



For Office Use Only

Date Received: _____

Time Received: _____

ADDRESS: 105 Loudon Road Unit 1 Concord, NH 03301 | **PHONE:** (603) 223-0810 | **FAX:** (603) 223-0934

Affordable Workforce Housing Application

Please note that ALL applications are placed in order of date and time received

A. GENERAL INFORMATION

Head of Household Applicant Name: _____

Current Mailing Address: _____

Street

Apt #

City

State

Zip

Phone Number: _____ Preferred contact method: _____

Email Address: _____ Preferred bedroom size: 1BD 2BD

How did you hear about us? _____ Preferred move in date: _____

Do you require an accessible unit? ☐ Yes ☐ No If **yes**, features needed: _____

B. HOUSEHOLD COMPOSITION

List all household members who will be living in the apartment

	Name	Relationship to Head	Birth Date	Age	Social Security #	Student (Full or Part)
Head		Self				☐ Yes ☐ No
Co-Head						☐ Yes ☐ No
						☐ Yes ☐ No
						☐ Yes ☐ No
						☐ Yes ☐ No
						☐ Yes ☐ No

- Does anyone listed above have an alias or maiden name? ☐ Yes ☐ No
- Will all listed minors be living in the unit at least 50% of the time? ☐ Yes ☐ No ☐ N/A
- Have there been any changes in household composition in the last twelve months? ☐ Yes ☐ No

If **yes**, please explain: _____

- Do you anticipate any changes in household composition in the next twelve months? ☐ Yes ☐ No

If **yes**, please explain: _____

- Is there someone not listed above who would normally be living with the household? ☐ Yes ☐ No

If **yes**, please explain: _____



C. INCOME

IMPORTANT: Please fill in each section and include income of minor household members.

Check N/A to the items that do not apply to your household.

Social Security, Supplemental Security, Disability income:

N/A ☐

Household Member Name		Gross Monthly Amount
	\$	
	\$	

Pensions, Annuities and/or Investments:

N/A ☐

Household Member Name		Gross Monthly Amount
	\$	
	\$	

Veteran's Administration Benefits:

N/A ☐

Household Member Name		Gross Monthly Amount
Claim #	\$	
Claim #	\$	

Unemployment Compensation:

N/A ☐

Household Member Name		Gross Monthly Amount
	\$	
	\$	

Employment Wages:

N/A ☐

Household Member Name		Gross Monthly Amount
Employer:	\$	
Employer:	\$	
Employer:	\$	

Public Assistance (TANF, APTD, etc.):

N/A ☐

Household Member Name		Gross Monthly Amount
	\$	
	\$	



Student Aid (excluding loans):N/A ☐

Household Member Name		School Year Amount
	\$	
	\$	

Long Term Medical Care Payments in excess of \$180 per day:N/A ☐

Household Member Name		Gross Monthly Amount
	\$	
	\$	

Full-Time Student Income (18 years old and over only):N/A ☐

Household Member Name		Gross Monthly Amount
	\$	
	\$	

Other Income (self-employment, contributions monetary or not etc.)N/A ☐

Household Member Name		
	\$	
	\$	

Alimony:N/A ☐Are you *legally entitled to receive alimony*?☐ Yes ☐ NoIf **yes**, list the amount you are *entitled to receive*:

\$

☐ Monthly ☐ Weekly

Do you receive alimony?

☐ Yes ☐ NoIf **yes**, list the amount you receive:

\$

☐ Monthly ☐ Weekly**Child Support:**N/A ☐Are you *legally entitled to receive child support*?☐ Yes ☐ NoIf **yes**, list the amount you are *entitled to receive*:

\$

☐ Monthly ☐ Weekly

Do you receive child support?

☐ Yes ☐ NoIf **yes**, list the amount you receive:

\$

☐ Monthly ☐ Weekly

*****INCOME CONCLUSION*****

Total Gross Annual Income (Based on the monthly amounts listed above x 12):

\$ _____

Total Gross Annual Income from previous year:

\$ _____

1. Do you anticipate any changes to this income in the next 12 months? ☐ Yes ☐ No
2. Is any household member legally entitled to receive income assistance? ☐ Yes ☐ No
3. Is any household member likely to receive income assistance (monetary or not) from someone who is not a member of the household listed on Page 1? ☐ Yes ☐ No

If yes to any of the above, please explain: _____

Is the income received? ☐ Yes ☐ No _____

Do you or anyone in your household have a Section 8 Voucher? (HCV, Bridges, etc.)

☐ Yes ☐ No

If yes, please list Housing Authority: _____ Contact Person: _____

Contact Email: _____ Contact Phone: _____

D. ASSETS

IMPORTANT: Please fill in each section and include assets of minor household members.

Check N/A for the items that do not apply to your household. If your assets are too numerous to list here, please attach an additional sheet to this application identifying additional asset information.

Checking Account(s):

N/A ☐

Household Member Name	Bank	Account Number

Savings Account(s) and/or Direct Deposit Card(s) (for SS, SSI, SSP, TANF, Child Support, Work):

N/A ☐

Household Member Name	Bank	Account Number

Money Market Account(s):

N/A ☐

Household Member Name	Bank	Account Number	Balance
			\$
			\$

Peer to Peer Payment Apps (Venmo, Cash App etc) :

N/A ☐

Household Member Name	Bank	Account Name	Balance
			\$
			\$



Stocks, Certificates of Deposits:N/A ☐

Household Member Name	Stock Name	# of Shares Owned	Value Per Share	Dividend Rate
			\$	
			\$	

Bonds:N/A ☐

Household Member Name	Series	Date of Issue	Amount
			\$
			\$
			\$

Annuities/Mutual Funds/401K/403b/IRA(s)N/A ☐

Household Member Name	Bank	Account #	Balance	Interest Rate
			\$	
			\$	

Trust Account(s):N/A ☐

Household Member Name	Bank	Balance
		\$
		\$

Whole Life Insurance (Not Term Life)N/A ☐

Household Member Name	Insurance Company	Policy #	Cash Value
			\$
			\$

Real Estate:N/A ☐

Does anyone who will be living in the apartment as a household member own any property or have shared ownership on any property? If **Yes**, please answer the following:

Type of Property and Address: _____

Appraised Value: \$ _____ Mortgage or outstanding loans balance due: \$ _____

Amount of annual insurance premium: \$ _____ Amount of most recent real estate tax bill: \$ _____

*****ASSETS CONCLUSION*****

1. Does any member of the household have an asset(s) owned jointly with a person who is NOT a member of the household listed on Page 1? ☐ Yes ☐ No

If **yes**, please describe: _____

1a. Do they have access to the asset? ☐ Yes ☐ No

2. Do you or any other household member have any other assets not listed above? (excluding personal property) ☐ Yes ☐ No

If **yes**, please list: _____

3. Have you disposed of any assets in the last 2 years? (Examples: Given away money to relatives, set up Irrevocable Trust Accounts, etc.) ☐ Yes ☐ No

If **yes**, describe the asset: _____



E. ADDITIONAL HOUSEHOLD INFORMATION

1. Are you or any member of your household currently using an illegal substance? ☐ Yes ☐ No

If **yes**, please describe: _____

2. Have you or any member of your household been convicted of a felony? ☐ Yes ☐ No

If **yes**, please describe: _____

3. Have you or any member of your household ever been evicted from housing? ☐ Yes ☐ No

If **yes**, please explain: _____

4. Have you or any member of your household ever received an Eviction Notice or Notice to Quit from any landlord? ☐ Yes ☐ No

If **yes**, please explain: _____

5. Are you capable of entering into a lease agreement? ☐ Yes ☐ No

If **No**, please explain: _____

6. Have you resided in one of our properties in the past? ☐ Yes ☐ No

If **yes**, name property: _____ If **yes**, when: _____

7. Do you or any member of the household require a live-in care attendant? ☐ Yes ☐ No

If **yes**, Name of Attendant: _____ Relationship: _____

8. Are you or any member of the household listed on any state sex offender registry? ☐ Yes ☐ No

If **yes**, please explain: _____

9. For each household member, list every state they have ever lived in: _____

G. PET INFORMATION (if applicable)

- PETS:** 1. Does your household own any pet(s) that will reside with you when you move in? ☐ Yes ☐ No
1a. If **yes**, name breed & weight: _____

F. HOUSEHOLD STUDENT STATUS

1. Will any of the persons in the household be attending college but will still consider their permanent residence with this household? (i.e. a student that lives away at college but will spend their Winter and Summer breaks with the household) ☐ Yes ☐ No
2. Will any of the persons (adult or minor) in the household be **part-time** students? ☐ Yes ☐ No
3. Will **ALL** of the persons in your household (this includes adults) be or have been **full-time students** during five calendar months of this year or plan to be in the next calendar year (months need not be consecutive) at an educational institution (note that students include those attending public or private elementary schools, middle or junior high schools, senior high schools, colleges/universities, technical, trade or mechanical schools but, **does not** include those participating in on-the-job training course or a job training program receiving assistance under the Job Training Partnership Act)? ☐ Yes ☐ No

If **YES** to question #3, please answer the following questions:

- 3a.** Are any full-time student(s) married and entitled to file a joint tax return? ☐ Yes ☐ No

- 3b.** Are any full-time students(s) a recipient of TANF or Title IV? ☐ Yes ☐ No

- 3c.** Is at least one student a single parent living with his/her child(ren) and who is not a dependent on another's tax return and whose child(ren) is/are not dependent(s) of anyone other than a parent? ☐ Yes ☐ No

- 3d.** Is any student a person who was previously under the care and placement of a foster care program (under Part B or E of Title IV of the Social Security Act)? ☐ Yes ☐ No



H. REFERENCE INFORMATION

Current Landlord Information:

Name: _____ Phone: _____

Email: _____

Address: _____

Date Tenancy Began: _____ Rent Amount: \$ _____

Previous Landlord #1:

Name: _____ Phone: _____

Email: _____

Address: _____

Date Tenancy Began: _____ Date tenancy ended: _____

Previous Landlord #2:

Name: _____ Phone: _____

Email: _____

Address: _____

Date Tenancy Began: _____ Date tenancy ended: _____

Personal Reference #1:

Name: _____ Phone: _____

Email: _____

Address: _____

Relationship: _____ Years Known: _____

Personal Reference #2:

Name: _____ Phone: _____

Email: _____

Address: _____

Relationship: _____ Years Known: _____

Emergency Contact: Please provide someone who is **NOT** a household member listed on Page 1.

Name: _____ Phone: _____

Email: _____

Address: _____

Relationship: _____ Years Known: _____



I. CERTIFICATION

Every family member age 18 years old or over must read and sign the following:

I/We certify that this will be my/our permanent residence.

I/We understand that we must pay a security deposit prior to occupancy.

I/We understand that Alliance Asset Management is relying on this information to prove my household's eligibility for the Housing Program.

I/We understand that my/our eligibility for housing is based on applicable income limits and by management's selection criteria.

I/We understand that that this application in no way ensures occupancy and that my/our application can be rejected based on, but not limited to, poor credit, landlord and/or criminal record.

I/We certify that the information provided in this application is true and accurate to the best of my/our knowledge and

I/We understand that false statements or information are punishable by law and will lead to the cancellation of this application and termination of tenancy after occupancy.

Head Signature

Date

Co-Head Signature

Date

Other Adult Signature

Date

Other Adult Signature

Date

****Please complete AUTHORIZATION TO RELEASE INFORMATION the next page****



AUTHORIZATION TO RELEASE INFORMATION

Every family member age 18 years old or over must read and sign the following:

I/We, the undersigned, hereby authorize all persons or companies listed below to release without liability, information regarding employment, income and assets to Alliance Asset Management, Inc. for the purposes of verifying information on my/our apartment rental application.

Information Covered

I/We do hereby authorize Alliance Asset Management, Inc., and its staff to obtain information or materials deemed necessary to determine my/our eligibility for housing.

I/We understand that previous or current information regarding me/us may be needed. Verifications and inquiries that may be requested include, but are not limited to: personal identity, assets, employment income, credit, rental and criminal records.

I/We understand that this authorization cannot be used to obtain any information about me/us that is not pertinent to my/our eligibility for and continued participation as a qualified resident.

I/We authorize Alliance Asset Management to obtain a copy of my/our credit report.

Groups or Individuals that May be Asked

Past, Present or Future Employers
Landlords
Public Housing Agencies
Support and Alimony Providers
Insurance Companies/Providers
Welfare Agencies
Educational institutions

Veteran's Administration
State Unemployment Agencies
Banks and other Financial Institutions
The Social Security Administration
Utility Companies
Retirement Systems
Credit Bureaus

Conditions

I/We agree that a photocopy and or fax of this authorization may be used for the purposes stated above.

I/We understand that this authorization will stay in effect for fifteen months from the date signed.

I/We understand our right to review this file and correct any information that is incorrect.

Head Signature

Date

Co-Head Signature

Date

Other Adult Signature

Date

Other Adult Signature

Date

