

# Settler's Ridge 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 18 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 (18 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**

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**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.**

# Settler's Ridge Apartments

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

Low Income Housing Tax Credit Program  
For residents whom are 55 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<br>First, Middle, Last | Full-Time<br>Student<br>Y/N | Relationship to<br>Head of<br>Household | Sex | Social Security<br>Number | Birth Date<br>Mth/day/yr |
|-----------------------------|-----------------------------|---|-----|---------------------------|--------------------------|
|                             |                             | <b>Head</b>                             |     |                           |                          |
|                             |                             |   |     |                           |                          |
|                             |                             |   |     |                           |                          |
|                             |                             |   |     |                           |                          |
|                             |                             |   |     |                           |                          |
|                             |                             |   |     |                           |                          |
|                             |                             |   |     |                           |                          |
|                             |                             |   |     |                           |                          |
| <b>Current Address</b>      |                             |   |     |                           |                          |
| <b>Day Time Phone:</b>      |                             | <b>Evening Phone:</b> (   ) -           |     |                           |                          |

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

- |                          |     |                          |    |   |
|--------------------------|-----|--------------------------|----|---|
| <input type="checkbox"/> | YES | <input type="checkbox"/> | NO | 1. Do you, or any member of your household request handicap accessible unit? (Special unit design)  |
| <input type="checkbox"/> | YES | <input type="checkbox"/> | NO | 2. Do you expect any additions to the household within the next twelve months?<br>Name and Relationship: _____<br>Explanation: _____                      |
| <input type="checkbox"/> | YES | <input type="checkbox"/> | NO | 3. Is there anyone living with you now who won't be living with you at this property?<br>Name and Relationship: _____<br>Explanation: _____               |
| <input type="checkbox"/> | YES | <input type="checkbox"/> | 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.)<br>Explanation: _____ |
| <input type="checkbox"/> | YES | <input type="checkbox"/> | NO | 5. Are there any absent household members who under normal conditions would live with you? (For example, a spouse in the military.)<br>Explanation: _____ |

- YES  NO 6. Does your household have or anticipate having any pets other than those used as service animals?
- YES  NO 7. Have you or anyone else named on this application filed for bankruptcy?  
Explanation: \_\_\_\_\_
- YES  NO 8. Have you or anyone else named on this application been convicted of a felony?  
Explanation: \_\_\_\_\_
- YES  NO 9. Have you or anyone else named on this application been convicted for dealing or manufacturing illegal drugs?  
Explanation: \_\_\_\_\_
- YES  NO 10. Have you or anyone else named on this application been convicted of property damage?  
Explanation: \_\_\_\_\_
- YES  NO 11. Have you or anyone else named on this application been evicted from a rental unit of any type including an apartment, home, mobile home or trailer?  
Explanation: \_\_\_\_\_

## Housing References

List the past THREE years of housing references. *(If additional space is required, use a separate sheet of paper)*

|          | Current Landlord's<br>Name/ Address/Phone  | Your Address | Own/Rent   | Dates |
|----------|--|--------------|--|-------|
| Name:    | _____                                      | _____        | <input type="checkbox"/> Own _____ From<br>(See Question 33) |       |
| Address: | _____                                      | _____        | <input type="checkbox"/> Rent _____ To                       |       |
|          |  |              | Current Rent Amount \$ _____                                 |       |
| Phone:   | _____                                      |              |  |       |
|          | Previous Landlord's<br>Name/ Address/Phone | Your Address | Own/Rent   | Dates |
| Name:    | _____                                      | _____        | <input type="checkbox"/> Own _____ From                      |       |
| Address: | _____                                      | _____        | <input type="checkbox"/> Rent _____ To                       |       |
| Phone:   | _____                                      |              |  |       |
| Name:    | _____                                      | _____        | <input type="checkbox"/> Own _____ From                      |       |
| Address: | _____                                      | _____        | <input type="checkbox"/> Rent _____ To                       |       |
| Phone:   | _____                                      |              |  |       |

## 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 wages or salaries? <i>(include overtime, tips, bonuses, commissions and payments received in cash.)</i>   |                  |                      |              |       |       |       |       |       |       |       |       |       |
|--|--|------------------|----------------------|--------------|-------|-------|-------|-------|-------|-------|-------|-------|-------|
|  | <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">Household Member</th> <th style="width: 40%;">Name of Company</th> <th style="width: 30%;">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 | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| Household Member   | Name of Company  | Gross Amount     |                      |              |       |       |       |       |       |       |       |       |       |
| _____  | _____  | _____            |                      |              |       |       |       |       |       |       |       |       |       |
| _____  | _____  | _____            |                      |              |       |       |       |       |       |       |       |       |       |
| _____  | _____  | _____            |                      |              |       |       |       |       |       |       |       |       |       |
| <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>   |                  |                      |              |       |       |       |       |       |       |       |       |       |
|  | <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">Household Member</th> <th style="width: 40%;">Type of Business</th> <th style="width: 30%;">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 | Type of Business     | Gross Amount | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| Household Member   | Type of Business   | Gross Amount     |                      |              |       |       |       |       |       |       |       |       |       |
| _____  | _____  | _____            |                      |              |       |       |       |       |       |       |       |       |       |
| _____  | _____  | _____            |                      |              |       |       |       |       |       |       |       |       |       |
| _____  | _____  | _____            |                      |              |       |       |       |       |       |       |       |       |       |
| <input type="checkbox"/> YES <input type="checkbox"/> NO | 14. Regular pay as a member of the Armed Forces/Military?  |                  |                      |              |       |       |       |       |       |       |       |       |       |
|  | <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">Household Member</th> <th style="width: 40%;">Base Name and Branch</th> <th style="width: 30%;">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 | Base Name and Branch | Gross Amount | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| 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 or Savings Account?

| 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: \_\_\_\_\_