

INCOME: All sources of regularly received income must be listed regardless of recipient's age.

YES

NO

Employment Wages or Salary

Source

Household Member

Gross Monthly Amount

Self Employed

Regular Pay as a member of the Armed forces

Unemployment Benefits or Workman's Compensation

Public Assistance, General Relief, TANF or AFDC

Child Support or Alimony

Social Security, SSI or other payment from the Social Security Administration

Veteran's Benefits, Pensions, Retirement Benefits or Annuities

Severance Payments

Lottery Winnings, Inheritances, Settlements (Such as insurance settlements)

Disability, Death Benefits or Life Insurance Dividends

Regular Gifts or Payments from anyone outside of the household

Educational grants, scholarships or other student benefits

INCOME (continued):

- Payments from Rental Property, Land Contracts or other forms of Real Estate

- Any Other Income Sources or Types not listed

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ASSET(S) INFORMATION:

Please fill in each section, marking N/A to items that do not apply to you. Please use additional sheets of paper if necessary.

YES NO

- CHECKING OR SAVINGS ACCOUNTS

BANK	BALANCE	ACCOUNT #	INTEREST RATE
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

- CERTIFICATES OF DEPOSIT (CD)

BANK	BALANCE	ACCOUNT #	INTEREST RATE
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

- STOCKS, BONDS, SECURITIES, & TREASURY BILLS

BANK	BALANCE	ACCOUNT#	INTEREST RATE
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

- TRUST FUNDS

BANK	BALANCE	ACCOUNT#	INTEREST RATE
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Is this an irrevocable trust? (Please Circle) YES or NO

- RETIREMENT ACCOUNTS

BANK	BALANCE	ACCOUNT#	INTEREST RATE
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Is there a penalty for early withdrawal? _____

ASSET(S) INFORMATION (continued):

WHOLE LIFE INSURANCE POLICIES (Please do not list "term" insurance policies)

NAME OF INSURER:	ACCOUNT#	CASH VALUE
_____	_____	_____
_____	_____	_____

ANNUITIES/MUTUAL FUNDS

BANK	BALANCE	ACCOUNT#	INTEREST RATE
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

REAL ESTATE OWNED:

Do you currently own any property? YES NO

Complete for any real estate (land and/or building) which you currently own.

Description of Property: Mobile Home House Land Other

Location of Property: _____

Appraised Market Value: \$ _____

Tax Assessment: \$ _____

Mortgage (or Outstanding Loan)

Balance: \$ _____

Is this property currently for sale? YES NO

If No; Are you planning to sell this property in the near future? YES NO

HAVE YOU SOLD OR DISPOSED OF, TRANSFERRED OR GIVEN AWAY ANY ASSET(S) IN THE PAST TWO YEARS?

YES NO If **YES**, Type of Asset (Money, Land, House etc.): _____

Cash Value when Sold/Disposed or Transferred: \$ _____

Amount Received: \$ _____ Date: _____

MEDICAL AND DISABILITY ASSISTANCE EXPENSES: Complete this section only if Head of Household or Spouse is **62 years or older, or a disabled adult. Only list out-of-pocket expenses that are not reimbursed by any other source. Please use additional sheets of paper if necessary.**

HEALTH INSURANCE: (Medicare, BC/BS, AARP, etc.)

<u>Family Member</u>	<u>Insurance Company</u>	<u>Monthly Premium</u>
_____	_____	\$ _____
_____	_____	\$ _____

MEDICATION: (Prescription and over-the-counter Medicines)

<u>Family Member</u>	<u>Pharmacy/Address/Telephone</u>	<u>Monthly Expense Not Covered by Insurance</u>
_____	_____	\$ _____
_____	_____	\$ _____

MEDICAL AND DISABILITY ASSISTANCE EXPENSES (continued):

MEDICAL EXPENSES:

Do you see a physician regularly? YES NO

If YES: Anticipated cost not covered by insurance: \$ _____

Outstanding medical bills which you are making monthly payments:

Balance due: \$ _____ Paying: \$ _____ per month

Payments made to: (facility & Address): _____

Balance due: \$ _____ Paying: \$ _____ per month

Payments made to(Facility & Address): _____

DISABILITY ASSISTANCE EXPENSE: Complete only if a member of the household is able to work as a result of the assistance/apparatus provided.

Type of expense: _____ Weekly amount

\$ _____ Paid to

(Facility & Address) _____

Auxiliary Apparatus (includes items such as wheelchairs, ramps, special equipment for the blind, etc.):

Apparatus: _____ Cost: \$ _____

CHILDCARE EXPENSES: (Complete only for children 12 and younger. Only list amounts that are paid out of pocket and are not reimbursed by any other agency.)

Child/Children's Name: _____

Weekly Cost for Child Care: \$ _____

Name & Address of Person/Agency caring for

Children: _____

PROGRAM INFORMATION:

Would you or any member of your household benefit from a special apartment designed for person(s) with disabilities?

YES NO Wheelchair Accessibility Other _____

Are **all** members of your household full-time students, or planning to be in the next twelve (12) months?

YES NO

If yes, please answer #1-4:

1. Married **and** filing a joint tax return? YES NO
2. Receiving Social Security Title IV, IE: NHEP, RUFA or AFDC (Aid to Families with Dependent Children)?
 YES NO
3. Participating in a job training program with assistance? YES NO
4. The full-time student is a single parent with minor children who are claimed as dependents on their tax return
 YES NO
5. NONE OF THE ABOVE

Have you ever resided in a federally assisted housing complex?

YES NO

If Yes, when and where? _____

Have you ever been evicted? Were there ever any eviction proceedings started against you? If yes, please explain: _____

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

Are you legally capable of entering into a lease agreement?

YES NO

If No, please explain _____

PROGRAM INFORMATION (continued):

Will you or anyone in your household be applying for or receiving Section 8 rental assistance at the time of move-in or within the next 12 months?

YES NO

If yes, Name of Agency & Contact Person _____

Will you or anyone in your household require a live-in care attendant?

YES NO

If yes, Name of Live-In Care Attendant: _____ Relationship (if any): _____

REFERENCE INFORMATION:

HOUSING REFERENCES

Current Address:

Length of time at Address:

Rent Amount:

1. _____

Are utilities included?
 YES NO

If No, how much are utilities per month? _____

Name, Address and Phone# of Current Landlord:

2. _____

Previous Address:

Length of time at Previous Address:

Rent Amount:

3. _____

Are utilities included? YES NO

If No, how much are utilities per month? _____

Name, Address and Phone# of Previous Landlord:

4. _____

CREDIT REFERENCES: You may include any bill in your name(example: Telephone, Cable, etc.)

Name & Address: _____
Telephone # _____

Name & Address: _____
Telephone # _____

Name & Address: _____
Telephone # _____

PERSONAL REFERENCES:

List only non-family members;
Name/Address/Telephone #

1. _____

2. _____

3. _____

OTHER INFORMATION:

Have you or any family member ever been arrested and/or convicted of a felony or misdemeanor, or any conviction involving drugs?

YES NO

If yes, please explain:

Do you or any member of your household have an alcohol or drug abuse problem?

YES NO

If yes, please explain:

Are you or any member of your household listed on any state sex offender registration program?

YES NO

If yes, please explain:

Do you expect any additions to the household within the next 12 months?

YES NO

Name & Relationship: _____

Explanation: _____

Do you have primary physical custody of all children listed under Household Composition on page one?

YES NO

Explanation: _____

Are there any absent household members not listed in Household Composition on page one?

YES NO

Explanation: _____

Do you have a pet? Yes / No : If yes please list type and size _____

CERTIFICATION AND AUTHORIZATION FOR RELEASE OF INFORMATION:

I/We certify that I/we do not and will not maintain a separate subsidized rental unit in another location. I/We understand that 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 the Vermont State Housing Authority, New Hampshire Housing Finance Authority, USDA Rural Development, Internal Revenue Service, or the Department of Housing and Urban Development's eligibility criteria and TPHT's tenant selection criteria. I/we understand that this application in no way ensures occupancy.

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

Twin Pines Housing Trust is required to verify all information pertaining to all members of families applying for admission as tenants to properties managed or owned by Twin Pines Housing Trust. We are required to re-examine and independently certify this information on an annual basis.

I/We authorize Twin Pines Housing Trust staff to obtain any information and materials deemed necessary to determine eligibility for housing, including contacting agencies, offices, groups or organizations, that may provide information that could substantiate or verify information given in this application; for example, landlords, local police department, welfare agency, or senior service agency.

_____	_____
Print Name - Head of Household	Social Security Number
_____	_____
Signature	Date
_____	_____
Print Name – Co-Head of Household	Social Security Number
_____	_____
Signature	Date

REMINDER: Please provide a photocopy of all household members' social security cards. Your application cannot be processed without this information.

The information regarding race, ethnicity, and sex designation solicited on this application is requested in order to assure the Federal Government, acting through the Rural Housing Service and the US Department of Housing and Urban Development, that the Federal laws prohibiting discrimination against tenant applications on the basis of race, color, national origin, religion, sex, familial status, age and disability 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.

Ethnicity:

- Hispanic or Latino
- Not Hispanic or Latino

Gender:

- Male
- Female

Race:

- American Indian / Alaskan Native
- Asian
- Black / African American
- Native Hawaiian / other Pacific Islander
- White

Received by TPHT on: _____ Time: _____

Initials: _____