Prior to starting your application, take a moment to carefully read through the required items below. **If your application is incomplete or any of these required items are missing, IT WILL NOT BE PROCESSED.**

- Please write the **specific property/properties** you would like to apply for. Do not write "All".

- You **must include** a copy of each household member's Social Security card; or something legal with the full number on it.

- All household members over the age of 18 must report all asset and income information.

- When completing the income portion, be sure to report all gross weekly or monthly income (before taxes or deductions).

- All household members over the age of 18 must sign and date the application and all forms with the application.

- You **must provide** complete landlord contact information (full name, mailing address, and phone number; email, and/or fax if available to expedite your application).
    - If you do not have any rental history, please visit our website to print a Co-Signer Application. www.hodgescompanies.com → Apartment Communities →Affordable Housing → scroll to the bottom of the page where you will find our Co-Signer Application. Anyone over the age of 18 can apply to be a co-signer unless they are already on a current lease with Hodges.

If you have any questions, please feel free to contact our office. Thank you.

Date Received (Office Use Only): _____
Time Received: _____
Initials_____

Housing Application

Do you need a handicap accessible unit? ☐
(All units are 1-bedroom units)

Ernie Clark Senior Housing Apartments
248 South Main Street Newmarket, NH 03857
Age requirement - 62 or older

Please fill in details below for all household members who would live in the apartment, including yourself.

Name	**Social Security Number**	**Date of Birth**	**Relationship to Head of Household** (Ex: spouse, significant other, child, grandchild)	**Are you a full or part time student? (Y/N)**	**Race** (White, Black, Asian, American Indian / Alaska Native, Native Hawaiian / Pacific Islander)	**Hispanic or Latino? (Y/N)**	**Gender**
			HOH				

Current Address: _____

Mailing Address: _____

Phone Number:_____ **Email:**_____

How did you hear about us?:_____

Please answer **ALL** questions:

1. **Do you expect any additions to the household within the next twelve months? ☐ YES ☐ NO**

Name & Relationship: _____

Explanation: _____

2. **Is there anyone living with you now who won't be living with you at this property? ☐ YES ☐ NO**

Name & Relationship: _____

Explanation: _____

3. **Do you have full custody of the child(ren) who will live with you in the apartment? ☐ YES ☐ NO**
(If no, please provide documentation of partial custody that specifies how often the child lives with you.)

Explanation: _____

4. **Are there any absent household members who, under normal conditions, would live with you?**
(For example, a spouse away in the military or a child in college.)

Explanation: _____

5. **Does your household have or anticipate having any pets? ☐ YES ☐ NO**

If YES, is this a service animal or emotional support animal as determined by a medical provider? ☐ **YES** ☐ **NO**

Describe type of animal and size at maturity: _____

Credit and Criminal History

YES	NO	Please answer **ALL** questions either Yes or No and provide explanation
☐	☐	**6. Have you or anyone else named on this application filed for bankruptcy?**
		Member & Date: _____
☐	☐	**7. Have you or anyone else named on this application been convicted of a misdemeanor or felony?**
		Household Member, Offense & Date: _____
☐	☐	**8. Are you or anyone else named on this application subject to registration under a state sex offender registration program?**
		Member: _____
☐	☐	**9. Have you or anyone else named on this application been evicted by a sheriff lock-out from a rental unit of any type including an apartment, home, mobile home or trailer?**
		Member, Date & Landlord name & address: _____

Housing References - Do not list relatives

List the past TWO years of housing references starting with current housing. *(If additional space is required, use the back of this page.).* If additional addresses appear on your credit, we reserve the right to verify your landlord history at the address listed. Relatives will not be considered landlords, unless you had a lease agreement and/or can demonstrate you paid rent on a regular basis.

	Landlord's Name /Address	Your Name/Address	Information	Dates
Name:	_____	_____	**Own** ☐	**From:** _____
Address:	_____	_____	**Rent** ☐	**To:** _____
	_____	_____	**Monthly Rent/Mortgage: $** _____	
Phone:	**( )** _____	_____	**# of BRs:** ____ **Utilities Incl:** _____	
			Are you in good standing? _____	
Name:	_____	_____	**Own** ☐	**From:** _____
Address:	_____	_____	**Rent** ☐	**To:** _____
	_____	_____	**Monthly Rent/Mortgage: $** _____	
Phone:	**( )** _____	_____	**# of BRs:** ____ **Utilities Incl:** _____	
			Did you leave in good standing? _____	
Name:	_____	_____	**Own** ☐	**From:** _____
Address:	_____	_____	**Rent** ☐	**To:** _____
	_____	_____	**Monthly Rent/Mortgage: $** _____	
Phone:	**( )** _____	_____	**# of BRs:** ____ **Utilities Incl:** _____	
			Did you leave in good standing? _____	

Student Status

Are you or any other household members (INCLUDING MINORS) currently a full or part-time student, were a full or part-time student this year or last year, or expect to be one in the next 12 months? ☐ **YES** ☐ **NO**

Please list ALL students and whether they are full and part-time students:

Names/Status: _____

Vehicle Identification

List vehicle information for all vehicles that are owned or operated by any household member.

	Tag/License Plate #	State Issued	Make/Model/Year
Vehicle #1:			
Vehicle #2:			

Emergency Contact

List someone in the area that is not already on the application. You hereby give permission for The Hodges Companies to contact them, in case of emergency or if you're unable to be reached.

Name: _____

Address: _____

Phone: _____ **Relationship:** _____ **Years Known:** _____

Gross Income Information (before taxes or deductions)

Income is counted for anyone 18 or older. 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 (before taxes) anticipated for the next 12 months.

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

YES **NO**

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

Household Member	Employer Name/Address/Phone #	Gross Amount Per Week

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

Household Member	Type of Business	Gross Amount Per Week

☐ ☐ **12. Social Security, SSI, SSDI, or any other payments from the Social Security Administration?**

Household Member	SSA Office Address	Gross Amount Per Month

☐ ☐ **13. Unemployment benefits or workman's compensation?**

Household Member	Agency Address	Gross Amount Per Week

YES	NO		
☐	☐	14.	**Welfare, Public Assistance, General Relief or Temporary Assistance for Needy Families** *(TANF)*?

Household Member	Office/Address	Gross Amount Per Month

☐	☐	15.	**(a) Child support or Alimony?**

Household Member	Payer/Address	Gross Amount Per Week

(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

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

Household Member	Base Name & Branch	Gross Amount Per Month

☐	☐	17.	**Regular payments from a Pension, Retirement Benefit or Annuities?**

Household Member	Name/Address	Gross Amount Per Month

☐	☐	18.	**Regular payments from a severance package?**

Household Member	Name/Address	Gross Amount Per Month

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

Household Member	Name/Address	Gross Amount Per Month

☐	☐	20.	**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	Name/Address	Gross Amount Per Month

YES NO

☐ ☐ **21. Regular payments from lottery winnings or inheritances?**

Household Member	Source of Benefit	Gross Amount Per Month

☐ ☐ **22. Regular payments from rental property or other types of real estate transactions?**

Household Member	Name/Address	Gross Amount Per Month

☐ ☐ **23. Any other income sources or types not listed?**

Household Member	Name/Address	Gross Amount Per Month

☐ ☐ **24. 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 have:

YES NO

☐ ☐ **25. Checking or Debit account (Chime, Venmo, Direct Express, etc.)?**

Household Member	Financial Institute/Address	Typical monthly balance

☐ ☐ **26. Savings account?**

Household Member	Financial Institute/Address	Current Balance

☐ ☐ **27. Stocks, bonds, mutual funds or securities?**

Household Member	Company or Broker	Current Balance

☐ ☐ **28. CDs, money market accounts, trust funds/accounts, or treasury bills?**

Household Member	Financial Institute/Address	Current Balance

YES NO

☐ ☐ **29. Pensions, IRAs, Keogh, annuities or other retirement accounts?**

Household Member	Financial Institute/Address	Current Balance

☐ ☐ **30. Whole or Universal life insurance policy?**

Household Member	Insurance Carrier/Address	Cash Value

☐ ☐ **31. 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	Market Value

☐ ☐ **32. 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	Cash Value

☐ ☐ **33. Cash on hand?**
(Money in the form of cash kept on your person or easily accessible, NOT in a bank account.)

Household Member		Amount

☐ ☐ **34. 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**

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

Name of Attendant _____

Relationship *(if any)*: _____

☐ ☐ **36. Will your household be receiving Section 8 Rental Assistance (Housing Choice Voucher) or any other rental assistance at the time of move-in? (e.g. Rapid Rehousing, Bridge Program, other subsidy)**

Name of Agency/Contact Person: _____

Type /explanation of subsidy: _____

Household member(s) currently on voucher: _____

Release Info

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

Have you or any member listed on this application served in the military? ☐ **YES** ☐ **NO**

Are you or any member listed on this application a Veteran? ☐ **YES** ☐ **NO**

Do you require this information in another language? ☐ **YES** ☐ **NO**

If yes, what language _____

Is there a person who you authorize us to speak with regarding your application or your application decision? If yes, please fill in their information here:

_____

Name _____

Agency _____

Contact phone or email _____

Celebrating Over 50 years of Integrity, Quality & Service

GENERAL RELEASE AND CONSENT

I/We, _____ the undersigned hereby authorize all persons or companies in the categories listed below to release information regarding employment, income and/or assets for purposes of verifying information on my/our apartment rental application. I/We authorized release of information without liability to the owner/manager of the apartment community listed below, and/or the state housing development agency or it's service provider.

INFORMATION COVERED

I/We understand that the previous or current information regarding we/us may be needed. Verifications and inquires that may be requested include but are not limited to: personal identity, student status, employment income, assets, and medical or child care allowances. I/We understand that this authorization cannot be used to obtain information about me/us that is not pertinent to my eligibility for and continued participation as a Qualified Tenant.

GROUPS OR INDIVIDUALS THAT MAY BE ASKED

The groups or individuals that may be asked to release the above information include, but are not limited to:

Past and Present Employers	Criminal/Sex Offender Checks	Veteran Administration
Support and Alimony Providers	State Unemployment Agencies	Retirement Systems
Educational Institutions	Social Security Administration	Medical Providers
Banks/Financial Institutions	Current and Previous Landlords	Child Care Providers
Public Housing Agencies	State and Federal Agencies	Credit Agencies

CONDITIONS

I/We agree that a photocopy of the authorization may be used for the purposes stated above. The original of this authorization is on file and will stay **in effect for 15 months from the date signed**. I/We understand that I/We have a right to review this file and correct any information that is incorrect.

SIGNATURE(S)

✔ _____ Applicant Signature	✔ _____ (Print Name)	✔ _____ Date
✔ _____ Applicant Signature	✔ _____ (Print Name)	✔ _____ Date
✔ _____ Applicant Signature	✔ _____ (Print Name)	✔ _____ Date

I authorize Better NOI to process my application in accordance with the Resident Selection Plan for The Hodges Compaines.