



## ***Laconia Area Community Land Trust. Inc.***

**C/O The Hodges Companies  
201 Loudon Road, Concord, NH 03301  
Tel: 603-224-9221 Fax: 603-228-1387  
Toll Free 1-800-742-4686**

### **HARRIMAN HILL APARTMENTS**

Dear Applicant:

Thank you for your interest in Harriman Hill Apartments professionally managed by The Hodges Companies. Your 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, you 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.

**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 03-09

**Laconia Area Community Land Trust (LACLT) Resident Selection Plan**  
**June 1, 2011**

**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 considers both number of rooms and square footage of any housing unit in determining maximum occupancy.

**Confidentiality:**

LACLT 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. Only 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, which will be reported to the relevant authorities;

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- 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 property manager 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 it's 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 (three years) 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. 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.

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;

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- 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, with the applicant having come off of probation or parole within the previous 7 years;
- B. A drug-related misdemeanor conviction on the Applicant's criminal record with in the last 7 years, unless the applicant has successfully completed a drug-rehabilitation program;
- 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 Owners, or the Agent of the Owner and his or her employees, contractors, subcontractors, who are involved with the property.

These basis for rejection *may* be waived for persons selected for and whom have successfully completed LACLT's Transitional Housing Program.

**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, cell phone or cable 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, including but not limited to:

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

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If any of the above mentioned *unfavorable credit references are the result of a financial hardship or medical catastrophe* (military duty, divorce, death of an immediate family member, etc.), the Property Manager 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.

These basis for rejection shall be waived for persons selected for and whom have successfully completed LACLT's Transitional Housing Program.

**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 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.

Applications will be processed when they reach the top three of the waiting list. A list of applications will be kept in chronological order by bedroom size by either LACLT staff or it's Agents. 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 Property Manager 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 Property Manager. Applicants who have been rejected for housing should submit a written request for an appeal meeting to go over the reason's for denial.

**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 it's Agent to complete the final certification. This must be accomplished within seven days of the date of such notification.

Should the applicant fail to:

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- 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.

HARRIMAN Hill

For Office Use Only  
 Date Sent \_\_\_\_\_  
 Date Rec'd \_\_\_\_\_  
 Time Rec'd \_\_\_\_\_

Laconia Area Community Land Trust  
 Housing Credit Program  
 Applicant Questionnaire

**Household Information**

List all household members that are applying to live in this apartment with you.

Name <i>First, Middle Initial, Last</i>	Relationship to Head of Household	M/I	Social Security Number	Birthdate <i>Month, Date, Year</i>

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

Maiden Name: \_\_\_\_\_

(1) Daytime Phone: \_\_\_\_\_

(1) \_\_\_\_\_

(1) Evening Phone: \_\_\_\_\_

(1) \_\_\_\_\_

(2) How did you hear  
about us? \_\_\_\_\_

(2) \_\_\_\_\_

(2) Alternate Phone: \_\_\_\_\_

(2) \_\_\_\_\_

YES

NO

1. Do you expect any additions to the household within the next twelve months?

Name & Relationship: \_\_\_\_\_

Explanation: \_\_\_\_\_

2. Is there anyone living with you now who won't be living with you at this property?

Name & Relationship: \_\_\_\_\_

Explanation: \_\_\_\_\_

3. Do you have full custody of your child(ren)?

Explanation: \_\_\_\_\_

4. Are there any absent household members who under normal conditions would live with you? (For example, a household member away in the military.)

Explanation: \_\_\_\_\_

5. Does your household have or anticipate having any pets other than those used as service animals?

## Rental History

- | <u>YES</u>            | <u>NO</u>             |   |
|-----------------------|-----------------------|---|
| <input type="radio"/> | <input type="radio"/> | 6. Have you or anyone else named on this application filed for bankruptcy?<br>Explanation: _____  |
| <input type="radio"/> | <input type="radio"/> | 7. Have you or anyone else named on this application been convicted of a felony?<br>Explanation: _____  |
| <input type="radio"/> | <input type="radio"/> | 8. Have you or anyone else named on this application been convicted for dealing or manufacturing illegal drugs?<br>Explanation: _____   |
| <input type="radio"/> | <input type="radio"/> | 9. Have you or anyone else named on this application been convicted of property damage?<br>Explanation: _____   |
| <input type="radio"/> | <input type="radio"/> | 10. 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?<br>Explanation: _____ |

## Housing References

List the your past THREE housing references. *(If additional space is required, a blank piece of paper.)*

	<u>Landlord's Name/Address</u>	<u>Your Address</u>	<u>Own/Rent</u>	<u>Dates</u>
Name: _____	_____	_____	Own <input type="radio"/>	From: _____
Address: _____	_____	_____	Rent <input type="radio"/>	To: _____
Phone: (____) _____	_____	_____		
Name: _____	_____	_____	Own <input type="radio"/>	From: _____
Address: _____	_____	_____	Rent <input type="radio"/>	To: _____
Phone: (____) _____	_____	_____		
Name: _____	_____	_____	Own <input type="radio"/>	From: _____
Address: _____	_____	_____	Rent <input type="radio"/>	To: _____
Phone: (____) _____	_____	_____		

## Personal Reference

List a personal 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.

	<u>Tag/License Plate #</u>	<u>State Issued</u>	<u>Make/Model/Year</u>
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 income such as a grant or benefit, it is counted for all household members including minors.

Include all income anticipated for the next 12 months.

Do YOU or ANYONE in your household receive OR expect to receive income from:

YES      NO

       
 (EMC #01)

11. Employment wages or salaries? (Include overtime, tips, bonuses, commissions and payments received in cash.)

<u>Household Member</u>	<u>Name of Company</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

       
 (EMC #07)

12. Self-employment? (Include overtime, tips, bonuses, commissions and payments received in cash.)

<u>Household Member</u>	<u>Type of Business</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

       
 (EMC #03)

13. Regular pay as a member of the Armed Forces?

<u>Household Member</u>	<u>Base Name &amp; Branch</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

       
 (EMC #04)

14. Unemployment benefits or workman's compensation?

<u>Household Member</u>	<u>Contact Person</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

(EMC #05)

15. Public Assistance, General Relief or Aid to Families with Dependent Children (AFDC)?

<u>Household Member</u>	<u>Contact Person</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

If yes, (EMC #06) If no, (EMC #19)

16. (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 rather received directly from payor.)*

<u>Household Member</u>	<u>Payor</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

(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:* \_\_\_\_\_

(If yes, obtain court papers)

(c) If money is not actually received, are you taking legal action to remedy?

Explanation: \_\_\_\_\_

(EMC #02)

17. Social Security, SSI or any other payments from the Social Security Administration?

<u>Household Member</u>	<u>SSA Office</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

(EMC #08)

18. Regular payments from a Veteran's benefit, pension, retirement benefit or annuities?

<u>Household Member</u>	<u>Source of Benefit</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

(EMC #08)

19. Regular payments from a severance package?

<u>Household Member</u>	<u>Source of Benefit</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

(EMC #08)

20. Regular payments from any type of settlement? (For example, insurance settlements.)

<u>Household Member</u>	<u>Source of Benefit</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

(EMC #08)

21. Regular gifts or payments from anyone outside of the household?  
*(This includes anyone supplementing your income or paying any of your bills.)*

<u>Household Member</u>	<u>Source of Benefit</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____

- (EMC #13)  22. Educational grants, scholarships, or other student benefits?
- | <u>Household Member</u> | <u>Source of Benefit</u> | <u>Amount</u> |
|-------------------------|--------------------------|---------------|
| _____                   | _____                    | _____         |
| _____                   | _____                    | _____         |
- (EMC #08)  23. Regular payments from lottery winnings or inheritances?
- | <u>Household Member</u> | <u>Source of Benefit</u> | <u>Amount</u> |
|-------------------------|--------------------------|---------------|
| _____                   | _____                    | _____         |
| _____                   | _____                    | _____         |
- (EMC #08)  24. Regular payments from rental property or other types of real estate transactions?
- | <u>Household Member</u> | <u>Source of Benefit</u> | <u>Amount</u> |
|-------------------------|--------------------------|---------------|
| _____                   | _____                    | _____         |
| _____                   | _____                    | _____         |
- (EMC #08)  25. Any other income sources or types not listed?
- | <u>Household Member</u> | <u>Source of Benefit</u> | <u>Amount</u> |
|-------------------------|--------------------------|---------------|
| _____                   | _____                    | _____         |
| _____                   | _____                    | _____         |
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 INCLUDING MINORS.

Do YOU or ANYONE in your household have:

- YES NO
- (EMC #09)  27. Checking or savings account?
- | <u>Household Member</u> | <u>Bank Name</u> | <u>Amount</u> |
|-------------------------|------------------|---------------|
| _____                   | _____            | _____         |
| _____                   | _____            | _____         |
- (EMC #09)  28. CDs, money market accounts or treasury bills?
- | <u>Household Member</u> | <u>Bank Name</u> | <u>Amount</u> |
|-------------------------|------------------|---------------|
| _____                   | _____            | _____         |
| _____                   | _____            | _____         |
- (EMC #10)  29. Stocks, bonds or securities, or capital gains?
- | <u>Household Member</u> | <u>Source of Benefit</u> | <u>Amount</u> |
|-------------------------|--------------------------|---------------|
| _____                   | _____                    | _____         |
| _____                   | _____                    | _____         |

<input type="radio"/>	<input type="radio"/>	30. Trust funds?		
(EMC #09)			<u>Household Member</u>	<u>Source of Benefit</u>
			_____	_____
			_____	_____
<input type="radio"/>	<input type="radio"/>	31. Pensions, IRAs, KeoghS, Annuities or other retirement accounts?		
(EMC #09)			<u>Household Member</u>	<u>Source of Benefit</u>
			_____	_____
			_____	_____
<input type="radio"/>	<input type="radio"/>	32. Cash on hand over \$500?		
(EMC #13)			<u>Household Member</u>	<u>Source of Benefit</u>
			_____	_____
			_____	_____
<input type="radio"/>	<input type="radio"/>	33. Real estate, rental property, land contracts/contract for deeds, capital gains or other real estate holdings?		
(EMC #10)		<i>(This includes your personal residence, mobile homes, vacant land, farms, vacation homes or commercial property.)</i>		
			<u>Household Member</u>	<u>Source of Benefit</u>
			_____	_____
			_____	_____
<input type="radio"/>	<input type="radio"/>	34. Personal property held as an investment?		
(EMC #10)		<i>(This includes paintings, coin or stamp collections, artwork, collector or show cars, and antiques. This does not include your personal belongings such as your car, furniture or clothing.)</i>		
			<u>Household Member</u>	<u>Source of Benefit</u>
			_____	_____
			_____	_____
<input type="radio"/>	<input type="radio"/>	35. A safe deposit box?		
(EMC #13)			<u>Household Member</u>	<u>Bank Name</u>
			_____	_____
			_____	_____
<input type="radio"/>	<input type="radio"/>	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?		
(EMC #11)				
		Household Member:	_____	Amount: _____
		Explanation:	_____	

**Applicant Status**

The following questions pertain to specific eligibility requirements of the Housing Credit Program.

YES      NO

<input type="radio"/>	<input type="radio"/>	37. Are you or any other ADULT household member(s) claiming zero income?
(EMC #20)		
		Household Member: _____
		Explanation: _____

(EMC #12 & #18)

38. Are ALL household members (INCLUDING MINORS) currently full-time student(s) or expect to be in the next 12 months?

Household Member(s): \_\_\_\_\_  
\_\_\_\_\_

(EMC #15 & #21)

39. Do you or any ADULT household member now require a live-in care attendant in order to live independently?

Name of Attendant: \_\_\_\_\_  
Relationship (if any): \_\_\_\_\_

40. Will your household be receiving Section 8 or any other rental assistance at time of move-in (Examples: NHHFA, Laconia Housing, Ozanam Place)?

Name of Agency: \_\_\_\_\_  
Contact Person: \_\_\_\_\_

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 for purposes of proving my eligibility for occupancy. I will provide all necessary information including source names, addresses, phone numbers, account numbers where applicable and any other information required for expediting this process. I understand that my occupancy is contingent on meeting management's resident selection criteria and the Housing Credit Program requirements.

**Penalties for misusing this consent:** Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD, the PHA and any owner (or any employee of HUD, the PHA or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willingly requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD, the PHA or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at 42 U.S.C. 208 (a) (6), (7) and (8). Violations of these provisions are cited as violations of 42 U.S.C. 408 (a) (6), (7) and (8).

**All ADULT household members over the age of 18 must sign below:**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

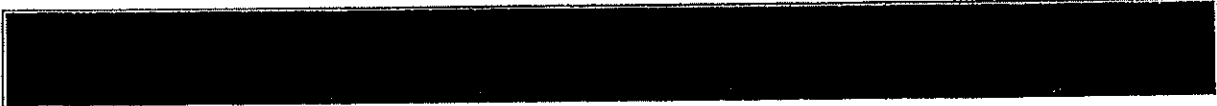
\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Revised 10/19/06, 3/28/06, 4/1/08, 8/1/08, 03/09, 04/10



Disclaimer

I hereby make application for an apartment and certify that this information is correct. I authorize Laconia Area Community Land Trust's (LACLT's) property management company, The Hodges Companies (Hodges), to contact any references that I have listed. By signing this application, the applicants understand that this information may be shared with members of the Lakes Region Rental Association.

I also authorize Hodges to obtain consumer reports, and any other information necessary for the purpose of evaluating my application. I understand that such information may include, but is not limited to, credit history, civil and criminal information, records of arrest, rental history, employment/salary details, vehicle records, licensing records, and/or any other necessary information. I understand that subsequent consumer reports may be obtained and utilized under this authorization in connection with an update, renewal, extension, or collection in connection with the rental or lease of a residence for which this application was made.

I hereby expressly release LACLT, Hodges, and any procurer or furnisher of information, from any liability what-so-ever in the use, procurement, or furnishing of such information and understand that my application information may be provided to various local, state, and/or federal government agencies, including without limitation, various law enforcement agencies.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

## Please sign ALL Black Checkmarks

Authorization-This release may be used for 15 months from the date of signature.

I/we do hereby authorize «mgmt\_company» and its staff to contact any agencies, offices, credit bureaus, landlords, criminal records, 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

(✓)

Applicant Signature

Date

(✓)

Co-Applicant Signature

Date

(✓)

Other Adult Signature

Date

Authorization- This release may be used for 15 months from the date of signature

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### Signatures

(✓)

Applicant Signature

Date

(✓)

Co-Applicant Signature

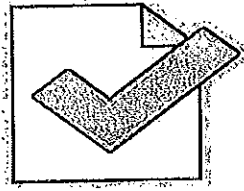
Date

(✓)

Other Adult Signature

Date

Penalties for misusing this consent: Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD, the PHA and any owner (or any employee of HUD, the PHA or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willingly requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD, the PHA or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at 42 U.S.C. 208 (a) (6), (7) and (8). Violations of these provisions are cited as violations of 42 U.S.C. 408 (a) (6), (7) and (8).



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).
- Things You Should Know About USDA Rural Rental Housing.

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 603-224-9221.