



Laconia Area Community Land Trust, Inc.

c/o Hodges Development Corp.
201 Loudon Road, Concord, NH 03301
Tel: 1-800-742-4686 Fax: 603-228-1387

PRINT & RETAIN FOR YOUR RECORDS

PINECREST & LOCHMERE APARTMENTS

Thank you for your interest in Laconia Area Community Land Trust's permanently affordable housing professionally managed by The Hodges Companies. **Your completed application; along with copies of Social Security cards for each household member, should be sent directly to our property management company, The Hodges Companies, 201 Loudon Road, Concord, NH 03301.**

Once received, your application will be quickly verified for eligibility. If it is determined you are eligible, you will be placed on the Land Trust's waiting list maintained by Hodges. Hodges will advise you if it is determined you are not eligible.

When there is an opening and your name is at the top of the list, Hodges will contact you to verify you are still interested in housing with the Land Trust. Once you have indicated your continued interest, Hodges will begin the process of verifying your income and checking prior landlord references. This process can take approximately two weeks or less; with your cooperation. Hodges will contact you if additional information is needed. As soon as your application is processed, Hodges will contact you directly. Meanwhile, please keep Hodges updated if things change for you, such as phone numbers or addresses.

The Land Trust has strict income guidelines imposed by its lenders. These guidelines must be followed in the qualification process. This means that although you may qualify for some of the Land Trust properties, you may not qualify for other properties with different guidelines.

Although we understand your need for a prompt response, we do ask for your patience during this process. Thank you.

FAXED APPLICATIONS ARE NOT ACCEPTED

**Proudly & Professionally managed by
The Hodges Companies
201 Loudon Road, Concord, NH 03301
(603) 224-9221
Toll Free 1-800-742-4686
TDD 1-800-545-1833 X118
housing@hodgescompanies.com**

Revised 12/10





REVISED 12/10

Hodges Development USE ONLY: DATE SENT: _____
DATE RECEIVED: _____ TIME RECEIVED: _____ INITIALS: _____ ID #: _____

APPLICATION FOR PINECREST & LOCHMERE APTS (USDA, Rural Development)

- If the information provided by or about any applicant from any source at any time during the screening process reveals negative information relating to the applicant's ability to meet the obligations of tenancy, the information will be researched as part of the tenant selection screening process and that applicant will be asked to explain this information as part of a uniformly applied policy applicable to all applicants.
- All applicants must be able to meet essential obligations of tenancy -- they must be able to pay rent, to care for their apartment, to report required information to Hodges Development, to avoid disturbing their neighbors, etc., but there is no requirement that they be able to do these things without assistance.
- Hodges Development is a management company that provides low rent housing to eligible households, elderly households and single people. Hodges Development is not permitted to discriminate against applicants on the basis of their race, color, religion, sex, national origin, disability handicap or familial status. In addition, Hodges Development has a legal obligation to provide "reasonable accommodations" to applicants if they, or any household member, have a disability or handicap.
- A reasonable accommodation is some modification or change Hodges Development can make to its apartments or procedures that will assist an otherwise eligible applicant with a disability to take advantage of government programs.
- If you, or a member of your household, have a disability or handicap and think you might need or want a reasonable accommodation, or qualify for a handicap adjustment to income under the USDA, Rural Development program, or any other adjustment you are eligible for, you may request it at any time in the application process or after admission. This is up to you. If you would prefer not to discuss your situation with the management company, that is your right.
- The U.S. Department of Agriculture (USDA) prohibits discrimination in all its programs and activities on the basis of race, color, national origin, sex, religion, age, disability, political beliefs, sexual orientation, or marital or family status. (Not all prohibited bases apply to all programs.) Persons with disabilities who require alternative means for communication of program information (Braille, large print, audiotape, etc.) should contact USDA's TARGET Center at (202) 720-2600 (voice and TDD).
- To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call (202) 720-5964 (voice and TDD). USDA is an equal opportunity provider and employer.

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

Name	Relationship	Birth Date	Place of Birth	Soc. Sec. #
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): **Phone** _____ **E-Mail Address** _____

Applying to Propertie(s) **Pinecrest or Lochmere** Requested Unit Size: _____ **Bedrooms**

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

If you require a handicap-accessible unit, check here

If you require any modifications to an apartment, check here and explain in a note to us

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:	
	Pension Gross Monthly Amount	\$
	Source:	
	Address:	
	Regular Pay from Military or Armed Forces	\$
	Source Address:	
	VA Benefits (Claim # _____)	\$
	SSI/SSD.SSA Benefits Gross Monthly Amount	\$
	Unemployment Compensation Gross Monthly Amount	\$
	Disability/Worker's Compensation Gross Monthly Amount	\$
	TANF, OAA, APTD 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, business income, rental income, annuities, resident services stipend over \$200/month, severance pay, etc.)	\$
	Self Employment Income	\$





	Education scholarships, grants	\$
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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 _____

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

Checking, Savings Accounts

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

Life Insurance (Whole or Universal)

Bank	Bank
Address	Address
Policy No.	Policy No.
Cash Value \$	Cash Vaule \$

Certificates of Deposit, Money Market

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/Annuities

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

Savings Bonds, T-Bills

Trust Accounts

Insurance Compay	Bank
Address	Address





Cash Value \$	Account No.
Interest rate	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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Cash on Hand, Safe Depsot Box, Proerpty Held as an Investment

Do you have any cash on hand, safe deposit box, or property held as an investment? Yes _____ No _____
 If yes, type & location of property _____ Aprox Value \$ _____

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 \$
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Medical Insurance

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

Circle One

Are you currently living in subsidized housing? Yes _____ No _____ Subsidy Type? HUD USDA Section 8

F. APPLICANT INFORMATION

Do you have a Section 8 Voucher or any other type of voucher? Yes _____ No _____

- 1. Have you have been served a Notice to Quit or been asked to leave by a previous landlord Yes _____ No _____
- 2. Have you have been served with lease violations from a previous landlord Yes _____ No _____
- 3. Have you have been evicted Yes _____ No _____

Name of Landlord and date _____

- 4. Have you or any household member have been evicted from federally assisted housing for drug-related criminal activity? Yes _____ No _____

Name of Landlord and date _____

If you checked any of the above boxes, please explain the circumstances on an attached sheet of paper and identify property & landlord.

- 5. Have 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? _____

- 6. You or a household member been convicted of a misdemeanor or felony? Yes _____ No _____

List the type, nature and date of criminal action.

- 7. 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 at an educational institution (other than a correspondence school) with regular faculty and students? Yes _____ No _____

If **YES**, please answer the following questions.

- a. Are any full-time student(s) married and filing a joint tax return? Yes _____ No _____
- b. Are any student(s) enrolled in a job-training program receiving assistance under the Job Training Partnership Act? Yes _____ No _____
- c. Are any full-time student(s) a TANF or a Title IV recipient? Yes _____ No _____





d. Are any full-time student(s) a single parent living with his/her minor child who is not a dependant on another's tax return? Yes _____ No _____

G. **REFERENCE INFORMATION-Please list at least 3 years**

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

How long have you lived there? _____ Is this landlord related to you? Yes____ No____
Are you required to give a 30-day notice? Yes____ No____ What is the amount of your current rent? _____

List all Previous Landlords for ALL Adults in Household (Attach a sheet of paper if more space is needed.) (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____ No____	Is this landlord related to you? Yes____ No____

List two Professional Personal References for ALL Adults in Household (Attach a sheet of paper if more space is needed.) (Name, Address, Phone No. & Relationship) Examples: 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 Hodges Development during the application process regarding the applicant or applicant's household will be taken into consideration as part of the application.

Other Information

Please provide us with the name, address, & phone number of an emergency contact and relationship to you:

Vehicles - List any vehicle owned

Type _____ Year/Make _____

Color _____ License Plate No. _____

Do you own a pet? Yes____ No____ If yes, describe _____





CERTIFICATION

I/we hereby certify that I/we do not and will not maintain a separate, subsidized rental unit in another location. I/we understand I/we must pay a security deposit for this apartment prior to occupancy. I/we certify that the housing I/we will occupy is/will be my/our permanent residence.

I/we understand that eligibility for housing will be based on either the USDA, Rural Development or the Department of Housing and Urban Development's eligibility criteria and Hodges Development resident selection criteria (see attached). I/we understand that this application in no way ensures occupancy and that my/our application can be rejected based on, but not limited to (1) a history of unjustified and/or chronic nonpayment of rent and/or financial obligations; (2) a history of living or housekeeping habits that would pose a direct threat to the health and safety of other individuals or whose tenancy would result in substantial physical damage to the property of others; (3) a history of disturbance of neighbors; (4) a history of violations of the terms of previous rental agreements, especially those resulting in eviction from housing or termination from residential programs; (5) police records indicating any type of criminal activity or convictions; and (6) any records which show the applicant's behavior to be unacceptable, even if it is a manifestation of an applicant's disability.

I/we certify that the information given in this application is true to the best of my/our knowledge. I/we understand that any false information or any omission of any significant information is punishable by law, and could be grounds for cancellation of this application or termination of residency after occupancy.

Head of Household _____ Date _____

Spouse/Co-Tenant _____ Date _____

Other Adult Member _____ Date _____

For Hodges Development _____ Date _____

The information regarding race, national origin, and sex designation solicited on this application is requested in order to assure the Federal Government, acting through the USDA, Rural Development, that Federal Laws prohibiting discrimination against tenant applicants on the basis of race, color, national origin, religion, sex, familial status, age, and handicap are complied with. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However, we would like to make you aware that, if you do not provide this information, the owner/rental agent is required to note race/national origin and sex based on visual observation or surname.

Ethnicity: () Hispanic or Latino () Not Hispanic or Latino

Race: (mark one or more) () American Indian or Alaskan Native () Black or African American () Asian

() Native Hawaiian or Other Pacific Islander () White () Other

Gender: () Male () Female







TENANT RELEASE AND CONSENT

I/We _____, the undersigned hereby authorize all persons or companies in the categories listed below to release information regarding employment, income and/or assets for purposes of verifying information on my/our apartment rental application. I/We authorized release of information without liability to the owner/manager of the apartment community listed below, and/or the state housing development agency or it's service provider.

INFORMATION COVERED

I/We understand that the previous or current information regarding we/us may be needed. Verifications and inquires that may be requested include but are not limited to: personal identity, student status, employment income, assets, and medical or child care allowances. I/We understand that this authorization cannot be used to obtain information about me/us that is not pertinent to my eligibility for and continued participation as a Qualified Tenant.

GROUPS OR INDIVIDUALS THAT MAY BE ASKED

The groups or individuals that may be asked to release the above information include, but are not limited to:

- | | | |
|-------------------------------|--------------------------------|-------------------------|
| Past and Present Employers | Criminal Checks | Veterans Administration |
| Support and Alimony Providers | State Unemployment Agencies | Retirement Systems |
| Educational Institutions | Social Security Administration | Medical Providers |
| Banks/Financial Institutions | Curent and Previous Landlords | Child Care Providers |
| Public Housing Agencies | State and Federal Agencies | Credit Agencies |

CONDITIONS

I/We agree that a photocopy of the authorization may be used for the purposes stated above. The original of this authorization is on file and will stay in effect for 15 months from the date signed. I/We understand that I/We have a right to review this file and correct any information that is incorrect.

SIGNATURES

() _____
Head of Household

() _____
(Print Name)

() _____
Date

() _____
Co-Head/Spouse

() _____
(Print Name)

() _____
Date



Laconia Area Community Land Trust TENANT SELECTION PLAN

Applicant's applying for housing with LACLT must meet the criteria of this plan. This applies to all applicants with the exception of those persons selected for and who have successfully completed LACLT's Transitional Housing Program.

Compliance:

This policy and all resident selection procedures shall comply with all state and federal laws and regulations, including any discrimination prohibited by the Fair Housing Act and other state and federal statutes and regulations that prohibit discrimination.

Nondiscrimination:

LACLT and its Agents do not discriminate on the basis of race, color, religion, sex, national origin, disability or familial status.

Income Guidelines:

Due to the differing requirements among the various funding sources and special programs utilized by LACLT, minimum and maximum income levels for applicants/residents may vary from one property to another. LACLT targets its housing to moderate-income households (those earning less than 80% of area median income), low-income households (those earning less than 60% of area median income), and very low-income households (those earning less than 50% of median income).

Income guidelines will only be used to select incoming residents. LACLT or its Agents may make special exceptions to this rule if the effect of a small amount of displacement would be outweighed by significant positive community impact. Income guidelines will not be used to displace LACLT residents if their income rises over the limits after they move into LACLT housing.

LACLT or its Agents will generally consider an Applicant able to afford a unit if the rent is at or below the affordability standard, which, at the time of this policy revision is not more than 40% of gross income. In most instances, if an Applicant's income is not sufficient, LACLT or its Agent will accept a rental subsidy to help the Applicant afford the unit. In Tax Credit Projects that have "100% Tax Credit units", if your income rises above the 140% of the applicable income limit, you will not be required to vacate your unit.

Unit Size:

LACLT requires a minimum of one person per bedroom in a unit for any property (for instance, a single individual is eligible only for a one-bedroom unit). In cases where other federal or state housing programs are involved, such as the low-income housing tax credits program, Applicants must comply with those programs' regulations. LACLT may make exceptions to the minimum requirements in order to fill vacant units or for the overall benefit of the project.

The maximum number of people who may occupy a unit is the same as set by the City or Town local housing codes. This code may consider both number of bedrooms and square footage of any housing unit in determining maximum occupancy.

Confidentiality:

LACLT and its agents will keep copies of all application materials in the Applicant's file. All information obtained by LACLT will be confidential, except that information will be released to third parties:

- A. For any court proceedings or under court order or subpoena, or at the request of an authorized governmental agency;
- B. Upon written request from the Applicant. (Anything supplied to LACLT directly by the Applicant can be released (this does not include references);
- C. If information is obtained regarding illegal activity on the part of the resident, their household member and/or guests, it will be reported to the relevant authorities;
- D. If the LACLT Board determines that the information is necessary to defend a claim against LACLT.

LACLT may disseminate demographic information from residents' files on a periodic basis. This information is limited to town of residency prior to moving in to LACLT housing, age, race, gender, gross income level, source of rent subsidy, if applicable, family composition (i.e. female headed household), employer name, as well as grade level of minors residing in the household. The information will only be released in the aggregate and on a property-specific basis provided that the confidentiality of individual family information can be protected. LACLT will not prohibit other authorized agencies from requesting such updates.

General criteria for rejection/acceptance:

Applications for housing will be accepted by the Agent on a continuing basis. Applicants will be first evaluated based on income eligibility. Income eligible applicants will be screened for previous landlord assessment, rent payment history, criminal record, credit worthiness and housekeeping habits. Lack of credit history will not disqualify an applicant.

Income Verification:

Applicants will be required to provide income and asset verification at the time of application, at annual re-certification, and as requested by the Owner or its Agents. Applicants will have sufficient income to cover the projected rent and utilities.

Landlord References and Rental History:

- An Applicant's ability to comply with the terms of the Lease from past or current landlords will be considered in determining an Applicant's ability to reside in LACLT housing. An Applicant will have sufficient rental and/or mortgage references, which indicate an ongoing ability to pay all rental expenses and ability to be respectful of persons and property. An Applicant will be requested to provide past rental history. If an applicant has no landlord history, at least one of the following criteria must be met in order to determine eligibility:

- A. The Applicant has successfully owned and maintained his/her own home within the last three years;
- B. The landlord is no longer in business and is not able to be found (documentation will be required);
- C. The Applicant can demonstrate good payment history (receipts) as well as a letter of recommendation from the current landlord, not from a relative;
- D. A qualified Co-Signer is added to the lease. The Co-Signer must meet the Resident Creditworthiness Criteria as set forth in the document. If the Resident demonstrates a good payment history for the first twelve (12) months of their residency, the Co-Signer may be removed. Where a

Co-Signer is approved; the Rental Payment must be made directly from the Primary Applicant themselves.

- E. A Rent Guarantee is obtained from a reputable agency for 12 months or until a Section 8 Voucher is issued.
- F. The applicant's credit report reflects good payment history with open credit (car loan, cell phone, credit cards, etc).

An Applicant will be rejected based on the following criteria:

- A. A history of non-payment or late payment of rent;
- B. Three or more violations of Lease or Rental Agreement;
- C. A history of living or housekeeping habits that would pose a threat to the health and safety of the other residents;
- D. A history of disturbances or right to peaceful enjoyment;
- E. A history of violations or non-compliance that resulted in an eviction or termination from rental housing programs within the previous three years.
- F. Refusal of a landlord to provide a written landlord reference. Due diligence will be completed by the Rental Agent before a rejection is issued on this basis.

Criminal Background Check:

All persons listed on the application 18 years and older are required to complete a State of New Hampshire Criminal Record Release form. The following **will** be the basis for rejection:

- A. A felony conviction on the Applicant's criminal record, within the previous 7 years from date of application;
- B. A drug-related misdemeanor conviction on the Applicant's criminal record within the last 7 years from date of application, unless the applicant has successfully completed a drug-rehabilitation program with evidence of such completion;
- C. Any sexual offense conviction on the Applicant's criminal record;



- D. A conviction that is classified as a "hate crime" on the Applicant's criminal record;
- E. The Applicant being required to register as a sex offender in any state;

- F. 2 or more convictions for crimes against persons or property within the previous 7 years; excluding driving offenses;
- G. An extensive criminal history record, or a combination of criminal convictions that would signify the Applicant has a disregard of local, state and/or federal laws;
- H. Other criminal convictions that signify a threat to the health, safety, security, or right to peaceful enjoyment of the premises by other residents, the Owner, or Agent of the Owner and it's employees, contractors, subcontractors, who are involved with the property.

Creditworthiness Criteria:

An Applicant's past and present performance in meeting financial obligations is one of the components by which an Applicant will be considered. Any outstanding account with a housing related company, including previous landlord and/or property management company and/or mortgage lien holder will constitute reason for rejection of the application. Overall credit history will be reviewed for reasonableness. A credit report indicating five (5) or more negative references (excluding medical bills) past due in the last two (2) years will serve as the basis for rejecting the application.

If an applicant has negative credit that doesn't meet the credit criteria, LACLT will allow an applicant to secure a Guarantor (for a minimum of 12 months) or a Section 8 Voucher.

Applicants will be rejected if they have one or more unsatisfied public record **notation**, including but not limited to:

1. Civil judgment;
2. Bankruptcy;
3. Property tax lien;
4. Federal income tax lien;
5. Foreclosure.

If any of the above mentioned *unfavorable credit references are the result of a financial hardship or medical catastrophe* (as a result of military duty, divorce, or death of an immediate family member, or illness), the Agent shall, at his or her own discretion, waive any or all of the above referenced creditworthiness guidelines. In such cases, the Applicant will be required to provide documentation and/or a letter of explanation of such hardship or catastrophe.

In cases where the Applicant is denied housing based on a negative credit history, s/he is encouraged to re-apply once the credit history is improved to a standard that meets LACLT's Resident Selection Criteria.

Marketing:

The availability of rental units and/or the solicitation of names for a waiting list for units will be advertised in local newspapers, passed by word of mouth, or obtained through inter-agency referrals utilizing the existing network of social service agencies in the area.

Laconia Area Community Land Trust, Inc. (LACLT) is dedicated to meeting the affordable housing needs of varied family sizes in accordance with its prescribed mission. Occupancy guidelines conform to local housing codes, which are based on the number of bedrooms contained within a particular unit.

It is the policy of LACLT to conform to all Federal, State and Local housing laws and regulations, including all Fair Housing laws.



Waiting Lists:

LACLT's Agent will accept applications for housing in advance of vacancies. Incomplete applications will be listed as such on the waiting list but will not be processed until all requested information has been supplied.

Applicants will be contacted when they reach the top ten of the waiting list. A list of applications will be kept in chronological order by bedroom size by its Agent. When there is a vacancy, the property manager will contact Applicants and process completed applications for those who are interested in the unit; on a first come first serve basis. A unit will not be held for an applicant without a deposit and an Intent to Lease form signed.

The Agent is delegated the responsibility of maintaining waiting lists and screening applications, they will be informed of LACLT's expectations about this responsibility. In particular they will be informed of the importance to LACLT of treating Applicants with dignity and abiding by all fair housing law regulations.

Rejection of Application for LACLT Housing

Applicants will have the right to appeal a denial for housing decision made by the Agent. Applicants who have been rejected for housing should submit a written request for an appeal meeting to go over the reason for denial. The Agent will meet with the Applicant within 10 days of receipt of the letter. The Agent will affirm the decision, reverse the decision, or remand the decision and notify the applicant of the outcome.

Completion of process:

When an apartment is offered to a family or individual on the waiting list, that potential tenant must ensure all appropriate information is presented to LACLT or its Agent to complete the final certification. This must be accomplished within seven days of the date of such notification.

Should the applicant fail to:

- Submit a complete application form;
- Submit properly executed release forms (for tenant certification and investigation);
- Come in for a personal interview and/or submit any other forms or documentation required by LACLT to accurately evaluate a potential tenant;

Then the application process for that applicant will be terminated without notice.

Such a potential tenant would then be required to submit a new application form, thereby starting the process anew. That potential tenant will then be placed on a waiting list as if they were a new applicant.

Adopted March 2007



We ask that you review your application before mailing it to ensure that you've completed it in its entirety. If the application is not complete or missing information, it can't be processed. The following is a checklist of common errors found that will delay the processing of your application:

- Missing social security cards (required for **ALL** household members). If you don't have one, we accept any legal document with the social security number printed on it (medical card, tax return, pay stub, etc)
- Unanswered or incomplete questions on the application. If not applicable, please answer "no" rather than leave it blank.
- Insufficient or lack of landlord history. If less than 3 years, please contact our office regarding alternatives.
- Authorization of Release Information not signed (**EACH** member over 18 years of age must sign).
- All other attachments listed on the cover page.

Please be sure to list a phone number where you can be reached if we have any questions. If you need any additional assistance, please don't hesitate to contact us at 1-800-742-4686.