



CROTCHED MOUNTAIN

Name: _____

Address: _____

City: _____ **State:** _____

Instructions: Please follow carefully - Incomplete applications will not be processed

1. **Complete all areas.** If an item does not apply to you, mark "N/A" on that line. For any questions contact Manager at **603-641-2537**
2. **To All Applicants.** You must disclose social security numbers (SSN) for all family members prior to being housed. The documentation necessary to verify the SSN is a valid SSN card issued by the Social Security Administration. If you can not supply the original Social Security Card, we can accept an identification card (which has the SSN on it) issued by a federal, State or local agency, a medical insurance provider, or an employer or trade union, Driver's license, form 1099, or Benefits award letter and you must also certify that the document provided is complete and accurate. If you can not provide any of the listed documents, please call the office for a complete list of acceptable documents. A copy of the document must be submitted with this application.

(a) Original Social Security Card (b) Driver's license with SSN (c) Life insurance policy
(d) Court records (e) Earnings statements on payroll stubs (f) Bank statement
(g) Form 1099 (h) Benefit award letter (i) Retirement benefit letter (j) Identification card issued by a federal, State, or local agency, a medical insurance provider, or an employer or trade union.

Exceptions to Disclosure of SSN

The SSN requirements do not apply to: (a) Individuals who do not contend eligible immigration status (b) Individuals age 62 or older as of January 31, 2010, whose initial determination of eligibility was begun before January 31, 2010
(c) Existing tenants as of January 31, 2010, who have previously disclosed their SSN and HUD has determined their SSN to be valid.

3. **Proof of US Citizenship** The US Department of Housing & Urban Development **requires** that all applicants be US Citizens, nationals or certain categories of eligible noncitizens. To do this, you **must** have the attached Declaration of Section 214 Status forms completed by **EACH** family member (including yourself). Please make sure you follow the instructions on the Declaration Form.
4. **Hud Form 92006 attached** must be signed and dated even if you choose not to provide the information.

Signatures are required by all adult applicants

After you have applied

- When your completed application has been processed by Courtyard Apartments, you will be notified in writing of being placed on the waiting list.
- Updates to your application – such as **changes in mailing address and phone number** – are your responsibility and must be submitted in writing to Courtyard Apartments.
- When your name nears the top of the waiting list you will be notified by mail or by phone to update and verify all information, and eligibility for rental assistance and housing will be determined.
- Failing to respond to update letters or phone calls will result in removal from the waiting list.
- Housing will not be offered until an interview has been completed and Courtyard Apartments determines your eligibility.
- Housing assistance to a household or specific household member will be denied for the following:
 - Income which exceeds program limits
 - Uncontested or ineligible citizenship or immigration status
 - Refusal to provide or sign required documentation
 - Violent or drug-related criminal activity
 - Sex offender registration
 - Any other reason established by HUD regulations or Courtyard Apartments
- Title 18-Section 1001 of the US Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department or agency of the United States Government.

COURTYARD APARTMENTS AND HUD PROHIBIT SMOKING IN ALL APARTMENTS

Equal Access to Housing in HUD Programs regardless of Sexual Orientation or Gender Identity it is our policy to ensure that this housing is open to all eligible individuals and families regardless of actual or perceived sexual orientation.

Courtyard Apartments is an equal opportunity entity and does not discriminate on the basis of age, race, color, religion, creed, sex, gender, handicap, disability, national origin, familial status, marital status, sexual orientation or gender identity.

Return your application to:

**Courtyard Apartments
Property Manager
245 Main Street
Manchester, NH 03102**

FOR CROTTCHED MOUNTIAN USE ONLY: DATE RECEIVED: _____ TIME RECEIVED: _____ American Indian or Alaskian Native () Black () Hispanic () Asian or Pacific Islander () White () Other () Male () Female

APPLICATION FOR ASSISTED HOUSING

A. **FAMILY SUMMARY** -List all persons, including yourself, who will be living in the apartment. List head of household first.

Name	Relationship	Gender	Soc Sec #	Birth Date	Place of Birth
1	Head				
2					
3					
4					
5					
6					

Mailing Address: _____ City: _____ State: _____ Zip: _____

Physical Address: _____ City: _____ State: _____ Zip: _____
 (if different than mailing address)

Telephone No. (which you can be reached at): _____ E-Mail Address _____

Applying to Property(s): _____ Requested Unit Size: _____ **Bedrooms**

How did you hear about the apartment for which you are applying? _____

PETS ARE PERMITTED UNDER OUR PET POLICY GUIDELINES

If you require any modifications to an apartment, check here and explain below.

B. INCOME - All sources of regularly received monies must be listed regardless of recipient's age.

Family Member Name	Sources of Income	Amount
	Social Security Gross Monthly Amount	\$
	Social Security Gross Monthly Amount	\$
	Pension Gross Monthly Amount	\$
	Source:	
	Address:	
	Claim No.	
	Pension Gross Monthly Amount	\$
	Source:	
	Address:	
	Claim No.	
	VA Benefits (Claim #)	\$
	SSI Benefits Gross Monthly Amount	\$
	Unemployment Compensation Gross Monthly Amount	\$
	Address:	
	AFDC Gross Monthly Amount	\$
	Wages Gross Monthly Amount	\$
	Employer:	
	Address:	
	Wages Gross Monthly Amount	\$
	Employer:	
	Address:	
	Alimony Gross Monthly Amount	\$
	Child Support Gross Monthly Amount	\$
	Other Income Gross Monthly Amount (for example, rental income, etc.)	
		\$
		\$

C. ASSETS:

Have you sold or disposed of any asset(s) valued over \$1,000 in the last two years? YES NO

If yes, type of asset (e.g., money/land/house) _____

Market value when sold/disposed \$ _____ Amount sold/disposed for \$ _____ Date of transaction _____

C. **ASSETS** (continued)

Provide the following information for all members of the household (use another sheet of paper if necessary).

Checking Accounts

Bank	Bank
Address	Address
Account No.	Account No.
Int. Rate Balance \$	Int. Rate Balance \$

Savings Accounts

Bank	Bank
Address	Address
Account No.	Account No.
Int. Rate Balance \$	Int. Rate Balance \$

Certificates of Deposit

Bank	Bank
Address	Address
Acct.# Int Rate Amt. \$	Acct.# Int Rate Amt. \$
Penalty for Early Withdrawal Maturity Date	Penalty for Early Withdrawal Maturity Date

Stocks

IRA's/401-K's

Name	Bank
Address	Address
Value \$ Div. Rate	Value \$ Div. Rate

Bonds

Trust Accounts

Bank	Bank
Address	Address
Present Value \$	Account No.
Maturity Date	Int. Rate Balance \$

C. **ASSETS** (continued):

Real Estate

Do you own any property? **YES** **NO**

If yes, type & location of property _____

Appraised market value \$_____ Mortgage or outstanding loan due \$_____

Name & address of broker/realtor who would provide verification of market value:

Broker/Realtor	Address	City	State	Zip
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D. **MEDICAL AND CHILD CARE EXPENSES**

FOR ELDERLY, DISABLED, HANDICAPPED APPLICANTS ONLY

Medical Costs - Complete only if head or spouse is 62 or older, handicapped, or disabled AND ONLY if these medical expenses are paid for out of your own pocket and not reimbursed by medical insurance.

Medicare

Monthly Amount \$	Monthly Amount \$
-------------------	-------------------

Medical Insurance

Name	Name
Address	Address
Claim No. Monthly Amt. \$	Claim No. Monthly Amt. \$

Pharmacy

Name	Name
Address	Address
Anticipated prescription costs not covered by insurance - Monthly Amount \$	Anticipated prescription costs not covered by insurance - Monthly Amount \$

Physician

Are you seeing a physician REGULARLY ? Yes _____ No _____	
Name	Name
Address	Address
Anticipated costs not covered by insurance - Monthly Amount \$	Anticipated costs not covered by insurance - Monthly Amount \$

Outstanding Medical Bills for which You are Making Monthly Payments

Name	Name
Address	Address
Anticipated costs not covered by insurance - Balance Due \$ Monthly Amount \$	Anticipated costs not covered by insurance - Balance Due \$ Monthly Amount \$

Child Care Expenses - Complete for children 12 and younger - Weekly cost for Child Care \$ _____

Name & Address of Person/Agency caring for children: _____

E. PROGRAM INFORMATION

Are you currently living in subsidized housing? **YES** **NO**

F. APPLICANT INFORMATION-Please place a checkmark in the box if any of the following statements apply to you.

1. You have been served a Notice to Quit or been asked to leave by a previous landlord **YES** **NO**

2. You have been served with lease violations from a previous landlord **YES** **NO**

3. You ever lived in a property infested with bed bugs? **YES** **NO**

If yes, when and where: _____

4. You have been evicted **YES** **NO**

5. You or any household member have been evicted from federally assisted housing for drug-related criminal activity? **YES** **NO**

6. You or any member of your household ever been arrested and/or convicted of a felony or misdemeanor, or any conviction involving drugs or violence? **YES** **NO**

If yes, please explain, include dates: _____

7. You or a household member have been convicted of a sex related crime or are subject to a lifetime registration in a State sex offender registration program? **YES** **NO**

List all states, other than the one that you reside in now, in which you have lived in during the last seven years? _____

G. REFERENCE INFORMATION

Current Landlord (Name, Address, & Phone No.)

How long have you lived there? _____ Is this landlord related to you? **YES** **NO**

Why are you moving from this place of residence? _____

Previous Landlords (Name, Address & Phone No.)

1.	2.
Address of Apt.	Address of Apt.
How long did you live there?	How long did you live there?
Is this landlord related to you? YES <input type="checkbox"/> NO <input type="checkbox"/>	Is this landlord related to you? YES <input type="checkbox"/> NO <input type="checkbox"/>

Professional Personal References (Name, Address, Phone No. & Relationship)

(Ex: teachers, principals, past/present employers, physicians, etc.) Please do not list relatives or friends.

1.	2.
Phone No. Relationship	Phone No. Relationship

All information received by Crotched Mountain during the application process regarding the applicant or applicant's household will be taken into consideration as part of the application.

Please sign ALL Black Checkmarks

Authorization

I/we do hereby authorize Crotched Mountain and its staff to contact any agencies, offices, credit bureaus, landlords, or professional references for the purpose of verifying the information I/we have provided on the application. The information provided will be used solely for the determination of my/our eligibility and admission to the housing I/we are applying for and the information that is supplied will be kept confidential.

Signatures

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Applicant Signature

Date

()

Co-Applicant Signature

Date

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