

Meetinghouse at Goffstown

Move-in Application

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

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: _____

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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: \$ _____			

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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 Yes 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: _____

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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: _____