMATION: *Include all assets held and the corresponding annual interest rate, dividends or any other income derived from the asset. An asset is defined as any lump sum amount that you hold and currently can access, even though a financial penalty may be imposed. Include the current value of the asset and corresponding income from the asset in the space provided. In addition, please list all owners of the asset and the addresses for each institution that maintains the asset or other contact for verification purposes. Note: According to the regulations which govern this program, we can prorate the ownership of an asset among “effective” owners of an asset. “An asset is not effectively owned when the asset is held in an individual’s name but (a) the asset and any income it earns accrue to the benefit of someone else who is not a member of the family (household), and (b) that other person is responsible for income taxes incurred on income generated by the assets.” (HUD Handbook 4350.3 Rev-1, 5-7, D.2) This means that assets which list other non-household members for the sole reason of access to the asset in the case of emergency or death are not considered to be jointly owned for the purposes of this program.*

Please be careful not to duplicate answers that you may have already given in the income section.

Circle Yes or No for each question,
Include ALL assets held by ALL household members including minors.
Do YOU or ANYONE in your household hold:

Yes No 28. Checking accounts?

Owners Institution Account# Amount Interest %

1. _____

2. _____

3. _____

1.Institution’s Address: _____

 Telephone Number: _____

2.Institution's Address: _____

 Telephone Number: _____

3.Institution's Address: _____

 Telephone Number: _____

Yes No 29. Savings accounts?

Owners Institution Account# Amount Interest %

1. _____

2.

3.

1. Institution's Address: _____

Telephone Number: _____

2. Institution's Address: _____

Telephone Number: _____

3. Institution's Address: _____

Telephone Number: _____

Yes No 30. CD's, money market accounts or treasury bills? *Please indicate the specific type here:* _____

Owners	Institution	Account#	Amount	Interest %
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1. _____

2. _____

3. _____

1. Institution's Address: _____

Telephone Number: _____

2. Institution's Address: _____

Telephone Number: _____

3. Institution's Address: _____

Telephone Number: _____

Yes No 31. Mutual funds, stocks, bonds or securities? *Please indicate the specific type below.*

Owners	Mutual Funds? Bonds? Securities? Stocks?	Amount/ Div Per Quarter	Interest %	Institution	Account#
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1. _____

2. _____

1. Institution's Address: _____

Telephone Number: _____

2. Institution's Address: _____

Telephone Number: _____

Yes No 32. Any Capital Gains received during the previous year?

Owners	Asset Name	Annual Amount Rec'd	Institution
1.	_____	_____	_____
2.	_____	_____	_____

1. Institution's Address: _____
 Telephone Number: _____
 2. Institution's Address: _____
 Telephone Number: _____

Yes No 33. Irrevocable Trust funds? *Please indicate the date that the trust was established here:* _____

Trust Name	Amount Rec'd per Month	Principal?	Institution/Trustee?	Account#
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Trust Contact, Address and Telephone: _____

Yes No 34. IRAs, KEOGH or other retirement accounts?

Owners	Specify Type	Amount	Interest %	Institution	Account#
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Institution's Address: _____

Institution's Address: _____

Yes No 35. Cash on hand over \$500 other than amounts reported in your checking, savings or money market accounts, such as "under the mattress?" *Please do not list any asset that you have already listed on the application.*

Household Member: _____

Amount: _____

Yes No 36. Real estate, rental property, land contracts/contract for deeds or other real estate holdings? *(This includes your personal residence, mobile homes, vacant land, farms, vacation homes or commercial property.)*

Owners: _____
 Type of property: _____

Location of property: _____
Appraised value: \$ _____
How determined? _____
Mortgage or outstanding loans balance due: \$ _____
Amount of annual insurance premiums: \$ _____
Amount of most recent tax bill: \$ _____
Is the property listed for sale? _____

Yes No 37. Have you sold/disposed of any property in the last 2 years?

If yes, Type of Property _____
Market Value when sold/disposed \$ _____
Amount sold/disposed for \$ _____
Party who received or bought the Property _____
Relationship to Seller? _____
Date of Transaction: _____

Yes No 38. **Personal property 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.*

Owners	Explanation	Value	How determined?
_____	_____	_____	_____
_____	_____	_____	_____

Yes No 39. Whole or Universal life insurance policies?

Owners	Institution	Account#	Cash Value of Policy	Dividends/year?
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____

1. **Institution's Address:** _____
Telephone Number: _____
 2. **Institution's Address:** _____
Telephone Number: _____
 3. **Institution's Address:** _____
Telephone Number: _____

Yes No 40. A safe deposit box? *Please list only contents with a monetary value of \$500 of more.*

Household Member: _____
Monetary Value of Contents: _____

Yes No 41. Have you or any household member disposed of or given away any asset(s) for LESS than fair market value within the past 2 years?

Household Member: _____
Describe asset: _____
Date of Disposition: _____
Fair Market value of Asset: _____
Amount Disposed: \$ _____

OTHER INFORMATION

ZERO INCOME VERIFICATION: *This question refers to household members who have no income whatsoever. This means that they do not have a checking or savings account or have ownership of any of the assets listed in this application.*

Are YOU or is ANY OTHER ADULT member of your household:

Yes No 42. Claiming zero income?

Household Member: _____

STUDENT INFORMATION:

Are you or is anyone in your household:

Yes No 43. A full-time student currently or planning to be in the next 12 months?

IF YES, STUDENT MUST CONTINUE WITH THE FOLLOWING QUESTIONS:

- Yes No a. Are you married and currently filing a joint tax return?
Yes No b. Are you receiving AFDC (Aid to Families with Dependent Children)?
Yes No c. Are you enrolled in the Job Training Partnership Act (JTPA) or another similar local or state, county or state program?
Yes No d. Are you a single parent with minor child(ren) and neither you nor the minor child(ren) are dependents on anyone else's tax return?
Yes No e. Will you be living with someone who is not a full-time student?
Who? _____

LIVE-IN CARE ATTENDANT:

Yes No 44. Will you or anyone in your household require a live-in care attendant?

Name of Live-in Care Attendant: _____

Relationship (if any): _____

SECTION 8 RENTAL ASSISTANCE:

Yes No 45. Will your household be receiving Section 8 rental assistance at time of move-in?

Name of Agency: _____

Contact Person Name: _____

Yes No 46. Will your household be eligible or are you applying to receive Section 8 rental assistance in the next 12 months?

Explanation: _____

Name of Agency: _____

APARTMENT PREFERENCE

Please indicate the type of apartment that you are interested in renting:

One bedroom _____

Two bedroom _____

APPLICANT RESPONSIBILITIES

All questions that were answered YES will be verified through the appropriate third-party source. It will be your responsibility to provide management with all necessary information to properly process your application and verify your eligibility. This will include names, addresses, phone and fax numbers, account numbers where applicable and any other information required to expedite this process.

RELEASE AND SIGNATURE CLAUSE:

I understand that management is relying on this information to prove my household's eligibility for the Low Income Housing Tax 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 and to perform a credit check 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 Low Income Housing Tax Credit Program requirements.

All ADULT household members must sign below:

Signature Date

Signature Date

FOR OFFICE USE ONLY: **Date of Interview:**
 Desired Move-in Date:

Apartment Location:

Management Representative: _____
 Signature and Print Name

Date of Review: _____