



TWIN PINES HOUSING

APPLICATION FOR HOUSING: NEW HAMPSHIRE

NON-SMOKING PROPERTIES: All Twin Pines units are smoke free

PROPERTY OR COMMUNITY FOR WHICH YOU ARE APPLYING:

- Upper Valley Housing- Enfield & Lebanon, NH**
One-, two-, and three-bedroom units
 - Anne's Place, Enfield NH
 - 420 Mt. Support Rd, Lebanon, NH
(* MUST apply through NH Housing Finance Authority)
 - 4 Spencer St. Lebanon, NH

- Spencer Square Apartments- Lebanon, NH**
One-, two-, and three-bedroom units

- Rivermere Housing- Lebanon, NH**
Subsidized Two-bedroom units

- Village at Crafts Hill- West Lebanon, NH**
Subsidized One-and two-bedroom units

- Tracy Street- West Lebanon, NH** (*Anticipated opening August 2019, accepting applications 11/1/2018.*)
One-and two-bedroom units

OF BEDROOMS REQUESTED

- Studio
- 1-Bedroom
- 2-Bedroom
- 3-Bedroom

PLEASE PROVIDE A COPY OF ALL HOUSEHOLD MEMBERS' SOCIAL SECURITY CARDS PER GOVERNMENT REGULATIONS

Twin Pines Housing
 226 Holiday Drive Suite 20
 White River Junction, VT 05001
 802-291-7000
 Fax 802-291-7273

APPLICATION FOR HOUSING

PLEASE PROVIDE A COPY OF ALL HOUSEHOLD MEMBERS' SOCIAL SECURITY CARDS PER GOVERNMENT REGULATIONS If you do not have a social security card, please call our office for a list of acceptable substitutions. All items must be complete in order to determine your eligibility. If an item does not apply to you, please mark N/A next to the question. Twin Pines Housing Trust (TPHT) does not discriminate on the basis of race, color, sex, age, religion, national origin, family or marital status, disability, sexual orientation, receipt of public assistance or gender identification. TPHT will make every reasonable accommodation to persons with disabilities.

FULL LEGAL NAME: _____
 MAILING ADDRESS: _____
 PHYSICAL ADDRESS: _____
 PHONE # _____ E-MAIL ADDRESS: _____
 FAX # _____

HOUSEHOLD COMPOSITION (LIST ALL PERSONS, INCLUDING YOURSELF WHO WILL BE LIVING IN THE APARTMENT):

NAME	RELATIONSHIP TO HEAD	DATE OF BIRTH	SEX	SOCIAL SECURITY NUMBER	STUDENT ?		
					FULL-TIME	PART-TIME	PART-TIME
					NO	FT	PT
					NO	FT	PT
					NO	FT	PT
					NO	FT	PT
					NO	FT	PT
					NO	FT	PT
					NO	FT	PT

DO YOU OR ANY MEMBER OF YOUR HOUSEHOLD REQUIRE A BARRIER FREE/ACCESSIBLE APARTMENT?	<input type="checkbox"/> YES <input type="checkbox"/> NO
DO YOU OR ANY MEMBER OF YOUR HOUSEHOLD REQUIRE AN APARTMENT WITH OTHER SPECIAL FEATURES DESIGNED FOR PERSONS WITH DISABILITIES? IF YES, PLEASE EXPLAIN	<input type="checkbox"/> YES <input type="checkbox"/> NO



DATE RECEIVED _____	TPHT USE ONLY
RECEIVED BY _____	



INCOME- PLEASE CHECK ALL THAT APPLY TO YOUR HOUSEHOLD

- | | | | |
|--|---|---|---------------------------------------|
| <input type="checkbox"/> EMPLOYMENT WAGE | <input type="checkbox"/> SELF-EMPLOYMENT | <input type="checkbox"/> MILITARY PAY | <input type="checkbox"/> UNEMPLOYMENT |
| <input type="checkbox"/> WORKER'S COMP | <input type="checkbox"/> PUBLIC ASSISTANCE | <input type="checkbox"/> CHILD SUPPORT | <input type="checkbox"/> ALIMONY |
| <input type="checkbox"/> SOCIAL SECURITY/SSI | <input type="checkbox"/> VETERAN'S BENEFITS | <input type="checkbox"/> PENSIONS | <input type="checkbox"/> ANNUITIES |
| <input type="checkbox"/> SEVERANCE PAY | <input type="checkbox"/> LOTTERY WINNINGS | <input type="checkbox"/> INHERITANCES | <input type="checkbox"/> SETTLEMENTS |
| <input type="checkbox"/> DISABILITY | <input type="checkbox"/> DEATH BENEFITS | <input type="checkbox"/> LIFE INSURANCE DIVIDENDS | |
| <input type="checkbox"/> REGULAR GIFTS | <input type="checkbox"/> PAYMENTS FROM OTHERS | | |
| <input type="checkbox"/> GRANTS, SCHOLARSHIPS OR STUDENT BENEFITS THAT EXCEED THE AMOUNT OF TUITION | | | |
| <input type="checkbox"/> PAYMENTS FROM RENTAL PROPERTY, LAND CONTRACTS OR OTHER FORMS OF REAL ESTATE | | | |
| <input type="checkbox"/> OTHER TYPES OF INCOME _____ | | | |

FOR EACH ITEM CHECKED ABOVE-PLEASE DESCRIBE BELOW

INCOME TYPE	PAYMENT RECEIVED FROM (NAME AND MAILING ADDRESS)	HOUSEHOLD MEMBER	MONTHLY AMOUNT BEFORE DEDUCTIONS
EMPLOYMENT	EXAMPLE-MCDONALDS- 123 RAILROAD ST ST. JOHNSBURY, VT 05819	JOHN DOE	\$1600

REAL ESTATE

DO YOU OR ANY MEMBER OF YOUR HOUSEHOLD OWN PROPERTY?	<input type="checkbox"/> YES <input type="checkbox"/> NO
IF YES, WHAT TYPE OF PROPERTY IS IT?	FAMILY MEMBER:
WHAT IS THE LOCATION OF THE PROPERTY?	
WHAT IS THE APPRAISED /MARKET VALUE?	\$
AMOUNT OF MORTGAGE OR OUTSTANDING LOAN?	\$
IS THE PROPERTY OWNED JOINTLY?	MONTHLY PMT AMOUNT \$ PMTS MADE BY:
IS PROPERTY CURRENTLY RENTED?	<input type="checkbox"/> YES <input type="checkbox"/> NO
IS THE PROPERTY CURRENTLY :	<input type="checkbox"/> YES RENT AMOUNT \$ _____ <input type="checkbox"/> NO
	<input type="checkbox"/> VACANT <input type="checkbox"/> UNDER FORECLOSURE <input type="checkbox"/> OCCUPIED BY FAMILY FRIENDS (NOT PAYING RENT)

ASSETS- PLEASE CHECK ALL THAT APPLY TO YOUR HOUSEHOLD

- | | | |
|--|---|---|
| <input type="checkbox"/> CHECKING | <input type="checkbox"/> SAVINGS | <input type="checkbox"/> CERTIFICATE OF DEPOSIT |
| <input type="checkbox"/> STOCKS, BONDS, SECURITIES | <input type="checkbox"/> TREASURY BILLS | <input type="checkbox"/> SAVINGS BONDS |
| <input type="checkbox"/> REVOCABLE TRUST FUNDS | <input type="checkbox"/> RETIREMENT ACCOUNT | <input type="checkbox"/> WHOLE LIFE INSURANCE |
| <input type="checkbox"/> ANNUITIES/MUTUAL FUNDS | <input type="checkbox"/> OTHER ASSETS _____ | |

FOR EACH ITEM CHECKED ABOVE, PLEASE DESCRIBE BELOW:

(USE ADDITIONAL SHEET OF PAPER IF NECESSARY)

HOUSEHOLD MEMBER	BANK, BROKER, AGENCY ETC.	ACCOUNT TYPE	VALUE	INTEREST RATE/DIVIDEND AMOUNT	JOINT OR INDIVIDUAL ACCOUNT
<i>EXAMPLE- JOHN DOE</i>	<i>UNION BANK</i>	<i>CHECKING</i>	<i>\$1000.00</i>	<i>NONE</i>	<i>JOINT</i>

ASSETS DISPOSED

HAS ANY MEMBER OF YOUR HOUSEHOLD DISPOSED OF ANY ASSET(S) IN THE LAST 2 YEARS?	<input type="checkbox"/> YES <input type="checkbox"/> NO
IF YES, WHAT TYPE OF ASSET?(CASH, PROPERTY, BANK ACCOUNT)	FAMILY MEMBER:
MARKET VALUE WHEN DISPOSED	\$
AMOUNT DISPOSED FOR (AMOUNT RECEIVED)	\$
DATE OF TRANSACTION	

ELDERLY/DISABLED HOUSING

IF YOU ARE NOT YET 62 YEARS OLD, ARE YOU ELIGIBLE FOR OCCUPANCY BASED ON YOUR STATUS AS AN INDIVIDUAL WITH DISABILITIES?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
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IF YES OR IF YOU ARE 62 OR OLDER, ANSWER BELOW:

MEDICAL EXPENSES THAT YOU PAY **OUT OF POCKET** MAY BE CONSIDERED IN CALCULATING SUBSIDIZED RENT. PLEASE CHECK ALL MEDICAL EXPENSES THAT YOU PAY OUT OF POCKET (NOT REIMBURSED BY INSURANCE):

- | | | | |
|--|-------------------------------------|------------------------------------|--|
| <input type="checkbox"/> DOCTOR | <input type="checkbox"/> PHARMACY | <input type="checkbox"/> HOSPITAL | <input type="checkbox"/> HEALTH INSURANCE |
| <input type="checkbox"/> DENTIST | <input type="checkbox"/> EYE DOCTOR | <input type="checkbox"/> AMBULANCE | <input type="checkbox"/> OVER THE COUNTER MEDS |
| <input type="checkbox"/> OTHER MEDICAL EXPENSE _____ | | | |

FOR EACH ITEM CHECKED ABOVE, PLEASE DESCRIBE BELOW:

(USE ADDITIONAL SHEET OF PAPER IF NECESSARY)

EXPENSE TYPE	PAID TO (NAME AND MAILING ADDRESS)	HOUSEHOLD MEMBER	AMOUNT
<i>EXAMPLE: DENTIST</i>	<i>AARP PO BOX 1234 ANYTOWN, VT 05555</i>	JOHN SMITH	\$50 <input checked="" type="checkbox"/> MONTH <input type="checkbox"/> YEAR
			\$ _____ <input type="checkbox"/> MONTH <input type="checkbox"/> YEAR
			\$ _____ <input type="checkbox"/> MONTH <input type="checkbox"/> YEAR
			\$ _____ <input type="checkbox"/> MONTH <input type="checkbox"/> YEAR
			\$ _____ <input type="checkbox"/> MONTH <input type="checkbox"/> YEAR
			\$ _____ <input type="checkbox"/> MONTH <input type="checkbox"/> YEAR
			\$ _____ <input type="checkbox"/> MONTH <input type="checkbox"/> YEAR
			\$ _____ <input type="checkbox"/> MONTH <input type="checkbox"/> YEAR

WILL ANY MEMBER OF YOUR HOUSEHOLD REQUIRE A LIVE-IN CARE ATTENDANT? <input type="checkbox"/> YES <input type="checkbox"/> NO	HHLD MEMBER:
	NAME OF ATTENDANT:
	RELATIONSHIP (IF ANY)

CHILDCARE EXPENSE

DO YOU HAVE CHILDCARE SO THAT YOU CAN :	<input type="checkbox"/> WORK <input type="checkbox"/> LOOK FOR WORK <input type="checkbox"/> GO TO SCHOOL <input type="checkbox"/> I DON'T HAVE CHILDCARE
IF YOU HAVE CHILDCARE, IS YOUR CHILDCARE EXPENSE PAID BY YOU?	<input type="checkbox"/> YES: WEEKLY AMOUNT \$ _____ PAID TO: _____ MAILING ADDRESS: _____ _____ <input type="checkbox"/> NO: PLEASE EXPLAIN _____ _____

STUDENT INFORMATION

IS ANY MEMBER OF YOUR HOUSEHOLD A FULL OR PART-TIME STUDENT?	<input type="checkbox"/> FULL-TIME (FT) <input type="checkbox"/> PART-TIME (PT) <input type="checkbox"/> NO STUDENTS IN MY HOUSEHOLD
ARE <u>ALL MEMBERS</u> OF YOUR HOUSEHOLD FULL-TIME STUDENTS OR PLANNING TO BE IN THE NEXT 12 MONTHS? <input type="checkbox"/> YES <input type="checkbox"/> NO	
<u>PLEASE CHECK ALL THAT APPLY:</u>	<input type="checkbox"/> MARRIED AND FILING OR ELIGIBLE TO FILE A JOINT TAX RETURN <input type="checkbox"/> RECEIVING SOCIAL SECURITY TITLE IV PAYMENTS (RUFA, ANFC, AFDC ETC) <input type="checkbox"/> PARTICIPATING IN A JOB TRAINING PROGRAM <input type="checkbox"/> THE FT STUDENT IS A SINGLE PARENT WITH MINOR CHILDREN WHO ARE CLAIMED AS DEPENDANTS ON THEIR TAX RETURN <input type="checkbox"/> THE FT STUDENT IS A GRADUATE STUDENT <input type="checkbox"/> THE FT STUDENT IS AT LEAST 24 YEARS OLD <input type="checkbox"/> THE FT STUDENT IS A VETERAN OF THE US MILITARY <input type="checkbox"/> THE FT STUDENT HAS A DEPENDENT CHILD <input type="checkbox"/> THE FT STUDENT HAS DEPENDANTS OTHER THAN A CHILD OR A SPOUSE <input type="checkbox"/> THE FT STUDENT WAS AN ORPHAN OR WARD OF THE COURT THROUGH AGE 18 <input type="checkbox"/> THE FT STUDENT WILL BE LIVING WITH THEIR PARENTS IN THIS APARTMENT <ul style="list-style-type: none"> • <input type="checkbox"/> PARENTS ARE RECEIVING OR ARE ELIGIBLE TO RECEIVE SECTION 8 ASSISTANCE • <input type="checkbox"/> FT STUDENT IS CLAIMED AS A DEPENDANT ON PARENTS' TAX RETURN • <input type="checkbox"/> FT STUDENT IS RECEIVING ASSISTANCE TO PAY FOR EDUCATION

HOUSING INFORMATION

HAVE YOU EVER RECEIVED AN EVICTION NOTICE FROM A LANDLORD?	<input type="checkbox"/> YES <input type="checkbox"/> NO IF YES: <input type="checkbox"/> NON-PAYMENT OF RENT: <input type="checkbox"/> VIOLATION, EXPLAIN: <input type="checkbox"/> OTHER, EXPLAIN:
HAVE YOU EVER BEEN EVICTED FROM AN APARTMENT?	<input type="checkbox"/> YES <input type="checkbox"/> NO IF YES: DATE: REASON: APARTMENT LOCATION:
WILL ANY MEMBER OF YOUR HOUSEHOLD BE APPLYING FOR OR RECEIVING SECTION 8 ASSISTANCE WITHIN THE NEXT 12 MONTHS?	<input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, NAME OF AGENCY: AGENCY CONTACT PERSON:
LIST ALL STATES THAT ANY ADULT HOUSEHOLD MEMBERS HAVE LIVED IN OVER THE PAST 10 YEARS	_____ _____
HAS ANY MEMBER OF YOUR HOUSEHOLD EVER LIVED IN FEDERALLY ASSISTED HOUSING?	<input type="checkbox"/> YES <input type="checkbox"/> NO -IF YES, WHEN & WHERE?
DO YOU HAVE ANY PETS?	<input type="checkbox"/> YES <input type="checkbox"/> NO -IF YES, DESCRIBE:
DO YOU HAVE A VEHICLE THAT WILL BE PARKED AT THE PROPERTY?	<input type="checkbox"/> YES <input type="checkbox"/> NO -IF YES, TYPE AND LICENSE PLATE NUMBER:
DO YOU EXPECT ANY ADDITIONS TO YOUR HOUSEHOLD IN THE NEXT 12 MONTHS?	<input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, NAME & RELATIONSHIP: EXPLAIN:
DO YOU HAVE PRIMARY PHYSICAL CUSTODY OF ALL CHILDREN LISTED IN THE HOUSEHOLD COMPOSITION SECTION OF THIS APPLICATION?	<input type="checkbox"/> YES <input type="checkbox"/> NO -IF NO, EXPLAIN:
ARE THERE ANY ABSENT HOUSEHOLD MEMBERS THAT ARE NOT LISTED IN THE HOUSEHOLD COMPOSITION SECTION OF THIS APPLICATION?	<input type="checkbox"/> YES <input type="checkbox"/> NO -IF YES, EXPLAIN:

HOUSING REFERENCES

-PLEASE LIST YOUR CURRENT LANDLORD FIRST, THEN OTHER MOST RECENT LANDLORDS AND ADDRESSES

-LIST ALL INFORMATION FOR HOUSING IN THE LAST 5 YEARS.

-USE ADDITIONAL SHEETS OF PAPER IF NECESSARY:

CURRENT ADDRESS	
	RESIDED HERE SINCE:
	RENT AMOUNT \$
	ARE UTILITIES INCLUDED:
	- IF NO, HOW MUCH ARE UTILITIES PER MONTH?
NAME & ADDRESS OF CURRENT LANDLORD:	PHONE NUMBER OF CURRENT LANDLORD:
	ADDITIONAL INFORMATION:

1ST PREVIOUS ADDRESS	
	LIVED HERE FROM TO
	RENT AMOUNT \$
	WERE UTILITIES INCLUDED:
	- IF NO, HOW MUCH ARE UTILITIES PER MONTH?
NAME & ADDRESS OF LANDLORD:	PHONE NUMBER OF LANDLORD:
	ADDITIONAL INFORMATION:

2ND PREVIOUS ADDRESS	
	LIVED HERE FROM TO
	RENT AMOUNT \$
	WERE UTILITIES INCLUDED:
	- IF NO, HOW MUCH ARE UTILITIES PER MONTH?
NAME & ADDRESS OF LANDLORD:	PHONE NUMBER OF LANDLORD:
	ADDITIONAL INFORMATION:

OTHER INFORMATION

HAS ANY MEMBER OF YOUR HOUSEHOLD EVER BEEN ARRESTED OR CONVICTED OF A CRIME?	<input type="checkbox"/> YES <input type="checkbox"/> NO
	IF YES, EXPLAIN:
HAS ANY MEMBER OF YOUR HOUSEHOLD EVER BEEN ARRESTED OR CONVICTED FOR A DRUG-RELATED OFFENSE?	<input type="checkbox"/> YES <input type="checkbox"/> NO
	IF YES, PROVIDE DATE, LOCATION AND EXPLANATION:
DOES ANY MEMBER OF YOUR HOUSEHOLD CURRENTLY USE ILLEGAL DRUGS OR ABUSE ALCOHOL?	<input type="checkbox"/> YES <input type="checkbox"/> NO
	IF YES, NAME:
	EXPLAIN:
IS ANY MEMBER OF YOUR HOUSEHOLD LISTED ON ANY STATE SEX OFFENDER REGISTRY?	<input type="checkbox"/> YES <input type="checkbox"/> NO
	IF YES, NAME:
	EXPLAIN:
HOW DID YOU HEAR ABOUT THE APARTMENT FOR WHICH YOU ARE APPLYING?	<input type="checkbox"/> NEWSPAPER <input type="checkbox"/> SIGN AT APARTMENT <input type="checkbox"/> FLYER <input type="checkbox"/> WORD OF MOUTH/FRIEND <input type="checkbox"/> OTHER, PLEASE EXPLAIN:
ARE ALL ADULT MEMBERS OF YOUR HOUSEHOLD LEGALLY CAPABLE OF ENTERING INTO A LEASE AGREEMENT?	<input type="checkbox"/> YES <input type="checkbox"/> NO
	-IF NO, EXPLAIN:

*Did you remember?
 Copies of Social Security cards for every household member?
 Did you answer every question?
 Did every household member age 18 or older sign the application?*

CERTIFICATION AND 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 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 BY. WE ARE REQUIRED TO RE-EXAMINE AND INDEPENDENTLY CERTIFY THIS INFORMATION ON AN ANNUAL BASIS.

I/WE AUTHORIZE TWIN PINES HOUSING TRUST AND ITS 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.

ALL HOUSEHOLD MEMBERS 18 YEARS OR OLDER MUST SIGN

PRINT NAME SIGNATURE SOCIAL SECURITY # DATE

PRINT NAME SIGNATURE SOCIAL SECURITY # DATE

NT NAME SIGNATURE SOCIAL SECURITY # DATE

PRINT NAME SIGNATURE SOCIAL SECURITY # DATE

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 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. However, if you choose not to furnish it, the owner is required to note the race, ethnicity, and sex of individual applicants on the basis of visual observation or surname.

ETHNICITY:

- HISPANIC OR LATINO
- NOT HISPANIC OR LATINO

GENDER:

- MALE
- FEMAL

RACE:

- AMERICAN INDIAN ALASKAN NATIVE
- ASIAN
- BLACK AFRICAN AMERICAN
- NATIVE HAWAIIAN OTHER PACIFIC ISLANDER
- WHITE