

Sanborn Crossing Apartments

Preliminary Application

I N S T R U C T I O N S

PLEASE READ CAREFULLY. INCOMPLETED APPLICATION WILL NOT BE ACCEPTED.

1. **COMPLETE ALL AREAS.** If an item does not apply to you, answer “NO” on that question or mark with a “0” if it is a dollar amount line or section.
 - a) All sources of earned income must be reported for all household members 62 years and older.
 - b) All unearned income and assets must be reported for all household members, including minors.
2. **SIGNATURES are required** by all adult applicants (62 and older).
3. **COPIES OF BIRTH CERTIFICATES AND SOCIAL SECURITY CARDS** are required for everyone on the application.
4. **COPIES OF STATEMENTS** pertaining to any accounts you answered “**yes**” to will be helpful in qualifying your application.
5. **RETURN YOUR APPLICATION TO:**

**MOST Property Management
PO Box 438
Auburn, NH 03032**

Your application is being returned because:

- You did not complete all areas or you did not sign the application.**

Please return your application along with the information that was missing if you want to be considered for housing.

Sanborn Crossing Apartments

PO Box 438, Auburn, NH 03032
603-421-2661

Low Income Housing Tax Credit Program
For residents who are 62 years of age or older

A NON-SMOKING COMPLEX

Preliminary Applicant Questionnaire

Household Information

Starting with Head of Household, list all household members that are applying to live in this apartment with you.

Name First, Middle, Last	Full-Time Student Y/N	Relationship to Head of Household	Sex	Social Security Number	Birth Date Mth/day/yr
		Head			
Current Address					
Day Time Phone:		Evening Phone: () -			

WHAT SIZE APARTMENT ARE YOU APPLYING FOR? 1BR 2BR

YES NO 1. Do you, or any member of your household request handicap accessible unit? (Special unit design)

YES NO 2. Do you expect any additions to the household within the next twelve months?

Name and Relationship: _____

Explanation: _____

YES NO 3. Is there anyone living with you now who won't be living with you at this property?

Name and Relationship: _____

Explanation: _____

YES NO 4. Do you have full custody of your child(ren)? (If no, obtain proof of amount of time child(ren) will be living with you in unit.)

Explanation: _____

YES NO 5. Are there any absent household members who under normal conditions would live with you? (For example, a spouse in the military.)

Explanation: _____

Personal Reference

List a personal a reference other than a relative.

Name: _____
 Address: _____
 Phone: _____ Relationship _____ Years Known _____

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.

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 such as a grant or benefit, it is counted for all household members including minors. (such as SSI)

**Include all GROSS income anticipated for the next 12 months.
 Do YOU or ANYONE in your household receive OR expect to receive income from:**

<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	12. Employment <u>Gross</u> wages or salaries? <i>(include overtime, tips, bonuses, commissions and payments received in cash.)</i>												
				<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 45%;">Household Member</th> <th style="width: 30%;">Name of Company</th> <th style="width: 25%;">Gross Amount</th> </tr> </thead> <tbody> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </tbody> </table>	Household Member	Name of Company	Gross Amount	_____	_____	_____	_____	_____	_____	_____	_____	_____
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_____	_____	_____														
_____	_____	_____														
_____	_____	_____														
<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	13. Self-employment? <i>(include Uber, Lyft, etc.) overtime, tips, bonuses, commissions and payments received in cash.</i>												
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_____	_____	_____														
_____	_____	_____														
_____	_____	_____														
<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	14. Regular pay as a member of the Armed Forces/Military?												
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Household Member	Base Name and Branch	Gross Amount														
_____	_____	_____														
_____	_____	_____														
_____	_____	_____														

YES NO 15. Unemployment benefits or workman's compensation?

Household Member	Case Worker	Gross Amount
_____	_____	_____
_____	_____	_____

YES NO 16. Public Assistance, General Relief, AFDC or Temporary Assistance for Needy Families (TANF)?

Household Member	Case Worker	Gross Amount
_____	_____	_____
_____	_____	_____

YES NO 17. 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, but received directly from payer.)

Household Member	Case Worker	Gross Amount
_____	_____	_____
_____	_____	_____

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: _____

YES NO c) If support/alimony is court-ordered but not actually received, are you taking legal action to remedy?

Explanation: _____

YES NO 18. Social Security, SSI, or any other payments from Social Security Administration?

Household Member	SSA Office	Gross Amount
_____	_____	_____
_____	_____	_____

YES NO 19. Regular payments from a pension, retirement benefit, VA Pension or annuities?

Household Member	Source of Benefit	Gross Amount
_____	_____	_____
_____	_____	_____

YES NO 20. Regular payments from a severance package?

Household Member	Source of Benefit	Gross Amount
_____	_____	_____
_____	_____	_____

YES NO 21. Regular payments from any type of settlement? (for example, insurance settlements.)

Household Member	Source of Benefit	Gross Amount
_____	_____	_____
_____	_____	_____

YES NO 22. Regular payments or gifts or payments from anyone outside of household? *(this includes anyone supplementing your income or paying any of your bills)*

Household Member	Source of Benefit	Gross Amount
_____	_____	_____
_____	_____	_____

YES NO 23. Regular payments from lottery winnings or inheritances?

Household Member	Source of Benefit	Gross Amount
_____	_____	_____
_____	_____	_____

YES NO 24. Regular payments from rental property or other types of real estate transactions?

Household Member	Source of Benefit	Gross Amount
_____	_____	_____
_____	_____	_____

YES NO 25. Any other sources of income not listed?

Household Member	Source of Benefit	Gross Amount
_____	_____	_____
_____	_____	_____

YES NO 26. 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. (attach additional page if necessary)

Do YOU or ANYONE in your household have:

YES NO 27. Checking, Savings Accounts, cash app, PayPal, Venmo, etc.?

Household Member	Financial Institute	Amount
_____	_____	_____
_____	_____	_____

YES NO 28. CD's, money market accounts, or treasury bills?

Household Member	Financial Institute	Amount
_____	_____	_____
_____	_____	_____

YES NO 29. Stocks, bonds, or securities?

Household Member	Financial Institute	Amount
_____	_____	_____
_____	_____	_____
_____	_____	_____

YES NO

30. Trust Funds?

Household Member	Financial Institute	Amount
_____	_____	_____
_____	_____	_____

YES NO

31. IRAs, Keogh, 401k, pension plans or other retirement accounts?

Household Member	Financial Institute	Amount
_____	_____	_____
_____	_____	_____

YES NO

32. Whole life insurance policy?

Household Member	Insurance Carrier	Amount
_____	_____	_____
_____	_____	_____

YES NO

33. Personal Residence, other real estate, rental property, land contracts/contract for deeds or other real estate holdings? *(this includes your personal residence, mobile homes, vacant land, farms, vacation homes or commercial property.)*

Household Member	Address of Property	Amount
_____	_____	_____
_____	_____	_____
Appraised market value		\$ _____
Mortgage or outstanding loan due		\$ _____

YES NO

34. Personal property held as an investment? *(this includes paintings, coin/stamp collections, artwork, collector or show cars and antiques. This does not include your personal belongings such as your car, furniture, or clothing.)*

Household Member	Description of Property	Amount
_____	_____	_____
_____	_____	_____

YES NO

35. A safe deposit box?

Household Member	Financial Institute	Description/ Amount
_____	_____	_____
_____	_____	_____

YES NO

36. 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 37. Are you or any other ADULT household members claiming zero income?

Household member: _____

Explanation: _____

YES NO 38. Will all of the persons 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?

If you answered YES, complete the following:

Are any full-time student(s) married and filing a joint tax return?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Are any student(s) enrolled in a job-training program Receiving assistance under the Job Training Partnership Act?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Are any full-time student(s) a Title IV (AFDC/TANF) recipient?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Are any full-time student(s) a single parent living with his/her minor child who is not a dependent on another's' tax return?	<input type="checkbox"/> YES <input type="checkbox"/> NO

YES NO 39. Will you or any other ADULT household members require a live-in care attendant to live independently?

Name of attendant: _____

Relationship (if one): _____

YES NO 40. Will your household be receiving Section 8 rental assistance at time of move-in?

Name of Agency: _____

Contact Person: _____

YES NO 41. Will your household be eligible or are you applying to receive Section 8 rental assistance in the next 12 months?

Expected Date: _____

Name of Agency: _____

Contact Person: _____

Signature Clause

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 and to run a credit and background check 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 the management's resident selection criteria and the Housing Credit Program requirements.

All ADULT household members must sign below:

Signature of Head of Household

Date

Signature of other household member 18 years or older

Date

Signature of other household member 18 years or older

Date

*****For Office Use Only*****

Date of Interview: _____

By: _____