



ALLIANCE

Asset Management

383 Central Ave, Ste LL70 Dover, NH 03820 | PHONE: (603) 516-0590 | FAX: (603) 516-0599

Dear Housing Applicant,

Thank you for your interest in housing; managed by Alliance Asset Management, Inc. Atlantic Regional Portfolio. All of our buildings are 100% smoke free. We are pet friendly, however breed and weight restrictions apply.

Currently, we are accepting applications to be placed on our waitlist. We are anticipating an approximate wait time of **6 months**. However, this time frame is subject to the vacancies we receive and could be longer or shorter.

Complete the application in FULL, do not leave any questions unanswered. Select N/A by the questions that do not apply to you. If the application is not completed in full and signed/dated by all household members age 18 and older, it will be returned to you.

Fully completed applications can be returned to our office by one of the followings ways;

Mail or Drop off: 383 Central Ave, Ste LL70, Dover, NH 03820

Fax to (603) 516-0599

Email: THPRENTALS@Alliancenh.com

Applications should be submitted with the last two consecutive paystubs for each household member who has employment/wage income and copies of Photo ID's and Social Security cards for all household members.

When processing your application for initial eligibility, we will review the income information you provide to determine if your income is sufficient to pay the applicable rents for the unit sizes you are interested in. We will also look at rental history and may reach out if we have any questions.

Our apartment homes are not subsidized and do not come with rental assistance.

When we pull an application from the waitlist, we thoroughly verify all information provided to us on the rental application as well as other sources available to us. **At that time, we will require a credit report, a criminal check and will verify income and assets of all members of the household.** We will also check previous and current rental history. The same screening and verification process is used for every applicant - fair, consistent and uniform.

The initial eligibility process can take anywhere from 2 to 4 weeks. All applications are placed in order by date and time they are received. If you have questions regarding your particular income eligibility, please call our office at (603) 516-0590.

Should your application meet the initial eligibility screening and we have an available unit you will be contacted to determine if you are still interested in an apartment. If yes, additional information regarding household assets and income will be requested.

We look forward to receiving your application and being able to meet your housing needs!

Sincerely,

The Alliance Asset Management Team





For Office Use Only
Date Received: _____
Time Received: _____

ADDRESS: 383 Central Ave, Ste LL70 Dover, NH 03820 | **PHONE:** (603) 516-0590 | **FAX:** (603) 516-0599

Affordable Housing Application

Please note that ALL applications are placed in order of date and time received

A. GENERAL INFORMATION

Head of Household Applicant Name: _____

Current Address: _____
Street
Apt #
City
State
Zip

Daytime Phone: _____ Evening Phone: _____

Email Address: _____

How did you hear about us? _____

Do you require an accessible unit? Yes No If **yes**, features needed: _____

B. HOUSEHOLD COMPOSITION

List all household members who will be living in the apartment

	Name	Relationship to Head	Birth Date	Age	Social Security #	Student (Full or Part)
Head		Self				<input type="checkbox"/> Yes <input type="checkbox"/> No
Co-Head						<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No

1. Does anyone listed above have an alias or maiden name? Yes No
2. Will all listed minors be living in the unit at least 50% of the time? Yes No N/A
3. Have there been any changes in household composition in the last twelve months? Yes No

If **yes**, please explain: _____

4. Do you anticipate any changes in household composition in the next twelve months? Yes No

If **yes**, please explain: _____

5. Is there someone not listed above who would normally be living with the household? Yes No

If **yes**, please explain: _____



C. INCOME

IMPORTANT: Please fill in each section and include income of minor household members.
Check N/A to the items that do not apply to your household.

Social Security Income:

N/A

Household Member Name		Gross Monthly Amount
	\$	
	\$	

Supplemental Security Income:

N/A

Household Member Name		Gross Monthly Amount
	\$	
	\$	

Pensions and/or Annuities:

N/A

Household Member Name		Gross Monthly Amount
	\$	
	\$	

Veteran's Administration Benefits:

N/A

Household Member Name		Gross Monthly Amount
	Claim #	\$
	Claim #	\$

Employment Wages:

N/A

Household Member Name		Gross Monthly Amount
	Employer:	\$
	Employer:	\$
	Employer:	\$

Unemployment Compensation:

N/A

Household Member Name		Gross Monthly Amount
	\$	
	\$	

Public Assistance (TANF, APTD, etc.):

N/A

Household Member Name		Gross Monthly Amount
	\$	
	\$	

Contributions to the Household (monetary or not):

N/A

Household Member Name		Gross Monthly Amount
	\$	
	\$	

Full-Time Student Income (18 years old and over only):

N/A

Household Member Name		Gross Monthly Amount
	\$	
	\$	

Student Aid (excluding loans):

N/A

Household Member Name		School Year Amount
	\$	
	\$	

Long Term Medical Care Payments in excess of \$180 per day:

N/A

Household Member Name		Gross Monthly Amount
	\$	

Scheduled Payments from Investments:

N/A

Household Member Name		Gross Monthly Amount
	\$	
	\$	

Other Income (self-employment, reoccurring monetary gifts, etc.)

N/A

Household Member Name		Gross Monthly Amount
	\$	
	\$	

Alimony:

N/A

Are you legally entitled to receive alimony? Yes No

If **yes**, list the amount you are entitled to receive: \$ _____ Monthly Weekly

Do you receive alimony? Yes No

If **yes**, list the amount you receive: \$ _____ Monthly Weekly

Child Support:

N/A

Are you legally entitled to receive child support? Yes No

If **yes**, list the amount you are entitled to receive: \$ _____ Monthly Weekly

Do you receive child support? Yes No

If **yes**, list the amount you receive: \$ _____ Monthly Weekly

*****INCOME CONCLUSION*****

Total Gross Annual Income (Based on the monthly amounts listed above x 12): \$ _____

Total Gross Annual Income from previous year: \$ _____

1. Do you anticipate any changes to this income in the next 12 months? Yes No
2. Is any household member legally entitled to receive income assistance? Yes No
3. Is any household member likely to receive income assistance (monetary or not) from someone who is not a member of the household listed on Page 1? Yes No

If yes to any of the above, please explain: _____

Is the income received? Yes No _____

D. ASSETS

IMPORTANT: Please fill in each section and include assets of minor household members.

Check N/A for the items that do not apply to your household. If your assets are too numerous to list here, please attach an additional sheet to this application identifying additional asset information.

Checking Account(s):

N/A

Household Member Name	Bank	Account Number

Savings Account(s) and/or Direct Deposit Card(s) (for SS, SSI, SSP, TANF, Child Support, Work):

N/A

Household Member Name	Bank	Account Number

Money Market Account(s):

N/A

Household Member Name	Bank	Account Number	Balance
			\$
			\$

Peer to Peer Payment Apps (Venmo, Cash App etc) :

N/A

Household Member Name	Name of App	Account Name	Balance
			\$
			\$

Stocks, Certificates of Deposits:

N/A

Household Member Name	Stock Name	# of Shares Owned	Value Per Share	Dividend Rate
			\$	
			\$	

Bonds:

N/A

Household Member Name	Series	Date of Issue	Amount
			\$
			\$
			\$

IRA (s)

N/A

Household Member Name	Bank	Account Number	Balance	Interest Rate
			\$	
			\$	

Annuities/Mutual Funds/401K/403b

N/A

Household Member Name	Bank	Account #	Balance	Interest Rate
			\$	
			\$	

Trust Account(s):

N/A

Household Member Name	Bank	Balance
		\$
		\$

Whole Life Insurance (Not Term Life)

N/A

Household Member Name	Insurance Company	Policy #	Cash Value
			\$
			\$

Investment Property:

N/A

Type of Property and Address: _____

Appraised Value: \$ _____

Real Estate:

N/A

Does anyone who will be living in the apartment as a household member own any property or have shared ownership on any property? If **Yes**, please answer the following:

Type of Property and Address: _____

Appraised Value: \$ _____ Mortgage or outstanding loans balance due: \$ _____

Amount of annual insurance premium: \$ _____ Amount of most recent real estate tax bill: \$ _____

*****ASSETS CONCLUSION*****

1. Does any member of the household have an asset(s) owned jointly with a person who is NOT a member of the household listed on Page 1? Yes No

If **yes**, please describe: _____

1a. Do they have access to the asset? Yes No

2. Do you or any other household member have any other assets not listed above? (excluding personal property) Yes No

If **yes**, please list: _____

3. Have you disposed of any assets in the last 2 years? (Examples: Given away money to relatives, set up Irrevocable Trust Accounts, etc.) Yes No

If **yes**, describe the asset: _____

E. ADDITIONAL HOUSEHOLD INFORMATION

1. Are you or any member of your household currently using an illegal substance? Yes No

If **yes**, please describe: _____

2. Have you or any member of your household been convicted of a felony? Yes No

If **yes**, please describe: _____

3. Have you or any member of your household ever been evicted from housing? Yes No

If **yes**, please explain: _____

4. Have you or any member of your household ever received an Eviction Notice or Notice to Quit from any landlord? Yes No

If **yes**, please explain: _____

5. Are you capable of entering into a lease agreement? Yes No

If **No**, please explain: _____

6. Have you resided in one of our properties in the past? Yes No

If **yes**, name property: _____ If **yes**, when: _____

7. Do you or any member of the household require a live-in care attendant? Yes No

If **yes**, Name of Attendant: _____ Relationship: _____

8. Are you or any member of the household listed on any state sex offender registry? Yes No

If **yes**, please explain:

9. **Do you or anyone in your household have a Section 8 Voucher?** _____

VOUCHER INFORMATION

Please list Housing Authority: _____ Contact Person: _____
Contact Email: _____ Contact Phone: _____

F. HOUSEHOLD STUDENT STATUS

1. Will any of the persons in the household be attending college but will still consider their permanent residence with this household? (i.e. a student that lives away at college but will spend their Winter and Summer breaks with the household) Yes No
2. Will any of the persons in the household be **part-time** students? Yes No
3. Will **ALL** of the persons in 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 (months need not be consecutive) at an educational institution (note that students include those attending public or private elementary schools, middle or junior high schools, senior high schools, colleges/universities, technical, trade or mechanical schools but, **does not** include those participating in on-the-job training course or a job training program receiving assistance under the Job Training Partnership Act)? Yes No

If YES to question #3, please answer the following questions:

- 3a.** Are any full-time student(s) married and entitled to file a joint tax return? Yes No
- 3b.** Are any full-time students(s) a recipient of TANF or Title IV? Yes No
- 3c.** Is at least one student a single parent living with his/her child(ren) and who is not a dependent on another's tax return and whose child(ren) is/are not dependent(s) of anyone other than a parent? Yes No
- 3d.** Is any student a person who was previously under the care and placement of a foster care program (under Part B or E of Title IV of the Social Security Act)? Yes No

G. VEHICLE AND PET INFORMATION (if applicable)

VEHICLES:

List any cars, trucks or other vehicles owned. Parking will be provided for one to two vehicles. Arrangements with management will be necessary for more than two vehicles. All vehicles parked on the property premises must be registered in a household members name, inspected with valid plates and in operational condition.

Vehicle #1- Type of Vehicle: _____ License Plate #: _____ State: _____
Year/Make/Model: _____ Color: _____
Vehicle #2- Type of Vehicle: _____ License Plate #: _____ State: _____
Year/Make/Model: _____ Color: _____

PETS:

1. Does your household own any pet(s) that will reside with you when you move in? Yes No
 - 1a. If **yes**, name breed & weight: _____
 - 1.b If **yes**, is this pet a Service/Support Animal? Yes No
2. If **no**, do you anticipate having any pets in the future? Yes No
If **yes**, describe: _____

H. REFERENCE INFORMATION - Please list the last 3 years of residences for all adult HH members.

Current Landlord Information:

Name: _____ Phone: _____

Email: _____

Address: _____

Date Tenancy Began: _____ Rent Amount: \$ _____

Previous Landlord #1:

Name: _____ Phone: _____

Email: _____

Address: _____

Dates of residence: _____ Rent Amount: \$ _____

Previous Landlord #2:

Name: _____ Phone: _____

Email: _____

Address: _____

Dates of residence: _____ Rent Amount: \$ _____

Personal Reference #1:

Name: _____ Phone: _____

Email: _____

Address: _____

Relationship: _____ Years Known: _____

Personal Reference #2:

Name: _____ Phone: _____

Email: _____

Address: _____

Relationship: _____ Years Known: _____

Emergency Contact: Please provide someone who is **NOT** a household member listed on Page 1.

Name: _____ Phone: _____

Email: _____

Address: _____

Relationship: _____ Years Known: _____

I. CERTIFICATION

Every family member age 18 years old or over must read and sign the following:

I/We certify that this will be my/our permanent residence.

I/We understand that we must pay a security deposit prior to occupancy.

I/We understand that Alliance Asset Management is relying on this information to prove my household's eligibility for the Housing Program.

I/We understand that my/our eligibility for housing is based on applicable income limits and by management's selection criteria.

I/We understand that that this application in no way ensures occupancy and that my/our application can be rejected based on, but not limited to, poor credit, landlord and/or criminal record.

I/We certify that the information provided in this application is true and accurate to the best of my/our knowledge and

I/We understand that false statements or information are punishable by law and will lead to the cancellation of this application and termination of tenancy after occupancy.

_____	_____
Head Signature	Date
_____	_____
Co-Head Signature	Date
_____	_____
Other Adult Signature	Date
_____	_____
Other Adult Signature	Date

****Please complete AUTHORIZATION TO RELEASE INFORMATION the next page****

AUTHORIZATION TO RELEASE INFORMATION

Every family member age 18 years old or over must read and sign the following:

I/We, the undersigned, hereby authorize all persons or companies listed below to release without liability, information regarding employment, income and assets to Alliance Asset Management, Inc. for the purposes of verifying information on my/our apartment rental application.

Information Covered

I/We do hereby authorize Alliance Asset Management, Inc., and its staff to obtain information or materials deemed necessary to determine my/our eligibility for housing.

I/We understand that previous or current information regarding me/us may be needed. Verifications and inquiries that may be requested include, but are not limited to: personal identity, assets, employment income, credit, rental and criminal records.

I/We understand that this authorization cannot be used to obtain any information about me/us that is not pertinent to my/our eligibility for and continued participation as a qualified resident.

I/We authorize Alliance Asset Management to obtain a copy of my/our credit report.

Groups or Individuals that May be Asked

Past, Present or Future Employers
Landlords
Public Housing Agencies
Support and Alimony Providers
Insurance Companies/Providers
Welfare Agencies
Educational institutions

Veteran's Administration
State Unemployment Agencies
Banks and other Financial Institutions
The Social Security Administration
Utility Companies
Retirement Systems
Credit Bureaus

Conditions

I/We agree that a photocopy and or fax of this authorization may be used for the purposes stated above.

I/We understand that this authorization will stay in effect for fifteen months from the date signed.

I/We understand our right to review this file and correct any information that is incorrect.

Head Signature	Date
Co-Head Signature	Date
Other Adult Signature	Date
Other Adult Signature	Date

****Please complete PROPERTY SELECTIONS on the next two pages****

Properties Currently Within the Atlantic Portfolio

Select the properties and unit sizes in which you are interested

Do You Need an Accessible Unit? YES No

BETHESDA HOUSE

Bethesda House Drive & Horn Crossing, Kennebunk, ME 04043

*Applicants must meet guidelines for Low Income Housing Tax Credit at 50% or 60% income limits

Select BR Size: 2BR 3BR

BRADLEY COMMONS

577 Central Avenue, Dover, NH 03820

*Applicants must meet guidelines for Low Income Housing Tax Credit Program or HOME Program at 50% or 60% income limits

Are You or Someone Within Your Household a Veteran? YES NO

Select BR Size: 1BR 2BR 3BR

BRADLEY COMMONS II

18 Park Street, Dover, NH 03820

*Applicants must meet guidelines for Low Income Housing Tax Credit Program or HOME Program at 50% or 60% income limits

Select BR Size: 1BR 2BR

CEDARWOOD

39 Calef Highway, Lee, NH 03861

*These are market units

Select BR Size: 2BR

MAD RIVER MEADOWS

3, 5 & 9 Fairway Drive & 55-57 Spring Street, Farmington, NH 03835

*Applicants must meet guidelines for Low Income Housing Tax Credit at 50% or 60% income limits

Select BR Size: 2BR 3BR

NEW HOPE HOUSING

466 & 488 Beccaris Drive, Rollinsford, NH 03869

*Applicants must meet guidelines for Low Income Housing Tax Credit at 50% or 60% income limits

Select BR Size: 1BR 2BR

NORTON STREET

11, 30, 40, 50, 83 & 85 Norton Street, South Berwick, ME 03908

*Applicants must meet guidelines for Low Income Housing Tax Credit at 40%, 50% or 60% income limits

Select BR Size: 2BR 3BR 4BR

POST OFFICE DRIVE

11, 14 & 18 Post Office Drive, Eliot, ME 03903

* Applicants must meet guidelines for Low Income Housing Tax Credit Program or HOME Program at 30%, 50% or 60% income limits. There are Market Units with no income limits as well.

Select BR Size: 2BR

SUMMER STREET

5-7 Summer Street, Exeter, NH 03833

*Applicants must meet guidelines for Low Income Housing Tax Credit at 50% or 60% income limits

Select BR Size: 2BR

WHITE BIRCH AT RYE

11 Airfield Drive, Rye, NH 03871

*Applicants must meet guidelines for Low Income Housing Tax Credit Program or HOME Program at 50% or 60% income limits

*Must Be Age 62 Or Older To Apply For This Property

Select BR Size: 1BR 2BR

WOODBURY MILLS

2 Dover Street, Dover, NH 03820

*Applicants must meet guidelines for Low Income Housing Tax Credit Program or HOME Program at 50% or 60% income limits

Select BR Size: 1BR 2BR 3BR