

# APARTMENT APPLICATION



Contact Information: Barbara Bennett, Property Manager  
Main Office Number: 603-330-0379 Fax: 603-330-0396  
Email: linscottcourt@metrocast.net

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## I N S T R U C T I O N S

**PLEASE READ CAREFULLY. INCOMPLETED APPLICATION WILL NOT BE ACCEPTED. DO NOT USE WHITE OUT. IF YOU MAKE A MISTAKE, DRAW A LINE THROUGH THE ERROR AND INITIAL IT.**

1. **COMPLETE ALL AREAS.** If an item does not apply to you, answer "NO" on that question.
2. **SIGNATURES are required** by all adult applicants.
3. **COPIES OF SOCIAL SECURITY CARDS,** birth certificates, copy of picture i.d. for all adults on the application, proof of income and most recent bank statement(s) are required for everyone on the application.
4. **CRIMINAL RECORD CHECKS** are required for each adult applicant (forms are enclosed).
5. **RETURN YOUR APPLICATION TO:**

**Attn: Barbara Bennett, Property Manager  
Linscott Court Apartments  
20 Columbus Ave, #114  
Rochester NH 03867**

**NOTE: PETS ARE ONLY ALLOWED FOR PERSONS WITH DISABILITIES WHO REQUIRE A SERVICE ANIMAL (documentation is required).**

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**Your application is being returned because:**

- You did not complete all areas or you did not sign the application.**

**Please return your application along with the information that was missing if you want to be considered for an apartment.**



**Managed By Rochester Housing Authority**



# APARTMENT APPLICATION



**Linscott Court**  
20 Columbus Avenue  
Rochester, NH 03867

**Emerson Court**  
31 Emerson Avenue  
Rochester, NH 03867

**Marsh View**  
Brock Street  
Rochester, NH 03867

**Please check this box if you would like your application to be considered for Project Based Voucher Rental Assistance.**

**Contact Information: Barbara Bennett, Property Manager**  
Office Number: 603-330-0379 Fax: 603-330-0396  
Email: linscottcourt@metrocast.net

## Housing Tax Credit Program

### Applicant Questionnaire

#### Household Information

Starting with Head of Household, list all household members that are applying to live in this apartment with you.

Name First, Middle, Last	Full-Time Student Y/N	Relationship to Head of Household	M/F	Social Security Number	Birth Date Mth/day/yr

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

**Work / Day Time Phone:** \_\_\_\_\_ **Cell / Evening Phone:** (   ) - \_\_\_\_\_

WHAT SIZE APARTMENT ARE YOU APPLYING FOR?     1BR     2BR     3BR

- YES     NO    1. Do you, or any member of your household request handicap accessible unit? (special unit design)
- YES     NO    2. Do you expect any additions to the household within the next twelve months?  
Name and Relationship: \_\_\_\_\_  
Explanation: \_\_\_\_\_
- YES     NO    3. Is there anyone living with you now who won't be living with you at this property?  
Name and Relationship: \_\_\_\_\_  
Explanation: \_\_\_\_\_
- YES     NO    4. Do you have child(ren) under the age of 18? (If yes, please explain if the children will not be living with you at this property.)  
Explanation: \_\_\_\_\_
- YES     NO    5. Are there any absent household members who under normal conditions would live with you? (For example, a spouse in the military.)  
Explanation: \_\_\_\_\_

- YES  NO 6. Does your household have or anticipate having any pets other than those used as service animals?  
Explanation: \_\_\_\_\_
- YES  NO 7. Have you or anyone else named on this application filed for bankruptcy?  
Explanation: \_\_\_\_\_
- YES  NO 8. Have you or anyone else named on this application been convicted of a felony?  
Explanation: \_\_\_\_\_
- YES  NO 9. Have you or anyone else named on this application been convicted for dealing or manufacturing illegal drugs?  
Explanation: \_\_\_\_\_
- YES  NO 10. Have you or anyone else named on this application been convicted of property damage?  
Explanation: \_\_\_\_\_
- YES  NO 11. 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?  
Explanation: \_\_\_\_\_

## Housing References

List the past THREE years of housing references. *(If additional space is required, use a separate sheet of paper)*

	Current Landlord's Name/ Address/Phone	Your Address	Own/Rent	Dates
Name:	_____	_____	<input type="checkbox"/> Own	_____ From
Address:	_____ _____	_____ _____	<input type="checkbox"/> Rent	_____ To
Phone:	_____	Are you related to this person? <input type="checkbox"/> YES <input type="checkbox"/> NO If Yes, state relationship: _____		

	Previous Landlord's Name/ Address/Phone	Your Address	Own/Rent	Dates
Name:	_____	_____	<input type="checkbox"/> Own	_____ From
Address:	_____ _____	_____ _____	<input type="checkbox"/> Rent	_____ To
Phone:	_____	Are you related to this person? <input type="checkbox"/> YES <input type="checkbox"/> NO If Yes, state relationship: _____		

Name:	_____	_____	<input type="checkbox"/> Own	_____ From
Address:	_____ _____	_____ _____	<input type="checkbox"/> Rent	_____ To
Phone:	_____	Are you related to this person? <input type="checkbox"/> YES <input type="checkbox"/> NO If Yes, state relationship: _____		

## Vehicle Identification

List vehicle information for all vehicles that are owned or operated by any household member.

	Tag/License Plate #	State Issued	Make/Model/Year
<b>Vehicle #1</b>	_____	_____	_____
<b>Vehicle #2</b>	_____	_____	_____

## 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 such as a grant or benefit, it is counted for all household members including minors. (such as SSI)

**Include all income anticipated for the next 12 months.**  
**Do YOU or ANYONE in your household receive OR expect to receive income from:**

<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	12. Employment wages or salaries? <i>(include overtime, tips, bonuses, commissions and payments received in cash.)</i>												
				<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%; text-align: center;">Household Member</th> <th style="width: 40%; text-align: center;">Name of Company</th> <th style="width: 30%; text-align: center;">Amount</th> </tr> </thead> <tbody> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </tbody> </table>	Household Member	Name of Company	Amount	_____	_____	_____	_____	_____	_____	_____	_____	_____
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_____	_____	_____														
_____	_____	_____														
_____	_____	_____														
<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	13. Self-employment? <i>(include overtime, tips, bonuses, commissions and payments received in cash.)</i>												
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_____	_____	_____														
_____	_____	_____														
_____	_____	_____														
<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	14. Regular pay as a member of the Armed Forces/Military?												
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_____	_____	_____														
_____	_____	_____														
_____	_____	_____														
<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	15. Unemployment benefits or workman's compensation?												
				<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%; text-align: center;">Household Member</th> <th style="width: 40%; text-align: center;">Case Worker</th> <th style="width: 30%; text-align: center;">Amount</th> </tr> </thead> <tbody> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </tbody> </table>	Household Member	Case Worker	Amount	_____	_____	_____	_____	_____	_____	_____	_____	_____
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_____	_____	_____														
_____	_____	_____														
_____	_____	_____														

YES  NO 16. Public Assistance, General Relief, AFDC or Temporary Assistance for Needy Families (TANF)?

Household Member	Case Worker	Amount
_____	_____	_____
_____	_____	_____

YES  NO 17. 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, but received directly from payer.)*

Household Member	Case Worker	Amount
_____	_____	_____
_____	_____	_____

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: \_\_\_\_\_

c) If support/alimony is court-ordered but not actually received, are you taking legal action to remedy?

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

YES  NO 18. Social Security, SSI, or any other payments from Social Security Administration?

Household Member	SSA Office	Amount
_____	_____	_____
_____	_____	_____

YES  NO 19. Regular payments from a Veteran's benefit, pension, retirement benefit or annuities?

Household Member	Source of Benefit	Amount
_____	_____	_____
_____	_____	_____

YES  NO 20. Regular payments from a severance package?

Household Member	Source of Benefit	Amount
_____	_____	_____
_____	_____	_____

YES  NO 21. Regular payments from any type of settlement? (for example, insurance settlements.)

Household Member	Source of Benefit	Amount
_____	_____	_____
_____	_____	_____

YES  NO 22. Regular payments or gifts or payments from anyone outside of household? (this includes anyone supplementing your income or paying any of your bills)

Household Member	Source of Benefit	Amount
_____	_____	_____
_____	_____	_____

YES  NO 23. Regular payments from lottery winnings or inheritances?

Household Member	Source of Benefit	Amount
_____	_____	_____
_____	_____	_____

YES  NO 24. Regular payments from rental property or other types of real estate transactions?

Household Member	Source of Benefit	Amount
_____	_____	_____
_____	_____	_____

YES  NO 25. Any other sources of income not listed?

Household Member	Source of Benefit	Amount
_____	_____	_____
_____	_____	_____

YES  NO 26. Do you or any other household members expect any changes to your income in the next 12 months?

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

**Expense Information**

<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	A. Elderly, Handicapped and disabled households only	_____
<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	Medical Insurance	_____
<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	Doctors Insurance	_____
<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	Medications, etc.	_____
<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	B. Childcare Expenses	_____
<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	Working	_____
<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	Looking for work	_____
<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	School	_____

**Asset Information**

Include all assets held and the income derived from the asset. INCLUDE ALL ASSETS HELD BY ALL HOUSEHOLD MEMBERS. (attach additional page if necessary)

**Do YOU or ANYONE in your household have:**

YES  NO 27. Checking or Savings Account?

Household Member	Financial Institute	Type of Acct.	Balance in Acct.
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

YES  NO

28. CD's, money market accounts, or treasury bills?

Household Member	Financial Institute	Amount

YES  NO

29. Stocks, bonds, or securities?

Household Member	Financial Institute	Amount

YES  NO

30. Trust Funds?

Household Member	Financial Institute	Amount

YES  NO

31. Pensions, IRAs, Keogh or other retirement accounts?

Household Member	Financial Institute	Amount

YES  NO

32. Whole and Universal life insurance policy?

Household Member	Insurance Carrier	Amount

YES  NO

33. Real estate, rental property, land contracts/contract for deeds or other real estate holdings?  
*(this includes your personal residence, mobile homes, vacant land, farms, vacation homes or commercial property.)*

Household Member	Address of Property	Amount

YES  NO

34. Personal property held as an investment? *(this includes paintings, coin/stamp collections, artwork, collector or show cars and antiques. This does not include your personal belongings such as your car, furniture, or clothing.)*

Household Member	Description of Property	Amount

YES  NO

35. A safe deposit box?

Household Member	Financial Institute	Description/ Amount
_____	_____	_____
_____	_____	_____
_____	_____	_____

YES  NO

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?

Household member: \_\_\_\_\_ Amount: \_\_\_\_\_

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

## Applicant Status

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

YES  NO

37. Are you or any other ADULT household members claiming zero income?

Household member: \_\_\_\_\_

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

YES  NO

38. **Will every member of 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?**

*If you answered YES, complete the following:*

Are any full-time student(s) married and filing a joint tax return?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Are any student(s) enrolled in a job-training program Receiving assistance under the Job Training Partnership Act?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Are any full-time student(s) a Title IV (AFDC/TANF) recipient?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Are any full-time student(s) a single parent living with his/her minor child who is not a dependent on another's' tax return?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Has any household member previously been under the care and placement of the foster care program under Title IV of the Social Security Act?	<input type="checkbox"/> YES <input type="checkbox"/> NO

YES  NO

39. Will you or any other ADULT household members require a live-in care attendant to live independently?

Name of attendant: \_\_\_\_\_

Relationship (if one): \_\_\_\_\_

YES  NO

40. Will your household be receiving Section 8 rental assistance at time of move-in?

Name of Agency: \_\_\_\_\_

Contact Person: \_\_\_\_\_



YES  NO 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: \_\_\_\_\_

YES  NO 42. Have you or any member of your household been evicted from a public housing authority?  
 If yes, when? \_\_\_\_\_  
 Name of Agency: \_\_\_\_\_  
 Contact Person: \_\_\_\_\_

YES  NO 43. Do you or any member of your household owe money to a landlord or public housing authority?  
 If yes, when? \_\_\_\_\_  
 Name of Agency: \_\_\_\_\_  
 Contact Person: \_\_\_\_\_

**Please check one or more:**

44. How were you referred to this apartment complex?  
 Current resident: (please give name) \_\_\_\_\_  Drive by building  
 Newspaper ad: (please give name) \_\_\_\_\_  Cable TV Ad  
 Internet/website: (please give name) \_\_\_\_\_  Other: \_\_\_\_\_

**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, and account numbers where applicable and any other information required for expediting this process. I understand that my occupancy is contingent on meeting the management's resident selection criteria and the Housing Credit Program requirements.

**All ADULT household members must sign below:**

\_\_\_\_\_  
 Signature of Head of Household

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Signature of other household member 18 years or older

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Signature of other household member 18 years or older

\_\_\_\_\_  
 Date

**\*\*\*For Office Use Only\*\*\***

Date of Interview: \_\_\_\_\_ By: \_\_\_\_\_