



For Office Use Only

Date Received: \_\_\_\_\_

Time Received: \_\_\_\_\_

**ADDRESS:** 105 Loudon Road Unit 1 Concord, NH 03301 | **PHONE:** (603) 223-0810 | **FAX:** (603) 223-0934

## 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 Mailing Address: \_\_\_\_\_  
*Street Apt # City State Zip*

Phone Number: \_\_\_\_\_ Preferred contact method: \_\_\_\_\_

Email Address: \_\_\_\_\_

How did you hear about us? \_\_\_\_\_ Preferred move in date: \_\_\_\_\_

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

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

If **yes**, please explain: \_\_\_\_\_

- Do you anticipate any changes in household composition in the next twelve months? ☐ Yes ☐ No

If **yes**, please explain: \_\_\_\_\_

- 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, Supplemental Security, Disability income:**

N/A ☐

Household Member Name		Gross Monthly Amount
	\$	
	\$	

**Pensions, Annuities and/or Investments:**

N/A ☐

Household Member Name		Gross Monthly Amount
	\$	
	\$	

**Veteran's Administration Benefits:**

N/A ☐

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

**Unemployment Compensation:**

N/A ☐

Household Member Name		Gross Monthly Amount
	\$	
	\$	

**Employment Wages:**

N/A ☐

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

**Public Assistance (TANF, APTD, etc.):**

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
	\$	
	\$	

**Full-Time Student Income (18 years old and over only):**N/A ☐

Household Member Name		Gross Monthly Amount
	\$	
	\$	

**Other Income (self-employment, contributions monetary or not etc.)**N/A ☐

Household Member Name		
	\$	
	\$	

**Alimony:**N/A ☐Are you *legally entitled to receive alimony*?☐ Yes ☐ NoIf **yes**, list the amount you are *entitled to receive*:

\$

☐ Monthly☐ Weekly

Do you receive alimony?

☐ Yes ☐ NoIf **yes**, list the amount you receive:

\$

☐ Monthly☐ Weekly**Child Support:**N/A ☐Are you *legally entitled to receive child support*?☐ Yes ☐ NoIf **yes**, list the amount you are *entitled to receive*:

\$

☐ Monthly☐ Weekly

Do you receive child support?

☐ Yes ☐ NoIf **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 \_\_\_\_\_

Do you or anyone in your household have a Section 8 Voucher? (HCV, Bridges, etc.)

☐ Yes ☐ No

If yes, please list Housing Authority: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Contact Email: \_\_\_\_\_ Contact Phone: \_\_\_\_\_

**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	Bank	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
			\$
			\$
			\$

**Annuities/Mutual Funds/401K/403b/IRA(s)**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
			\$
			\$

**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. For each household member, list every state they have ever lived in: \_\_\_\_\_

## G. PET INFORMATION (if applicable)

- PETS:** 1. Does your household own any pet(s) that will reside with you when you move in?

1a. If **yes**, name breed & weight: \_\_\_\_\_ ☐ Yes ☐ No

## 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 (adult or minor) in the household be **part-time** students? ☐ Yes ☐ No

3. Will **ALL** of the persons in your household (this includes adults) 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

## H. REFERENCE INFORMATION

**Current Landlord Information:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_

Date Tenancy Began: \_\_\_\_\_ Rent Amount: \$ \_\_\_\_\_

**Previous Landlord #1:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_

Date Tenancy Began: \_\_\_\_\_ Date tenancy ended: \_\_\_\_\_

**Previous Landlord #2:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_

Date Tenancy Began: \_\_\_\_\_ Date tenancy ended: \_\_\_\_\_

**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.

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Head Signature

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Date

---

Co-Head Signature

---

Date

---

Other Adult Signature

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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.

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Head Signature

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Date

---

Co-Head Signature

---

Date

---

Other Adult Signature

---

Date

---

Other Adult Signature

---

Date

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

## **PROPERTY SELECTIONS**

Please select the properties that you are interested in.

Please note that ALL properties are smoke free and "pet friendly."

For additional information about any of these properties, please visit

[www.AllianceNH.com](http://www.AllianceNH.com)

### **BOW, NH**

☐ **Bow Vista I and II** : Dicandra Dr

**Select Bedroom Size:** ☐ 2BD

### **FRANKLIN, NH**

☐ **Franklin Light and Power**: 100 Memorial St

**Select Bedroom Size:** ☐ 1BD ☐ 2BD

Are you or a household member a veteran? ☐ Yes ☐ No

### **CONCORD, NH**

☐ **CATCH 3 Bedroom Townhouses**: East Side Dr & Eastern Ave

**Select Bedroom Size:** ☐ 3BD

☐ **Friedman Court I**: 19 Old Suncook Rd

**Select Bedroom Size:** ☐ 1BD ☐ 2BD ☐ 3BD

☐ **Friedman Court II**: 13 Old Suncook Rd

**Select Bedroom Size:** ☐ 1BD ☐ 2BD

☐ **Mennino Place**: 51 Storrs St

**Select Bedroom Size:** ☐ 1BD ☐ 2BD

Are you or a household member an artist? ☐ Yes ☐ No

☐ **Perley Place**: 58-66 Perley St

**Select Bedroom Size:** ☐ 1BD ☐ 2BD ☐ 3BD ☐ 5BD

☐ **Union**: 18 Union St

**Select Bedroom Size:** ☐ 2BD (HC accessible) ☐ 3BD

☐ **South End 2000**: 57 Centre St, 63 South St, 86-88 S. State St & 48-50 Perley St

**Select Bedroom Size:** ☐ 2BD ☐ 3BD ☐ 4BD

☐ **Davis Ridge**: 303 Sheep Davis Rd

**Select Bedroom Size:** ☐ 1BD ☐ 2BD ☐ 3BD

### **PENACOOK, NH**

☐ **Willow Crossing**: 41 Village St & 24 Knoll St

**Select Bedroom Size:** ☐ 1BD ☐ 2BD ☐ 3BD

☐ **Rosemary's Way**: 95 Village St

**Select Bedroom Size:** ☐ 1BD ☐ 2BD ☐ 3BD

### **PETERBOROUGH, NH**

☐ **Vose Farm Residences**: 12 Vose Farm Rd

**Select Bedroom Size:** ☐ 1BD ☐ 2BD

### **DOVER, NH**

☐ **Covered Bridge Manor**: 280 County Farm Rd

**Select Bedroom Size:** ☐ 1BD

☐ **576 Central Ave - CAPSC**: 576 Central Ave

**Select Bedroom Size:** ☐ Single Room

### **ROCHESTER, NH**

☐ **The Gafney Home**: 90 Wakefield St

**Select Bedroom Size:** ☐ Studio ☐ 1BD ☐ 2BD