

Romano Place

APPLICATION FOR HOUSING

Low-Income Housing Tax Credit Property

Please Print Clearly

This is an application for housing at:	Project:	Romano Place
	Address:	Doc Place
		West Lebanon, NH 03784
Please complete this application and return to:	Name:	Lebanon Housing Authority
	Address:	31 Romano Circle, PO Box 5475
		West Lebanon NH 03784

Applications are placed in order of date and time received. An applicant may be interviewed only after the receipt of this tenant application.

A. GENERAL INFORMATION

Applicant Name(s): _____

Address: _____
Street Apt.# City State ZIP

Daytime Phone: _____ Evening Phone: _____

No. of BR's in current unit: _____ Do you RENT or OWN (check one)

Amount of current monthly rental or mortgage payment: \$ _____

If owned, do you receive monthly rental income from property? Yes No (check one)

Check utilities paid by you: Heat Electricity Gas Others (specify)

Approximate monthly cost of utilities paid by you (excluding phone and cable TV): \$ _____

Bedroom size request: One BR Two BR Three BR Accessible Unit

B. HOUSEHOLD COMPOSITION

	Name	Relationship to head	Birth Date	Age (optional)	Social Security #	Student Y/N
Head		Self				
Co-H						
3.						
4.						
5.						
6.						
7.						
8.						

Will all listed minors be living in the unit at least 50% of the time?	Yes	No
Have there been any changes in household composition in the last twelve months?	Yes	No
<i>If yes, explain:</i>		
Do you anticipate any changes in household composition in the next twelve months?	Yes	No
<i>If yes, explain:</i>		
Is there someone not listed above who would normally be living with the household?	Yes	No
<i>If yes, explain:</i>		
Will all of the persons in the household be or have been full-time students during five calendar months of this year or plan to be in the next calendar year at an educational institution (other than a correspondence school) with regular faculty and students?	Yes	No

IF YES, ANSWER THE FOLLOWING QUESTIONS:

Are all the students in the unit married and eligible to file a joint tax return?	Yes	No
Are any student(s) enrolled in a job-training program receiving assistance under the Federal, State, or local laws?	Yes	No
Are any full-time student(s) a TANF or a title IV recipient?	Yes	No
Are any full-time student(s) a single parent living with his/her child(ren) who is not dependent on another's tax return and whose children are not dependents of anyone other than a parent?	Yes	No
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

Disability Status

Do you or anyone in your household need an accessible unit?	Yes	No
Would you like to be placed on a priority waiting list for an accessible unit?	Yes	No
If you are disabled, do you require any physical modifications to an apartment so that you can live there?	Yes	No
If so, please state the specific modification needed		

Assistance Information

Did you or your family members file a federal or state tax return last year?	Yes	No
If yes, who?		
What money do you receive from any and all sources to pay your living expenses?		
Does anyone outside of your household pay for any of your bills and living expenses?	Yes	No
If yes, who?		
How much?		
How often?		
Who pays your bills for electricity, telephone, and other utilities?		

C. INCOME

List ALL sources of income as requested below. If a section doesn't apply, cross out or write NA.

Household Member Name	Source of Income	Gross Monthly Amount
	Social Security	\$
	Social Security	\$
	Social Security	\$
	SSI Benefits	\$
	SSI Benefits	\$
	SSI Benefits	\$
	Social Security Disability:	\$
	Social Security Disability:	\$
	Social Security Disability:	\$
	Pension (list source)	\$
	Veteran's Benefits (list claim #) / Military Income	\$
	Veteran's Benefits (list claim #) / Military Income	\$
	Unemployment Compensation	\$
	Unemployment Compensation	\$
	Public Assistance (Title IV/TANF etc.)	\$
	Contributions to the Household (monetary or not)	\$
	Full-Time Student Income (18 & Over Only)	\$
	Financial Aid (excluding loans)	\$
	Annuities (list sources)	\$
	Scheduled Payments from Investments	\$
	Long Term Medical Care Insurance Payments in excess of \$180/day	\$

Household Member Name	Source of Income	Monthly Amount
	Employment amount	\$
	Employer:	
	Position Held:	
	How long employed:	
	Employment amount	\$
	Employer:	
	Position Held:	
	How long employed:	
	Employment amount	\$
	Employer:	
	Position Held:	
	How long employed:	
	Employment amount	\$
	Employer:	
	Position Held:	
	How long employed:	
	Self Employment	\$
	Name of Business:	
	Position Held:	
	How long employed:	
	Self Employment	\$
	Name of Business:	
	Position Held:	
	How long employed:	
	Workers Compensation	\$
	Name of Employer:	
	How long employed:	
	Claim Number:	
	Alimony	
	Are you <i>legally entitled</i> to receive alimony?	Yes No
	If yes, list the amount you are <i>entitled</i> to receive.	\$
	Do you receive alimony?	Yes No
	If yes list amount you receive.	\$
	Child Support	
	Are you <i>legally entitled</i> to receive child support?	Yes No
	If yes list the amount you are <i>entitled</i> to receive.	\$
	Do you receive child support?	Yes No
	If yes, list the amount you receive.	\$

	Other Income			\$
	Other Income			\$
	Other Income			\$
TOTAL GROSS MONTHLY INCOME				\$
TOTAL GROSS ANNUAL INCOME (TOTAL GROSS MONTHLY INCOME X 12)				\$
Do you anticipate any changes in this income in the next 12 months?				Yes No
Is any member of the household legally entitled to receive income assistance?				Yes No
Is any member of the household likely to receive income assistance (<i>monetary or not</i>) for someone who is not a member of the household listed on page 2.				Yes No
If yes, to any of the above, explain:				
Is the income received?				Yes No
If your assets are too numerous to list, please request an additional form. If a section doesn't apply, cross out or write NA.				
Checking Accounts	Name:	#	Bank	Balance \$
	Name:	#	Bank	Balance \$
	Name:	#	Bank	Balance \$
Savings Accounts	Name:	#	Bank	Balance \$
	Name:	#	Bank	Balance \$
	Name:	#	Bank	Balance \$
Trust Account	Name:	#	Bank	Balance \$
Direct Deposit Cards for SS, SSI, SSP, TANF, Child support, Work	Name:	#	Bank	Balance \$
	Name:	#	Bank	Balance \$
	Name:	#	Bank	Balance \$
	Name:	#	Bank	Balance \$
Certificates of Deposit	Name:	#	Bank	Balance \$
	Name:	#	Bank	Balance \$
	Name:	#	Bank	Balance \$
	Name:	#	Bank	Balance \$
Money Market Accounts	Name:	#	Bank	Balance \$
	Name:	#	Bank	Balance \$
Savings Bonds	Name:	#	Maturity Date	Value \$
	Name:	#	Maturity Date	Value \$
	Name:	#	Maturity Date	Value \$
Life Insurance Policy		#	Cash Value \$	
Life Insurance Policy		#	Cash Value \$	
Mutual Funds	Name:	#Shares:	Interest or Dividend \$	Value \$
	Name:	#Shares:	Interest or Dividend \$	Value \$
	Name:	#Shares:	Interest or Dividend \$	Value \$

Stocks	Name:	#Shares:	Dividend Paid \$	Value \$
	Name:	#Shares:	Dividend Paid \$	Value \$
	Name:	#Shares:	Dividend Paid \$	Value \$
Bonds	Name:	#Shares:	Interest or Dividend \$	Value \$
	Name:	#Shares:	Interest or Dividend \$	Value \$
Cash on Hand				Value: \$
Retirement Account	Type:	Company:	Acct #:	Value
Safe Deposit Box	Bank:	Asset:		Value \$
Investment Property				Appraised Value \$
Real Estate Property: <i>Do you own any property?</i>				Yes No
<i>If yes</i> , Type of property				
Location of property				
Appraised Market Value				\$
Mortgage or outstanding loans balance due				\$
Amount of annual insurance premium				\$
Amount of most recent tax bill				\$
Does any member of the household have an asset(s) owned jointly with a person who is NOT a member of the household as listed on Page 2?				Yes No
<i>If yes</i> , describe:				
Do they have access to the asset(s)?				Yes No
Have you sold/disposed of any property in the last 2 years?				Yes No
<i>If yes</i> , Type of property:				
Market value when sold/disposed				\$
Amount sold/disposed for				\$
Date of transaction:				
Have you disposed of any other assets in the last 2 years (Example: Given away money to relatives, setup Irrevocable Trust Accounts)?				Yes No
<i>If yes</i> , describe the asset:				
Date of disposition:				
Amount disposed				\$
Do you have any other assets not listed above (excluding personal property)?				Yes No
<i>If yes</i> , please list:				

E. ADDITIONAL INFORMATION			
Are you or any member of your family currently using an illegal substance?			Yes No
Are you currently registered as a sex offender?			Yes No
If so, when?			

Have you or any member of your family ever been convicted of a crime?	Yes	No
<i>If yes, describe:</i>		
Have you or any member of your family ever been evicted from any housing?	Yes	No
<i>If yes, describe:</i>		
Have you ever filed for bankruptcy?	Yes	No

F. REFERENCE INFORMATION		
Current Landlord	Name:	
	Address:	
	Home Phone:	
	Bus. Phone:	
	How Long?	
Prior Landlord	Name:	
	Address:	
	Home Phone:	
	Bus. Phone:	
	How Long?	
Credit Reference #1:		
Address:		
Account #:	Phone #:	
Credit Reference #2:		
Address:		
Account #:	Phone #:	
Personal Reference #1:		
Address:		
Relationship:	Phone #:	
Personal Reference #2:		
Address:		
Relationship:	Phone #:	
In case of EMERGENCY, notify:		
Emergency Contact Name:		
Address:		
Relationship:	Phone #:	

G. VEHICLE INFORMATION (if applicable)

List any cars, trucks, or other vehicles owned. Parking will be provided for one vehicle. Arrangements with Management will be necessary for more than one vehicle.

Make of Vehicle #1:	License Plate #:
Year/Model:	Color:
Make of Vehicle #2:	License Plate #:
Year/Model:	Color:

H. HEATER LANDING HAS A NO PET POLICY

This policy does not apply to Service/Assistance Animals.

Do you or anyone in your household have a Service/Assistance Animal due to a disability?	Yes	No
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CERTIFICATION

I/We hereby certify that I/We Do/Will Not maintain a separate subsidized rental unit in another location. I/We further certify that this will be my/our permanent residence. I/We understand I/We must pay a security deposit for this apartment prior to occupancy. I/We understand that my eligibility for housing will be based on applicable income limits and by management’s selection criteria. I/We certify that all information in this application is true to the best of my/our knowledge, and I/We understand that false statements or information are punishable by law and will lead to cancellation of this application or termination of tenancy after occupancy. All adult applicants, 18 or older, must sign application.

SIGNATURE (S):

_____	_____
(Signature of Tenant)	Date
_____	_____
(Signature of Co-Tenant)	Date
_____	_____
(Signature of Co-Tenant)	Date
_____	_____
(Signature of Co-Tenant)	Date