



Agent for CATCH Neighborhood Housing

19 Old Suncook Road, 4-204, Concord, NH 03301

Phone: (603) 223-0810 Fax: (603) 223-0934

www.alliancenh.com

Dear Housing Applicant:

Thank you for your interest in Alliance Asset Management, Inc., Agent for CATCH Neighborhood Housing. We look forward to you applying with us! Please fill out the application **COMPLETELY** and return it to our main office. If a unit you are interested in is currently available we will process your application immediately, otherwise your name will be placed on our waiting list until a unit becomes available. **Please be sure to contact us if you have any changes in your telephone number, address, or monthly income so that we can maintain a current application.**

We screen all applicants very carefully, and we thoroughly verify all information provided to us on the rental application as well as other sources available to us. **We will process a credit report, a criminal check and will verify income and assets of all members of the household.** We will also check previous and current rental history. The same screening and verification process is used for every applicant - fair, consistent and uniform.

Please return the application along with copies of Photo IDs and Social Security cards for all that will reside in the apartment.

All applicant households must qualify under the desired property's income limit (See attached properties sheet);

<u># in Household</u>	<u>60% LIHTC Limit</u>	<u>50% LIHTC Limit</u>	<u>80% Limit</u>	<u>60% HOME Limit</u>	<u>50% HOME Limit</u>
1	\$34,380.00	\$28,650.00	\$45,850.00	\$35,040.00	\$29,200.00
2	\$39,300.00	\$32,750.00	\$52,400.00	\$40,080.00	\$33,400.00
3	\$44,220.00	\$36,850.00	\$58,950.00	\$45,060.00	\$37,550.00
4	\$49,080.00	\$40,900.00	\$65,450.00	\$50,040.00	\$41,700.00
5	\$53,040.00	\$44,200.00	\$70,700.00	\$54,060.00	\$45,050.00
6	\$56,940.00	\$47,450.00	\$75,950.00	\$58,080.00	\$48,400.00

Thank you for requesting an application with Alliance Asset Management, Inc. We sincerely hope that we can be of service to you.

Sincerely,

Peter Lotman

Peter Lotman

Property Manager

Alliance Asset Management, Inc.

Agent for CATCH Neighborhood Housing

Rev 03/19/15



Alliance Asset Management, Inc.
 Agent for **CATCH Neighborhood Housing**
 19 Old Suncook Road, 4204, Concord, NH 03301
 Phone: (603) 223-0810 Fax: (603) 223-0934

For Office Use Only	
Date Received: _____	Time: _____
Property: _____	Unit: _____
# Bedrooms: _____	Rent: _____
Unit Type: HOME LIHTC PBA	
Income Limit: 50% 60% 80%	
Reference: _____	

Applicant Questionnaire

Household Information

List all household members (**including yourself**) that are applying to live in this apartment with you.

Name First, Middle Initial, Last	Relationship to Head of Household (Wife, Child, Husband, etc)	Marital Status 1.Married 2.Single 3.Divorced 4.Separated	Children Residence Status (Full/Part)	Full/Part Time Student Yes/No	Race 1.Caucasian 2.Afr.Amer 3.Hispanic 4. Asian 5.Other	Sex M/F	Social Security Number XXX-XX-XXXX	Birth Date MM/DD/YYYY
1.	HOH							
2.								
3.								
4.								
5.								
6.								
7.								
8.								
9.								

Current Address: _____

Phone: _____

Email: _____

YES **NO**

Please answer **ALL** questions either Yes or 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?

Type: _____



Rental History

YES

NO

Please answer ALL questions either Yes or 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 possession, dealing or manufacturing illegal drugs?
Explanation: _____
9. Are you or anyone else named on this application subject to registration under a State sex offender registration program?
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 starting with current housing. (If additional space is required, use the back of this page.)

	<u>Landlord's Name/Address</u>	<u>Your Name/Address</u>		<u>Information</u>	<u>Dates</u>
Name:	_____	_____	Own	<input type="checkbox"/>	From: _____
Address:	_____	_____	Rent	<input type="checkbox"/>	To: _____
			Monthly Rent/Mortgage:\$		_____
Phone:	()	_____	# of BRs:___	Utilities Incl:_____	
Name:	_____	_____	Own	<input type="checkbox"/>	From: _____
Address:	_____	_____	Rent	<input type="checkbox"/>	To: _____
			Monthly Rent/Mortgage:\$		_____
Phone:	()	_____	# of BRs:___	Utilities Incl:_____	
Name:	_____	_____	Own	<input type="checkbox"/>	From: _____
Address:	_____	_____	Rent	<input type="checkbox"/>	To: _____
			Monthly Rent/Mortgage:\$		_____
Phone:	()	_____	# of BRs:___	Utilities Incl:_____	

Student Status

Are you or any other household members (INCLUDING MINORS) currently a full-time student, been a full-time student this or last year, or expect to be one in the next 12 months? Please list ALL full-time students YES NO

Names: _____



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. Please answer **ALL** questions either Yes or No.

Include all GROSS income anticipated for the next 12 months.

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

<u>YES</u>	<u>NO</u>			
<input type="checkbox"/>	<input type="checkbox"/>	11.	Employment wages or salaries? <i>(Include overtime, tips, bonuses, commissions and payments received in cash.)</i>	
			<u>Household Member</u>	<u>Name of Company/Phone #</u>
			<u>Amount Per Month</u>	
			_____	_____
			_____	_____
			_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	12.	Self-employment? <i>(Include overtime, tips, bonuses, commissions and payments received in cash.)</i>	
			<u>Household Member</u>	<u>Type of Business</u>
			<u>Amount Per Month</u>	
			_____	_____
			_____	_____
			_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	13.	Social Security, SSI, SSDI, or any other payments from the Social Security Administration?	
			<u>Household Member</u>	<u>SSA Office</u>
			<u>Amount Per Month</u>	
			_____	_____
			_____	_____
			_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	14.	Unemployment benefits or workman's compensation?	
			<u>Household Member</u>	<u>Case Worker</u>
			<u>Amount Per Month</u>	
			_____	_____
			_____	_____
			_____	_____



YES

NO

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

Household Member

Case Worker

Amount Per Month

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 Member

Payer

Amount Per Month

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

Child Support Enforcement Agency

Name of Agency: _____

Court of Law

Name of Court: _____

Directly from Individual

Name of Person: _____

Other

Explain: _____

N/A

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

Explanation: _____

17. Regular pay as a member of the Armed Forces/Military or payment from Veteran's Benefit?

Household Member

Base Name & Branch

Amount Per Month

18. Regular payments from a Pension, Retirement Benefit or Annuities?

Household Member

Source of Benefit

Amount Per Month

19. Regular payments from a severance package?

Household Member

Source of Benefit

Amount Per Month

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

Household Member

Source of Benefit

Amount Per Month

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

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

Household Member

Source of Benefit

Amount Per Month



<u>YES</u>	<u>NO</u>										
<input type="checkbox"/>	<input type="checkbox"/>	22. Regular payments from lottery winnings or inheritances?									
		<table border="0" style="width: 100%;"> <tr> <td style="width: 33%;"><u>Household Member</u></td> <td style="width: 33%;"><u>Source of Benefit</u></td> <td style="width: 33%;"><u>Amount Per Month</u></td> </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 Per Month</u>	_____	_____	_____	_____	_____	_____
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_____	_____	_____									
_____	_____	_____									
<input type="checkbox"/>	<input type="checkbox"/>	23. Regular payments from rental property or other types of real estate transactions?									
		<table border="0" style="width: 100%;"> <tr> <td style="width: 33%;"><u>Household Member</u></td> <td style="width: 33%;"><u>Source of Benefit</u></td> <td style="width: 33%;"><u>Amount Per Month</u></td> </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 Per Month</u>	_____	_____	_____	_____	_____	_____
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_____	_____	_____									
_____	_____	_____									
<input type="checkbox"/>	<input type="checkbox"/>	24. Any other income sources or types not listed?									
		<table border="0" style="width: 100%;"> <tr> <td style="width: 33%;"><u>Household Member</u></td> <td style="width: 33%;"><u>Source of Benefit</u></td> <td style="width: 33%;"><u>Amount Per Month</u></td> </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 Per Month</u>	_____	_____	_____	_____	_____	_____
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_____	_____	_____									
_____	_____	_____									
<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. Please answer ALL questions either Yes or No.

Do YOU or ANYONE in your household hold:

<u>YES</u>	<u>NO</u>										
<input type="checkbox"/>	<input type="checkbox"/>	26. Checking account?									
		<table border="0" style="width: 100%;"> <tr> <td style="width: 33%;"><u>Household Member</u></td> <td style="width: 33%;"><u>Financial Institute</u></td> <td style="width: 33%;"><u>Amount</u></td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </table>	<u>Household Member</u>	<u>Financial Institute</u>	<u>Amount</u>	_____	_____	_____	_____	_____	_____
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_____	_____	_____									
_____	_____	_____									
<input type="checkbox"/>	<input type="checkbox"/>	27. Savings or Direct Express account?									
		<table border="0" style="width: 100%;"> <tr> <td style="width: 33%;"><u>Household Member</u></td> <td style="width: 33%;"><u>Financial Institute</u></td> <td style="width: 33%;"><u>Amount</u></td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </table>	<u>Household Member</u>	<u>Financial Institute</u>	<u>Amount</u>	_____	_____	_____	_____	_____	_____
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_____	_____	_____									
_____	_____	_____									
<input type="checkbox"/>	<input type="checkbox"/>	28. Stocks, bonds, mutual funds or securities?									
		<table border="0" style="width: 100%;"> <tr> <td style="width: 33%;"><u>Household Member</u></td> <td style="width: 33%;"><u>Company or Broker</u></td> <td style="width: 33%;"><u>Amount</u></td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </table>	<u>Household Member</u>	<u>Company or Broker</u>	<u>Amount</u>	_____	_____	_____	_____	_____	_____
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_____	_____	_____									
_____	_____	_____									
<input type="checkbox"/>	<input type="checkbox"/>	29. CDs, money market accounts, trust funds/accounts, or treasury bills?									
		<table border="0" style="width: 100%;"> <tr> <td style="width: 33%;"><u>Household Member</u></td> <td style="width: 33%;"><u>Financial Institute</u></td> <td style="width: 33%;"><u>Amount</u></td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </table>	<u>Household Member</u>	<u>Financial Institute</u>	<u>Amount</u>	_____	_____	_____	_____	_____	_____
<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

Value

33. Personal property held as an investment?

(This includes paintings, coin or stamp collections, artwork, collector or show cars, items in safe deposit box and antiques. This does not include your personal belongings such as your car, furniture or clothing.)

Household Member

Item

Amount

34. Cash on hand?

(Money in the form of cash kept on your person or easily accessible, NOT in a bank account.)

Household Member

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. Please answer ALL questions either Yes or No.

YES

NO

36. Will you or any ADULT household member require a live-in care attendant to live independently?

Name of Attendant: _____

Relationship (if any): _____

37. Will your household be receiving Section 8 Rental Assistance at the time of move-in?

Name of Agency: _____

Contact Person: _____



Authorization to Release Information

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, and 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

Applicant #1 Social Security Number

Signature

Date

Applicant #2 Social Security Number

Signature

Date

Applicant #3 Social Security Number

Signature

Date

Applicant #4 Social Security Number

