



TWIN PINES HOUSING
APPLICATION FOR HOUSING: NEW HAMPSHIRE



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

AFFORDABLE: TO QUALIFY FOR AFFORDABLE UNITS, HOUSEHOLD MUST MAKE A MINIMUM OF \$3,100.00/ MONTH OR \$37,200.00 ANNUALLY

PROPERTY OR COMMUNITY FOR WHICH YOU ARE APPLYING:

- ☐ **Upper Valley Housing- Enfield & Lebanon, NH**
Affordable One-, two-, three-bedroom units
- Anne's Place, Enfield, NH
 - 420 Mt. Support Rd, Lebanon,
(*MUST apply through NH Housing Finance Authority)
 - 4 Spencer St. Lebanon, NH
- ☐ **Spencer Square Apartments- Lebanon, NH**
Affordable One-, two-, and three-bedroom units
- ☐ **Rivermere Housing- Lebanon, NH**
Subsidized Two-bedroom units – Minimum of 2 people in household, Maximum of 5
(Must make at least \$50.00 per month to qualify)
- ☐ **Village at Crafts Hill- West Lebanon, NH**
Subsidized One-and Two-bedroom units (Must make at least \$50.00 per month to qualify)
- ☐ **Tracy Street- West Lebanon, NH**
Affordable One- and two-bedroom units
- ☐ **Summer Park Residences- Hanover, NH**
Elderly (62 and older) and Disabled Housing
Subsidized Studio and one-bedroom units (Can make \$0.00 and qualify)
- ☐ **Summer Park II Residences- Hanover, NH**
Elderly (62 and older) Housing
Affordable One-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 REGULATION**

**EXCEPT INDIVIDUALS WHO WERE 62 OR OLDER AS OF JANUARY 31ST, 2010 AND WHOSE INITIAL
DETERMINATION OF ELIGIBILITY WAS BEGUN BEFORE JANUARY 31, 2010**

This institution is an equal opportunity provider, and employer.

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 |
|------|----------------------|---------------|-----|------------------------|------------------------------|
| | | | | | NO FT PT |
| | | | | | NO FT PT |
| | | | | | NO FT PT |
| | | | | | NO FT PT |
| | | | | | NO FT PT |
| | | | | | NO FT PT |
| | | | | | NO FT PT |
| | | | | | NO FT PT |

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|---|--|
| 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 | WHO USE ONLY |
| | |



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 |
| | | | |
| | | | |
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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? | \$ |
| | MONTHLY PMT AMOUNT \$ |
| | PMTS MADE BY: |
| IS THE PROPERTY OWNED JOINTLY? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| IS PROPERTY CURRENTLY RENTED? | <input type="checkbox"/> YES RENT AMOUNT \$ _____ <input type="checkbox"/> NO |
| IS THE PROPERTY CURRENTLY : | <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 |
|-------------------|---------------------------|--------------|-----------|--------------------------------|-----------------------------|
| EXAMPLE- JOHN DOE | UNION BANK | CHECKING | \$1000.00 | NONE | JOINT |
| | | | | | |
| | | | | | |
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ASSETS DISPOSED

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|--|--|
| 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 |
|---|--|

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 |
|------------------|--|------------------|---|
| EXAMPLE: DENTIST | AARP PO BOX 1234 ANTHONY, VT 05555 | 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 |
| | | | \$ _____ <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 | |
| PLEASE CHECK ALL THAT APPLY: | <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 <u>IF YES:</u> <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 RECEIVING SECTION 8 ASSISTANCE? | <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, NAME OF AGENCY AGENCY CONTACT PERSON |
|--|---|

| | |
|--|--|
| LIST ALL STATES THAT ALL HOUSEHOLD MEMBERS HAVE LIVED IN | |
|--|--|

| | |
|--|--|
| 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 CONVICTED OF A CRIME? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| | IF YES, EXPLAIN: |

| | |
|--|--|
| HAS ANY MEMBER OF YOUR HOUSEHOLD EVER BEEN CONVICTED FOR A DRUG-RELATED OFFENSE, INCLUDING MARIJUANA? | <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 INCLUDING MARIJUANA? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| | IF YES, NAME: |
| | EXPLAIN: |

| | |
|--|--|
| IS ANY MEMBER OF YOUR HOUSEHOLD LISTED ON ANY LIFETIME 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
☐ FEMALE

RACE:

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

Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING

This form is to be provided to each applicant for federally assisted housing

Instructions: Optional Contact Person or Organization: You have the right by law to include as part of your application for housing, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. **You may update, remove, or change the information you provide on this form at any time.** You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form.

| | | | | | | | | | | | |
|--|--|------------------------------------|--|--|--|---|--|---|---------------------------------------|---|--|
| Applicant Name: | | | | | | | | | | | |
| Mailing Address: | | | | | | | | | | | |
| Telephone No: | Cell Phone No: | | | | | | | | | | |
| Name of Additional Contact Person or Organization: | | | | | | | | | | | |
| Address: | | | | | | | | | | | |
| Telephone No: | Cell Phone No: | | | | | | | | | | |
| E-Mail Address (if applicable): | | | | | | | | | | | |
| Relationship to Applicant: | | | | | | | | | | | |
| Reason for Contact: (Check all that apply) <table style="width: 100%;"> <tr> <td><input type="checkbox"/> Emergency</td> <td><input type="checkbox"/> Assist with Recertification Process</td> </tr> <tr> <td><input type="checkbox"/> Unable to contact you</td> <td><input type="checkbox"/> Change in lease terms</td> </tr> <tr> <td><input type="checkbox"/> Termination of rental assistance</td> <td><input type="checkbox"/> Change in house rules</td> </tr> <tr> <td><input type="checkbox"/> Eviction from unit</td> <td><input type="checkbox"/> Other: _____</td> </tr> <tr> <td><input type="checkbox"/> Late payment of rent</td> <td></td> </tr> </table> | | <input type="checkbox"/> Emergency | <input type="checkbox"/> Assist with Recertification Process | <input type="checkbox"/> Unable to contact you | <input type="checkbox"/> Change in lease terms | <input type="checkbox"/> Termination of rental assistance | <input type="checkbox"/> Change in house rules | <input type="checkbox"/> Eviction from unit | <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Late payment of rent | |
| <input type="checkbox"/> Emergency | <input type="checkbox"/> Assist with Recertification Process | | | | | | | | | | |
| <input type="checkbox"/> Unable to contact you | <input type="checkbox"/> Change in lease terms | | | | | | | | | | |
| <input type="checkbox"/> Termination of rental assistance | <input type="checkbox"/> Change in house rules | | | | | | | | | | |
| <input type="checkbox"/> Eviction from unit | <input type="checkbox"/> Other: _____ | | | | | | | | | | |
| <input type="checkbox"/> Late payment of rent | | | | | | | | | | | |
| Commitment of Housing Authority or Owner: If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you. | | | | | | | | | | | |
| Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law. | | | | | | | | | | | |
| Legal Notification: Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975. | | | | | | | | | | | |

☐ Check this box if you choose not to provide the contact information.

| | |
|--|--|
| | |
|--|--|

Signature of Applicant

Date

The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). The public reporting burden is estimated at 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Section 644 of the Housing and Community Development Act of 1992 (42 U.S.C. 13604) imposed on HUD the obligation to require housing providers participating in HUD's assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend, or person associated with a social, health, advocacy, or similar organization. The objective of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any delivery of services or special care to the tenant and assist with resolving any tenancy issues arising during the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and maintained as confidential information. Providing the information is basic to the operations of the HUD Assisted-Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fraud, waste and mismanagement. In accordance with the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless the collection displays a currently valid OMB control number.

Privacy Statement: Public Law 102-550, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions.

Declaration of Section 214 Status

This Section to be completed by the Applicant

Last Name: _____ First Name: _____ Middle name: _____

Relationship to the head of household: _____ Sex: _____ Date of Birth: _____

Social Security Number: _____ Alien Registration Number: _____

Admission Number: _____ Nationality: _____
(If applicable-from INS Form I-94, Departure record) (Country to which you owe legal allegiance-may or may not be country of birth)

Instructions: Complete the declaration below by reviewing all four boxes and signing the ONE box that applies. A separate declaration form must be signed for each member of the household.

I, _____ hereby declare, under penalty of perjury, that:

1. I am a citizen or national of the United States of America.

Signature _____ Date _____

☐ I am signing on behalf of a child living in my assisted unit for whom I am responsible

If you sign this box, no further action is required.

2. I am a non-citizen with eligible immigration status, as described on the reverse.

Signature _____ Date _____

☐ I am signing on behalf of a child living in my assisted unit for whom I am responsible

If you sign this box, complete the reverse side including the Verification Consent

Request for an Extension

3. I hereby certify that I am a non-citizen with eligible immigration status as noted in #2 above, and as described on the reverse, but the evidence needed to support my claim is temporarily unavailable. Therefore, I am requesting additional time to obtain the necessary evidence. I further certify that diligent and prompt efforts will be taken to obtain this evidence.

Signature _____ Date _____

☐ I am signing on behalf of a child living in my assisted unit for whom I am responsible

If you sign this box, complete the reverse side including the Verification Consent.

4. I am not contending eligible immigration status and I understand that I am not eligible for financial housing assistance.

Signature _____ Date _____

☐ I am signing on behalf of a child living in my assisted unit for whom I am responsible

If you sign this box, no further action is required. You are NOT eligible for housing assistance.

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 willfully 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 **208 (a) (6), (7) and (8).** Violations of these provisions are cited as violations of 42 U.S.C. Section **408 (a) (6), (7) and (8).**

This Section to be completed by the Applicant

If you checked box 2 on the front side of this page, and are claiming to be a non-citizen with eligible immigration status, one of the following boxes MUST be checked:

- ☐ A non-citizen lawfully admitted for permanent residence, as defined by section 101(a)(20) of the Immigration and Nationality Act (INA) as an immigrant, as defined by section 101 (a)(15) of the INA (8 USC 1001 (a)(20) and 1101 (a)(15), respectively). [immigrants] (This category includes a non citizen admitted under section 210 or 210A of the INA (8 USC 1160 or 1161), [special agricultural worker], who has been granted lawful resident status);
- ☐ A non-citizen who entered the U.S. before 1-1-1972, or such later date as enacted by law, and has continuously maintained residence in the U.S. since then, and who is not eligible for citizenship, but who is deemed to be lawfully admitted for permanent residence as a result of an exercise of discretion by the Attorney General under Section 249 of the INA (8 USC 1259);
- ☐ A non-citizen who is lawfully present in the U.S. pursuant to an admission under section 207 of the INA (8 USC 1157) [refugee status]; pursuant to the granting of asylum (which has not been terminated) under section 208 of the INA (8 USC 1158) [asylum status]; or as a result of being granted conditional entry under section 203 (a)(7) of the INA (8 USC 1153 (a)(7) before 4-1-1980, because of persecution on account of race, religion, or political opinion or because of being uprooted by a catastrophic national calamity;
- ☐ A non-citizen who is lawfully present in the U.S. as a result of an exercise of discretion by the Attorney General for emergent reasons or reasons deemed strictly in the public interest under section 212 (d)(5) of the INA (8 USC 1182 (d)(5)) [parole status];
- ☐ A non-citizen who is lawfully in the U.S. as a result of the Attorney General's withholding deportation under section 243 (h) of the INA (8 USC 1253 (h)) [threat to life or freedom]; or
- ☐ A non-citizen lawfully admitted for temporary or permanent residence under section 245 A of the INA (8 USC 1255a) [amnesty granted under INA 245 A]

If you checked one of the above boxes you must submit one of the following documents:

- ☐ Form I-551, Alien Registration Receipt Card (for permanent resident aliens);
- ☐ Form I-94, Arrival-Departure record, with one of the following annotations:
 - a) "Admitted as Refugee Pursuant to Section 207"
 - b) "Section 208" or "Asylum"
 - c) "Section 243(h)" or "Deportation stayed by Attorney General"
 - d) "Paroled pursuant to Section 212(d)(5) of the INA"
- ☐ If Form I-94, Arrival-Departure Record, is not annotated, please provide one of the following documents:
 - a) A final court decision granting asylum (but only if no appeal is taken);
 - b) A letter from an INS asylum officer granting asylum (if application is filed on or after 10-1-1990) or from an INS district director grant asylum (if application filed before 10-1-1990);
 - c) A court decision granting withholding of deportation; or
 - d) A letter from an INS asylum officer granting withholding of deportation (if application filed on or before 10-1-1990)
- ☐ Form I-688, Temporary Resident Card, which must be annotated "Provision of Law 274a.12(11)" or "Provision of Law 247a.12";
- ☐ Form I-688B, Employment Authorization Card, which must be annotated "Provision of Law 274a.12(11)" or "Provision of Law 247a.12";
- ☐ A receipt issued by the INS indicating that an application for issuance of a replacement document in one of the above-listed categories has been made and the applicant's entitlement to the document has been verified;
- ☐ Form I-152, Alien Registration Receipt Card.

If you checked box 2 or 3 on the reverse side, please complete this consent form

Verification Consent

I, _____ hereby consent to the following:

1. The use of the attached evidence to verify my eligible immigration status to enable me to receive financial assistance for housing;
2. The release of such evidence of eligible immigration status by the project owner without responsibility for the further use or transmission of the evidence by the entity receiving it, to: (a) HUD, as required by HUD; and (b) The INS for the purposes of verification of the immigration status of the individual. **Notification:** Evidence of eligible immigration status shall be released only to the INS for purposes of establishing eligibility for financial assistance and not for any other purpose. HUD is not responsible for the further use or transmission of the evidence or other information by the INS.

Signature _____ Date _____