



Celebrating Over 50 years of Integrity, Quality & Service

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.



**Ernie Clark Senior Housing Resident Selection Plan
Created August 20, 2024**

Compliance:

This policy and all resident selection procedures shall comply with all state and federal laws and regulations, including any discrimination prohibited by the Fair Housing Act and other state and federal statutes and regulations that prohibit discrimination.

Nondiscrimination:

The Owner does not discriminate on the basis of regardless of race, color, religion, sex, handicap, national origin, sexual orientation, age, marital status, disability, handicap, gender identity or familiar status; regardless of actual or perceived.

Procedure Guidelines:

The Owner will follow procedures that will include acceptance criteria and income guidelines, and a list of funding source requirements for that property, as well as other necessary procedural guidelines.

Income Guidelines:

Ernie Clark Senior Housing targets it's housing to seniors with low income (those earning less than 60% of median income) and very low income (those earning less than 50% of median income) families.

Income guidelines will only be used to select incoming residents. Income guidelines will not be used to displace residents if their income rises over the limits after they move into Ernie Clark Senior Housing.

Unit Size:

Ernie Clark Senior Housing only has one-bedroom units.

Confidentiality:

Ernie Clark Senior Housing and its Management Agent will keep copies of all application materials in the Applicant's file. All information obtained by Ernie Clark Senior Housing will be confidential, except that:

- A. Information may be released to the Applicant or to his or her designated representative if s/he has filed a formal grievance with the Resident Grievance Review Panel. In such cases, only information pertinent to the grievance will be released;
- B. Information will be released to third parties only under court order or subpoena or at the request of an authorized governmental agency. Upon written request from the Applicant, anything supplied to Ernie Clark Senior Housing directly by the Applicant can be released (this does not include references). Information obtained regarding illegal activity on the part of the resident, their household member and/ or guests, will be reported to the relevant authorities;

- C. The Ernie Clark Senior Housing management agent may determine that the information is necessary to defend claim against Ernie Clark Limited Partnership.
- D. Ernie Clark Senior Housing may disseminate demographic information from residents' files on a periodic basis. This information is limited to town of residency prior to moving in to Ernie Clark Senior Housing, age, race, gender, gross income level, source of rent subsidy, if applicable, family composition (i.e. female headed household), employer name, as well as grade level of minors residing in the household.

The information will only be released in the aggregate and on a property-specific basis provided that the confidentiality of individual family information can be protected. Ernie Clark Senior Housing will not prohibit other authorized agencies, such as agencies administering the Section 8 program, from requesting such updates.

Preferences for Homeless Veterans

The property owned by Ernie Clark Limited Partnership and managed by Hodges Development Corporation has a preference for Veterans. They will be referred to the property by **TBD**.

Ernie Clark Senior Housing has 3 one-bedroom units designated for homeless veterans.

These applicants are selected from the veterans waiting list. All marketing and outreach to identify applicants for the Homeless Veterans program will be done by **TBD**.

Violence Against Woman Act (VAWA) Protections

VAWA Protections apply to households that apply and live at Ernie Clark Senior Housing. Violence Against Woman Act Protections are not limited to women and covers victims of domestic violence, dating violence, sexual assault and stalking regardless of sex, gender identity or sexual orientation.

Ernie Clark Senior Housing or Management Agent will not consider incidents of domestic violence, dating violence, sexual assault and stalking as serious or repeated violations of the lease or "other good cause" for termination of assistance, tenancy or occupancy rights of the victim of abuse.

If an applicant or resident or an affiliated individual of yours (your spouse, parent, brother, sister, child or a person for whom you stand in the place of parent or guardian. For example, the affiliated individual is in your care, custody or control) or any individual, resident or lawful occupant living in your household is or has been the victim of domestic violence, dating violence, sexual assault or stalking by a member of your household or any guest, you may not be denied rental assistance or occupancy rights solely on the basis of criminal activity directly relating to domestic violence, dating violence, sexual assault or stalking.

Ernie Clark Senior Housing or Management Agent may request in writing that the victim, or a family member on the victim's behalf, certify or provide documentation that the individual is a victim of domestic violence, dating violence, sexual assault or stalking. VAWA Protections do not have to be provided for failure or refusal to provide the certification or other documentation within 14 business days, or an agreed upon extension date.

Criminal activity directly related to domestic violence, dating violence, sexual assault or stalking, engaged in by a member of a resident's household or any guest or other person under the tenant's control, shall not be cause for termination of assistance, tenancy, or occupancy rights of the victim of the criminal acts.

Assistance may be terminated or a lease "bifurcated" in order to remove an offending household member from the home. Whether or not the individual is a signatory to the lease and lawful tenant, if he/she engages in a criminal act of physical violence against family members or others, he/she stands to be evicted, removed, or have his/her occupancy rights terminated. This action is taken while allowing the victim, who is a tenant or a lawful occupant, to remain.

Income Verification:

Applicants will be required to provide **COMPLETE** income and asset verification at the time of application, at annual re-certification, and as requested by the Owner or its Agents. **Failure to report any income or assets at time of application or annual re-certification is considered tenant fraud and could affect residency.**

Landlord References:

An Applicant's ability to comply with the terms of the Lease from past or current landlords will be considered in determining an Applicant's ability to succeed in Apple Ridge housing. An Applicant will be required to provide a minimum of two years rental history.

If an Applicant cannot meet the minimum requirement, at least one of the following criteria must be met in order to determine eligibility:

- A. The Applicant has successfully owned and maintained his/her own home within the last three years;
- B. The landlord is no longer in business and is not able to be found (documentation will be required);
- C. The Applicant can demonstrate good payment history (receipts) as well as a letter of recommendation from the current landlord, not from a relative;
- D. A qualified Co-Signer is added to the lease. The Co-Signer must meet the Resident Creditworthiness Criteria as set forth in the document. If the Resident demonstrates a good payment history for the first twelve (12) months of their

residency, the Co-Signer may be removed. Where a Co-Signer is approved, the Rental Payment must be made directly from the Primary Applicant themselves.

An Applicant will be rejected based on the following criteria:

- A. A history of non-payment or late payment of rent;
- B. Two or more violations of Lease or Rental Agreement; or any severe violation
- C. A history of living or housekeeping habits that would pose a threat to the health and safety of the other residents;
- D. A history of disturbances or right to peaceful enjoyment;
- E. A history of violations or non-compliance that resulted in an eviction or termination from rental housing programs within the previous three years.
- F. Refusal of a landlord to provide a completed landlord reference form. Due diligence will be completed by the Rental Agent before a rejection is issued on this basis.
- G. Any false information provided on the application or during the application process.
- H. Insufficient income to meet basic housing needs.
- I. Income above the maximum income limit set forth by the federal regulations.

Criminal Background Check:

All persons listed on the application 18 years and older are required to complete a State of New Hampshire Criminal Record Release form. The following may be the basis for rejection:

- A. A **felony conviction** on the Applicant's criminal record, with the applicant having come off of probation or parole within the **previous 5 years**;
- B. A **drug-related conviction** on the Applicant's criminal record, unless the applicant has successfully completed a drug-rehabilitation program;
- C. **Any sexual offense** conviction on the Applicant's criminal record;
- D. A conviction that is classified as a **hate crime** on the Applicant's criminal record;
- E. The Applicant being **required to register as a sex offender** in any state;
- F. Repeated Conviction of crimes against persons;
- G. Repeated Conviction of crimes against property;
- H. An extensive criminal history record, or a combination of criminal convictions that would signify the Applicant has a disregard of local, state and/or federal laws;
- I. Other criminal convictions that signify a threat to the health, safety, security, or right to peaceful enjoyment of the premises by other residents, of the Owner's, or the Agent of the Owner and his or her employees, contractors, subcontractors, who are involved with the property.

Creditworthiness Criteria:

An Applicant's past and present performance in meeting financial obligations is one of the components by which an Applicant will be considered. The following will be considered as examples of unfavorable credit references and will serve as the basis for rejection of an application:

- A. Three or more trade line references past due in the previous two years from the date filed; excluding medical accounts;
- B. Any outstanding account with a housing related company, including previous landlord and/or property management company and/or mortgage lien holder;
- C. Unpaid charge offs and collections must show as 'paid,' or be in repayment status, with the exception of housing related debts as listed above, which must be paid in full. Proof of payment arrangements for all other unpaid charge-offs and collections, as well as proof of an initial payment on the account in collection or charge-off status will be required;
- D. Applicants with one or more *unsatisfied* public records in the past two years, including but not limited to:
 - 1. Civil judgment;
 - 2. Bankruptcy;
 - 3. Property tax lien;
 - 4. Federal income tax lien;
 - 5. Foreclosure.
- E. Excessive credit obligations that would indicate the applicant may not be able to afford the rent.

If any of the above-mentioned *unfavorable credit references are the result of a financial hardship or medical catastrophe* (military duty, divorce, death of an immediate family member, etc.), the Property Manager shall, at his or her own discretion, waive any or all of the above referenced creditworthiness guidelines. In such cases, the Applicant will be required to provide documentation and/or a letter of explanation of such hardship or catastrophe.

In cases where the Applicant is denied housing based on a negative credit history, s/he is encouraged to re-apply once the credit history is improved to a standard that meets the Resident Selection Creditworthiness Criteria.

Waiting Lists:

Ernie Clark Senior Housing will accept applications for housing in advance of vacancies. Applications will not be processed until a vacancy arises. A list of applications will be kept in chronological order by bedroom size by the Owner's Agent. When there is a vacancy, the Property Manager will contact appropriate Applicants and process applications for those who are interested in the unit. If there are no applications on file appropriate for a given vacancy, the manager will advertise appropriately. In some cases, if appropriate, the manager may go beyond a chronological list and process applications prior to a vacancy.

The Property Manager is delegated the responsibility of maintaining resident lists and screening applications, they will be informed of Ernie Clark Senior Housing's expectations about this responsibility. In particular they will be informed of the importance of treating Applicants with dignity and abiding by all fair housing law regulations.

The Resident Appeal Process

Any Applicant rejected for Ernie Clark Senior Housing may file an appeal to have that decision reviewed **WITHIN 14 DAYS OF DENIAL**.

Such appeals may include, but will not be limited to, decisions regarding eligibility.

All such appeals will be forwarded to a Property Manager and an appeal meeting will be set up to discuss the reasons for denial. A letter of decision after the appeal will be made within 10 days after the meeting.

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.

	<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: _____	
			Are you in good standing? _____	
Name:	_____	_____	Own <input type="checkbox"/>	From: _____
Address:	_____	_____	Rent <input type="checkbox"/>	To: _____
			Monthly Rent/Mortgage: \$ _____	
Phone:	() _____	_____	# of BRs: ___ Utilities Incl: _____	
			Did you leave in good standing? _____	
Name:	_____	_____	Own <input type="checkbox"/>	From: _____
Address:	_____	_____	Rent <input type="checkbox"/>	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: _____



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 Companies.

