



MB Management Company

Agent for The Housing Partnership / 40 Chestnut Street, Suite 3 / Dover, NH 03820

Phone: 603.516.0590 Toll Free: 877.335.4866 Fax: 603.516.0599

Dear Applicant:

Thank you for your interest in The Housing Partnership & Fair Tide properties. When we receive completed applications, we perform an initial screening process. You will be notified in writing that your name has been placed on a waiting list for the property in which you are interested. We will contact you at least once a year to confirm your continued interest. Please be sure to contact us if you have any changes in your telephone number, address, or monthly income so that we can maintain a current application.

We screen all applicants very carefully, and we thoroughly verify all information provided to us on the rental application as well as other sources available to us. We will process a credit report, a criminal check and we will verify employment of all members of the household. We will also check previous and current rental history.

The same screening and verification process is used for every applicant – fair, consistent and uniform. An applicant who passes the initial screening criteria is placed on our wait list and will be offered an interview for the next available apartment for which they may be qualified. At that time, payment of a \$30.00 application fee per adult (18 years old and over) is required. An additional fee of \$20.00 will be required for any out-of-state background checks (except CT, MA, RI).

Please complete the application entirely. If you do not provide us with complete information, we will not be able to process the application successfully. If there is any item on the application that you do not understand, please call for clarification or assistance: 603.516.0590. If there is additional information that you feel will assist us in processing your application, please let us know. We are here to be of service to you.

Thank you for requesting an application with MB Management Company, agent for The Housing Partnership & Fair Tide properties. We sincerely hope that we can be of service to you.

Sincerely,

Kathleen O'Neil-Gibbons
Property Manager



MB Management Company

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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/F	Social Security Number	Birth Date <i>Month, Date, Year</i>

Current Address: _____

Daytime Phone: _____

Evening Phone: _____

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)? *(If no, obtain proof of amount of time child{ren} will be living in unit.)*

Explanation: _____

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

Explanation: _____

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

Rental History

YES

NO

6. Have you or any one else named on this application filed for bankruptcy?
Explanation: _____
7. Have you or any one else named on this application been convicted of a felony?
Explanation: _____
8. Have you or any one else named on this application been convicted for dealing or manufacturing illegal drugs
Explanation: _____
9. Have you or any one else named on this application been convicted of property damage?
Explanation: _____
10. Have you or any one 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 the back of this page.)

	<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

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

Household Member

Name of Company

Amount

_____	_____	_____
_____	_____	_____
_____	_____	_____

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

Household Member

Type of Business

Amount

_____	_____	_____
_____	_____	_____

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

Household Member

Base Name & Branch

Amount

_____	_____	_____
_____	_____	_____

14. **Unemployment benefits or workman's compensation?**

Household Member

Case Worker

Amount

_____	_____	_____
_____	_____	_____

YES

NO

15. Public Assistance, General Relief or Temporary Assistance for Needy Families (TANF)?

Household Member

Case Worker

Amount

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 payer.)

Household Member

Payer

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: _____

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

Household Member

SSA Office

Amount

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

Household Member

Source of Benefit

Amount

19. Regular payments from a severance package?

Household Member

Source of Benefit

Amount

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

Household Member

Source of Benefit

Amount

21. Regular gifts or payments from anyone outside of the household?

(This includes anyone supplementing your income or paying any of your bills.)

Household Member

Source of Benefit

Amount

<u>YES</u>	<u>NO</u>			
<input type="radio"/>	<input type="radio"/>	22. Regular payments from lottery winnings or inheritances?		
		<u>Household Member</u>	<u>Source of Benefit</u>	<u>Amount</u>
		_____	_____	_____
		_____	_____	_____
<input type="radio"/>	<input type="radio"/>	23. Regular payments from rental property or other types of real estate transactions?		
		<u>Household Member</u>	<u>Source of Benefit</u>	<u>Amount</u>
		_____	_____	_____
		_____	_____	_____
<input type="radio"/>	<input type="radio"/>	24. Any other income sources or types not listed?		
		<u>Household Member</u>	<u>Source of Benefit</u>	<u>Amount</u>
		_____	_____	_____
		_____	_____	_____
<input type="radio"/>	<input type="radio"/>	25. 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 hold:

<u>YES</u>	<u>NO</u>			
<input type="radio"/>	<input type="radio"/>	26. Checking or savings account?		
		<u>Household Member</u>	<u>Financial Institute</u>	<u>Amount</u>
		_____	_____	_____
		_____	_____	_____
<input type="radio"/>	<input type="radio"/>	27. CDs, money market accounts, or treasury bills?		
		<u>Household Member</u>	<u>Financial Institute</u>	<u>Amount</u>
		_____	_____	_____
		_____	_____	_____
<input type="radio"/>	<input type="radio"/>	28. Stocks, bonds or securities		
		<u>Household Member</u>	<u>Company or Broker</u>	<u>Amount</u>
		_____	_____	_____
		_____	_____	_____
<input type="radio"/>	<input type="radio"/>	29. Trust Funds		
		<u>Household Member</u>	<u>Financial Institute</u>	<u>Amount</u>
		_____	_____	_____
		_____	_____	_____

YES

NO

30. Pensions, IRAs, Keogh, annuities or other retirement accounts?

Household Member

Financial Institute

Amount

31. Whole life insurance policy?

Household Member

Insurance Carrier

Amount

32. Real estate, rental property, land contracts/contract for deeds, other holdings or capital gains?

(This includes your personal residence, mobile homes, vacant land, farms, vacation homes or commercial property.)

Household Member

Address of Property

Amount

33. Personal property held as an investment?

(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.)

Household Member

Item

Amount

34. A safe deposit box?

Household Member

Financial Institute

Amount

35. 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

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

Household Member: _____

Explanation: _____

37. Are you or any other household members (INCLUDING MINORS) currently a full-time student or expect to be one in the next 12 months?

Household Member(s): _____

YES

NO

38. Will you or any ADULT household member require a live-in care attendant to live independently?

Name of Attendant: _____

Relationship (if any): _____

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

Name of Agency: _____

Contact Person: _____

40. 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.

All ADULT household members must sign below:

Signature

Date

Signature

Date

Signature

Date

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Addendum to Applicant Questionnaire

How did you find out about MB Housing Partnership?

____ Employer ____ Newspaper ____ Radio ____ Word of mouth
____ Church/Social Agency ____ Other: _____

What is your current rent? _____

Utilities you pay in addition to your rent: _____

Number of bedrooms you will need: _____

Do you have any pets? _____ If so, what type? _____

Would you or a member of your household benefit from a handicap accessible apartment? _____

Which of our apartments are you applying for? _____

MB Management Company does not discriminate on the basis of race, color, religion, sex, age, national origin, familial status, mental disability or physical disability.

I/We understand that this is not a contract and does not bind either part; however, if approved for an MB Management Company apartment this addendum and application attaches to and becomes a part of the lease. The above information is full, complete, and true to the best of my/our knowledge and I/we hereby authorize MB Management Company to make inquiries and obtain information deemed necessary for the purpose of verifying the statement made herein and to determine my/our eligibility for housing. I/We also understand that *First Signature Bank & Trust*, on behalf of MB Management Company will obtain a copy of my/our credit report from one or more of the consumer reporting agencies, and the contents the report may be included in the evaluation of my/our application.

If your application is approved and you are offered an apartment, an Earnest Money deposit will be required to hold the apartment for you. Earnest Money is Non-Refundable.

All Adult applicants must sign and provide both sides of this page and provide a copy of a photo ID. I/We have read the above statements with full understanding.

Signature _____

Date _____

Signature _____

Date _____

THE HOUSING PARTNERSHIP PROPERTIES

NEW HAMPSHIRE

Cedarwood Estates, Calef Highway (Route 125), Lee – *Featuring 2 bedroom apartments and townhouses*

****Summer Street, Exeter** – *Offers 2 bedroom apartments*

****Washington Street, Exeter** – *Offers 2 bedroom apartments*

****Mad River Meadows, Fairway Drive & Spring Street, Farmington** – *Two & Three bedroom apartments and townhouses (wheel chair accessible units available in three-bedroom apartments)*

****New Hope Housing, Beccaris Drive, Rollinsford** – *Featuring One & Two Bedroom apartments*

Sunset Arms, Salmon Falls Rd, Rochester - *Featuring One & Two Bedroom apartments*

The Parsonage, Washington Street, Rye – *Featuring Studios & One Bedroom apartments*

****Willey Apartments, Main Street, Newmarket** – *Featuring Studios & One Bedroom apartments*

MAINE

****Post Office Drive Apartments, Eliot** – *Offering two bedroom apartments*

****Norton Street, South Berwick** – *Featuring two, three and four bedroom apartments (wheel chair accessible units available in two-bedroom apartments)*

****Some income restrictions apply in our apartment buildings governed by Low Income Housing Tax Credit and HOME programs.**

We are an Equal Housing Opportunity provider. Section 8 Housing Choice Vouchers area accepted for all of our apartments.



New Hampshire Department of Safety
DIVISION OF STATE POLICE
Central Repository for Criminal Records
33 Hazen Drive, Concord, NH 03305

CRIMINAL RECORD RELEASE AUTHORIZATION FORM

SECTION I

PLEASE TYPE OR PRINT CLEARLY, ALL INFORMATION IN THIS SECTION **MUST BE COMPLETED**

NAME _____
LAST (MAIDEN / ALIAS) FIRST MI

ADDRESS _____
STREET CITY STATE ZIP CODE

DATE OF BIRTH _____ HAIR COLOR _____ EYE COLOR _____ SEX _____

DRIVER LICENSE NUMBER _____ STATE _____

PURPOSE FOR RECORD: Housing Employment Annulment/Expungement Other _____
Specify

My signature below certifies that I am the individual listed above and that the information provided is true.

YOUR SIGNATURE: _____ DATE _____
Signed under penalty of unsworn falsification pursuant to RSA 641:3.

SECTION II

IF RECORD IS TO BE MAILED TO YOU, OR RECEIVED BY SOMEONE OTHER THAN YOURSELF,

ALL OF SECTION II MUST BE COMPLETED

I hereby authorize the release of my criminal record conviction(s), if any, to the following individual:

NAME OF PERSON / FIRM TO RECEIVE RECORD _____

ADDRESS _____
STREET CITY STATE ZIP CODE

YOUR SIGNATURE _____ DATE _____

NOTARY'S SIGNATURE _____ DATE _____
(Affix Seal) (Comm Exp.)

DATE _____
SIGNATURE OF PERSON / FIRM TO RECEIVE RECORD _____

NOTE: A \$15.00 fee is required for each request - make checks payable to: State of NH – Criminal Records