



It is the policy of Lloyd Jones LLC and affiliated communities to offer apartment homes without regard to race, color, national origin, religion, sex, familial status, or handicap. Lloyd Jones LLC is committed to compliance with all federal, state and local fair housing laws.

Identification

All applicants must present a valid government issued photo identification. All persons living in the apartment must be a leaseholder.

Income

Minimum: Household’s must have a minimum income equal to three times the household’s portion of the rent.

Maximum: This property operates under Section 42 of the Internal Revenue Code, an affordable housing program which places certain restrictions on both residents and the owner. Resident households must have incomes at move-in below certain levels based on the area median incomes as published by HUD.

Rental History

Applicants must have a minimum one-year positive rental history. If applicant is a first time renter, we may require an additional deposit equivalent to one-month’s rent

Credit History

We obtain a credit report on each applicant. An unsatisfactory or insufficient finding will result in the requirement of an additional deposit, guarantor, or denial. Applicants are responsible for ensuring their credit history is accurate.

Criminal Background

We obtain a criminal background check on each applicant who will reside in the apartment. It is possible your application may be denied due to criminal convictions.

Guarantor

If a Guarantor is required they must be a U.S citizen, have established credit, make at least 5x the monthly rent and provide proof of income.

Occupancy Guidelines

There is a maximum of two persons per bedroom with unless otherwise dictated by local or state laws.

Tenant Liability Insurance

You are required to carry a minimum of \$100,000 Personal Liability Insurance coverage. To satisfy this requirement, you must provide evidence of insurance coverage at initial lease signing and maintain this coverage throughout the entire term of your residency. In addition, we require that you list our community as an “Interested Party,” “Party of Interest,” or similar language. Failure to provide proof of renter’s insurance will result in automatic enrollment to our master policy resulting in a \$10 per month fee.

Animals

There is a maximum of two pets per apartment, exotic animals are prohibited and weight limits may apply. Restricted breeds are as follows

- | | | |
|-------------------|-----------------------|-----------------|
| Akita | Doberman | Wolf Dog/Hybrid |
| American Bull Dog | Pit Bull Terrier | German Shepherd |
| Bullmastiff | Rottweiler | Siberian Husky |
| Chow Chow | Staffordshire Terrier | |

Mixed breeds of the dogs listed above are also restricted. Additional breed restrictions may apply.

Acknowledgement

Applicant acknowledges and agrees that the criteria referenced above will be considered in the qualification process. Applicants who do not meet the requirements referenced above will be declined or be subject to additional requirements, including, but not limited to, additional fees, deposits, rent or providing a guarantor.

This property operates as housing for seniors 55 year of age or older with the exception of percentage of units per Fair Housing Guidelines may allow for household members of no less than 45 years of age.

Applicant

Applicant

Applicant

Applicant

Lloyd Jones LLC /Agent for Owner

Date



Meetinghouse at Goffstown

Move-in Application

(Co-Applicants must complete a separate application - PLEASE PRINT CLEARLY)

Resident Information

Resident Information				
Applicant (Your Name)	Birth Date	Social Security #	Full Time Student (Y/N)	Phone Number
Co-Applicant or Spouse	Birth Date	Social Security #	Full Time Student (Y/N)	Relationship
Occupant	Birth Date	Social Security #	Full Time Student (Y/N)	Relationship
Occupant	Birth Date	Social Security #	Full Time Student (Y/N)	Relationship
Occupant	Birth Date	Social Security #	Full Time Student (Y/N)	Relationship
Occupant	Birth Date	Social Security #	Full Time Student (Y/N)	Relationship

Are any changes to the household size anticipated in the next 12 months? Yes No

Marital / Student Status

Marital Status: Single Married Divorced Separated Widowed

Student Status: **If all members of the household are Full-Time Students, indicate which exemption qualifies this household:**

Member of the household has previously been in Child Welfare / Foster Care under Title IV of the Social Security Act:

Single parent, not dependent on another, with children that are dependent on either parent:

Married and can file a joint tax return:

Student receives assistance under Title IV of the Social Security Act:

Student receives assistance under the Job Training Partnership Act or similar Federal, State or local laws:

Other Information

How did you find us:

Newspaper Referral Drive-by Flyer Other _____

Credit / Criminal Info:

Ever filed for bankruptcy? Yes No

Ever been evicted from tenancy? Yes No

Owe any current or previous landlord any monies? Yes No

Been charged with a crime in the last 10 years? Yes No

Drivers License Info:

License Number: _____ State Issued: _____ Expires: _____

Vehicle Information:

Make: _____ Model: _____ Color: _____ Year: _____ License Plate: _____

Make: _____ Model: _____ Color: _____ Year: _____ License Plate: _____

Meetinghouse at Goffstown

Contact - In case of an emergency:

Name: _____ Phone: _____ Relationship: _____

Address: _____ City: _____ State: _____ Zip: _____

(THREE YEAR HISTORY REQUIRED) Rental History

Current Address		City	State	Zip	Landlord / Apartment Name
Date Moved In	Date Lease Expires	Rent per Month	Reason for Moving	Landlords Phone	

Previous Address		City	State	Zip	Landlord / Apartment Name
Date Moved In	Date Moved Out	Rent per Month	Reason for Moving	Landlords Phone	

Previous Address		City	State	Zip	Landlord / Apartment Name
Date Moved In	Date Moved Out	Rent per Month	Reason for Moving	Landlords Phone	

Employment History

Current Employer		Position	Date Hired
Address: _____		Supervisors Name	Employers Phone
City, State: _____			
Zip: _____			
Annual Gross Earnings you expect to receive within the next 12 months: \$ _____			

Second Employer (Write NONE if not applicable)		Position	Date Hired
Address: _____		Supervisors Name	Employers Phone
City, State: _____			
Zip: _____			
Annual Gross Earnings you expect to receive within the next 12 months: \$ _____			

Previous Employer		Position	Date Hired
Address: _____		Supervisors Name	Employers Phone
City, State: _____			
Zip: _____			
Annual Gross Earnings you expect to receive within the next 12 months: \$ _____			

Meetinghouse at Goffstown

Income Disclosure Statement

Do you or does anyone in the household receive any of the following:			Total Monthly Amount:
Employment Income (Gross Amount)	<input type="checkbox"/> Yes <input type="checkbox"/> No		\$ _____
Military Pay	<input type="checkbox"/> Yes <input type="checkbox"/> No		\$ _____
Self-Employment Income	<input type="checkbox"/> Yes <input type="checkbox"/> No		\$ _____
Social Security Income (Gross Amount)	<input type="checkbox"/> Yes <input type="checkbox"/> No		\$ _____
Disability Income	<input type="checkbox"/> Yes <input type="checkbox"/> No		\$ _____
Unemployment Income	<input type="checkbox"/> Yes <input type="checkbox"/> No		\$ _____
Worker's Compensation	<input type="checkbox"/> Yes <input type="checkbox"/> No		\$ _____
Pensions	<input type="checkbox"/> Yes <input type="checkbox"/> No		\$ _____
Rental Income from Property Owned	<input type="checkbox"/> Yes <input type="checkbox"/> No		\$ _____
Welfare Assistance (AFDC / TANF, exclude Food Stamps)	<input type="checkbox"/> Yes <input type="checkbox"/> No		\$ _____
Child Support	<input type="checkbox"/> Yes <input type="checkbox"/> No		\$ _____
Alimony	<input type="checkbox"/> Yes <input type="checkbox"/> No		\$ _____
Recurring Monetary Gifts	<input type="checkbox"/> Yes <input type="checkbox"/> No		\$ _____
Veterans Administration Benefits	<input type="checkbox"/> Yes <input type="checkbox"/> No		\$ _____
Income from any other source not mentioned	<input type="checkbox"/> Yes <input type="checkbox"/> No		\$ _____

Asset Disclosure Statement

Do you or does anyone in the household hold any of the following:			Total Value:
Checking Account (Average 6 mos. Balance) # of Accounts: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No		\$ _____
Savings Account (Current Balance) # of Accounts: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No		\$ _____
Certificates of Deposit	<input type="checkbox"/> Yes <input type="checkbox"/> No		\$ _____
Stocks or Bonds	<input type="checkbox"/> Yes <input type="checkbox"/> No		\$ _____
IRA's or Retirement Funds	<input type="checkbox"/> Yes <input type="checkbox"/> No		\$ _____
Mutual Funds	<input type="checkbox"/> Yes <input type="checkbox"/> No		\$ _____
Trust Accounts	<input type="checkbox"/> Yes <input type="checkbox"/> No		\$ _____
Life Insurance (Whole or Universal Only)	<input type="checkbox"/> Yes <input type="checkbox"/> No		\$ _____
Personal Property held as an Investment	<input type="checkbox"/> Yes <input type="checkbox"/> No		\$ _____
Real Estate	<input type="checkbox"/> Yes <input type="checkbox"/> No		\$ _____
Any other assets not mentioned above	<input type="checkbox"/> Yes <input type="checkbox"/> No		\$ _____
Have you disposed of any assets in the last 24 months	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, please explain below	
Type of asset disposed of: _____	Date of sale: _____	Current Value: _____	
		Sales Price: _____	

Bank / Account Information

Checking Account Number: _____	Bank Name: _____
Checking Account Number: _____	Bank Name: _____
Savings Account Number: _____	Bank Name: _____
Savings Account Number: _____	Bank Name: _____

Meetinghouse at Goffstown

This Section to be Completed by All Students

Student Financial Aid Disclosure

Student Currently Attends School: *(please circle one)* **Full Time** **Part Time**

- Over the age of 23 with dependent child(ren), check
- Student resides with parent(s) who receive Section 8 assistance, check here

Total Scholarships, grants, etc. (public or private, excluding student loans) received is:

	Source	Amount	Beginning Date	Ending Date
Scholarships:	_____	\$ _____	_____	_____
Grants:	_____	\$ _____	_____	_____
Other Contributions:	_____	\$ _____	_____	_____
Cost of Tuition:	_____	\$ _____	_____	_____

I understand that management is relying on this information to prove my household's eligibility for the Housing Credit or other affordable housing 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 the release of any necessary information to determine eligibility. I understand that providing false information or making false statements may be grounds for denial of my application or considered a material breach of lease which could result in eviction. I also understand that such action may result in criminal penalties.

I authorize management to 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 or other affordable housing program requirements.

Applicant Signature

Date

For Office Use Only:

Type of Unit Desired: _____ Expected Move-in Date: _____ Rent Quote: _____

Leasing Agent: _____ Date: _____ Time: _____

Application Fee Paid: \$ _____ Marketing Source: _____