

Monahan Manor  
17 Myrtle Street, Nashua NH 03060  
(603) 696-4277 Fax (603) 864-0057  
US Relay: 711

1(A)

The information requested in this form is required by the gov't. agency regulating this project.

**APPLICATION FOR HOUSING**

Low-Income Housing Tax Credit Property  
and/or  
HUD Subsidized Property

Please do not use whiteout. If you make a mistake, cross it out, write the correct answer and put initials next to the crossed-out information.

**Please Print Clearly**

Please complete all sections of this application and all applicable attachments and return to the address at the top of the page. If a question is not applicable to you, please write "N/A" in that section. If all sections are not completed, the application will be returned to you for completion, and, as such, will not be placed on the waiting list. Thank you for your assistance.

**A. GENERAL INFORMATION**

Applicant Name(s): \_\_\_\_\_

Address: \_\_\_\_\_  
Street Apt. # City State ZIP

Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Current Unit Size (# of BRs): \_\_\_\_\_ Do you  RENT or  OWN (check one)

Amount of current monthly rental or mortgage payment: \$ \_\_\_\_\_

If owned, do you receive monthly rental income from property?  Yes  No

Check utilities paid by you:  Heat  Electricity  Gas  Other (specify)

Approximate monthly cost of utilities paid by you (excluding phone and cable TV): \$ \_\_\_\_\_

**Bedroom Size Requested:**  Studio  One BR  Two BR  Three BR  Four BR  Five BR

The following four questions are asked for the sole purpose of providing an equal opportunity to enjoy your housing. Answering them is voluntary, but if you don't let us know what you need to have an equal opportunity to enjoy your housing we can't satisfy your needs. ***This application includes a notice of the right to request a Reasonable Accommodation (Attachment A).***

1. Do you need a fully accessible unit for someone with a mobility impairment?  Yes  No

Note: If you only need a unit on the first floor and it doesn't need to be fully accessible please answer "no" here and respond to question 4 below with a "yes" and let us know your needs.

2. Do you need only certain accessible features of a unit?  Yes  No

If yes, please list the features that you need to be accessible:

\_\_\_\_\_

3. Do you need a unit with special features for someone with a hearing and/or visual impairment?

Yes  No

4. Does any member of the household have any accessibility or reasonable accommodation requests or alternate ways we need to communicate with you?

Yes  No If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

**B. HOUSEHOLD COMPOSITION & STUDENT STATUS ELIGIBILITY**

List ALL persons who will live in the apartment. List the head of household first.

1.	Name	Relationship to head of household	Birth Date	Age (optional)	Social Security#*	Student Status (F1) (Must Circle as Applicable to EACH Member)
Head		<b>HOH</b>				Full-time / Part-time / Not Student
Co-T						Full-time / Part-time / Not Student
3.						Full-time / Part-time / Not Student
4.						Full-time / Part-time / Not Student
5.						Full-time / Part-time / Not Student
6.						Full-time / Part-time / Not Student
7.						Full-time / Part-time / Not Student
8.						Full-time / Part-time / Not Student

\*Note re: HUD SSN Eligibility Requirements: Applicant & Management confirm that Applicant has supplied documentation of Social Security Numbers (SSNs) for all household members unless family members qualify for an exemption in accordance with HUD requirements. Exemptions include all applicants: age 62 or older as of 1/31/10 whose initial determination of eligibility began before 1/31/10 (based on the effective date of a form HUD-50059 or form HUD-50058, whichever is applicable) and/or those who do not contend eligible immigration status.

2. Do you anticipate any additions to the household in the next twelve months? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, explain	

### C. INCOME

List ALL sources of gross income anticipated to be received by any/all household members in the next 12 months as requested below. If an income source doesn't apply, cross out or write N/A over that source name.

Household Member Name	Source of Income	Gross Monthly Amount
1.	Social Security <b>F12</b>	\$
	Social Security <b>F12</b>	\$
	Social Security <b>F12</b>	\$
2.	SSI Benefits <b>F12</b>	\$
	SSI Benefits <b>F12</b>	\$
	SSI Benefits <b>F12</b>	\$
3.	SSP Payments (State Supplement Program) <b>F9a&amp;b</b>	\$
4.	Pension <b>F13</b> List source:	\$
5.	Veteran's Benefits <b>F8</b> List claim #:	\$
		\$
6.	Unemployment Compensation <b>F11</b>	\$
	Unemployment Compensation <b>F11</b>	\$
7.	Worker's Compensation <b>F11</b>	\$
8.	Title IV/TANF/TAFDC/Public Assistance <b>F9</b>	\$
9.	Interest Income <b>F19</b> List source:	\$
10.	Other Income (including recurring gifts, lottery winnings, rental property, net income from a business, etc.)? <b>Verify as applicable</b> List source:	\$
11.	Does any member receive any Student Financial Assistance? If yes, list names of each member receiving student financial aid. <b>F1 Addendum, F2 &amp; Current Financial Aid Award Letter For Each Recipient</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <b>If Yes, list recipient names:</b> <hr/> <hr/> <hr/>

Household Member Name	Source of Income	Monthly Amount
12.	<b>Employment Income F5</b>	\$
	Employer:	
	Employer Address:	
	Employer Phone:	
	Position Held:	How long employed:
13.	<b>Employment Income F5</b>	\$
	Employer:	
	Employer Address:	
	Employer Phone:	
	Position Held:	How long employed:
14.	<b>Employment Income F5</b>	\$
	Employer:	
	Employer Address:	
	Employer Phone:	
	Position Held:	How long employed:
15.	<b>Alimony F15, F16</b>	
	a. Are you <i>entitled</i> by a court order or other legal agreement to receive alimony?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, list the amount you are <i>entitled</i> to receive.	\$
	b. Do you receive alimony?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes list amount you receive.	\$
16.	<b>Child Support F15, F16</b>	
	a. Are you <i>entitled</i> by a court order or other legal agreement to receive child support?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes list the amount you are <i>entitled</i> to receive.	\$
	b. Do you receive child support?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, list the amount you receive.	\$
17. Are any adult members 18 or older and not employed but are receiving unearned income such as Social Security, SSI, Public Assistance, Unemployment, etc.? F4: Section B Only		<input type="checkbox"/> Yes <input type="checkbox"/> No
18. Are any adult members 18 or older, not employed and not receiving any unearned income from any source? F4: Section A Only		<input type="checkbox"/> Yes <input type="checkbox"/> No
19. TOTAL GROSS ANNUAL INCOME (Monthly amounts listed above x 12)?		\$
20. TOTAL GROSS ANNUAL INCOME FROM PRIOR YEAR (Based on last tax year)?		\$
21. Do you anticipate any changes in this income in the next 12 months?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, explain:		
22. Do you file income tax returns? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, provide prior year's taxes with W-2(s), 1099(s), etc. for all members 18 and older with application)		
<b>D. ASSETS</b>		
If your assets are too many to list here, please request an additional form. If a section doesn't apply, cross out or write N/A.		

Household Member Name:				
1. Checking Accts <b>F19</b>		Bank:	Acct:	Balance \$
		Bank:	Acct:	Balance \$
		Bank:	Acct:	Balance \$
2. Savings Accts <b>F19</b>		Bank:	Acct:	Balance \$
		Bank:	Acct:	Balance \$
		Bank:	Acct:	Balance \$
3. Direct Express Debit Card (SSA) Current Stmt/ATM Receipt	Member: _____			Balance: \$
	Member: _____			Balance: \$
	Member: _____			Balance: \$
4. Other Debit Acct Cards Current Stmt/ATM Receipt	Member: _____			Balance: \$
	Member: _____			Balance: \$
	Member: _____			Balance: \$
5. Cash on Hand <b>F30</b>				Amount \$
6. Trust Account <b>F22</b>		Bank:	Acct:	Balance \$
		Bank:	Acct:	Balance \$
7. Certificates of Deposit <b>F19</b>		Bank:	Acct:	Balance \$
		Bank:	Acct:	Balance \$
8. Savings Bonds <b>F19</b>		Maturity Date		Value \$
		Maturity Date		Value \$
9. Life Insurance Policy <b>F20</b>		Ins. Co:	Acct:	Cash Value \$
10. Life Insurance Policy <b>F20</b>		Ins. Co:	Acct:	Cash Value \$
11. Mutual Funds <b>F19</b>	Name:	#Shares:	Annual Interest or Dividend \$	Value \$
	Bank Name:			
12. Stocks <b>F19</b>	Name:	#Shares:	Annual Interest or Dividend \$	Value \$
	Bank Name:			
13. Bonds <b>F19</b>	Name:	#Shares:	Annual Interest or Dividend \$	Value \$
	Bank Name:			
14. Annuities, 401(k), IRA, Keogh <b>F21</b>	Name:			Value \$
	Source:			
15. Investment Property <b>F23</b>	Name:			Appraised Value \$
	Source:			
16. Real Estate Property: <b>Does any household member own any property? F24, F25</b>				<input type="checkbox"/> Yes <input type="checkbox"/> No
a. If yes, Name of Household Member:		b. Type of property:		
c. Location of property:				
d. Appraised Market Value:				\$
e. Mortgage or outstanding loans balance due:				\$
f. Amount of annual insurance premium:				\$
g. Amount of most recent tax bill:				\$

17. <b>Has any household member sold/disposed of any property in the last 2 years?</b>		<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, Name of Household Member:		Type of property:
Market value when sold/disposed		\$
Amount sold/disposed for		\$
Date of transaction		

18. <b>Has any household member disposed of any other assets in the last 2 years?</b> (Example: Given away money to relatives, set up Irrevocable Trust Accounts)? <b>F17, F22</b>			<input type="checkbox"/> Yes <input type="checkbox"/> No
a. If yes, Name of Household Member:		b. Describe Asset:	
c. Date of disposition:			
d. Amount disposed:		\$	
e. Does any member have any assets not listed above? <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>If yes, please list:</b>		Household Member Name:	Type of Asset:

**E. ADDITIONAL INFORMATION**

1. How were you referred to this property?		
<b>Notice for the following question:</b> We do not discriminate based on Section 8 Voucher/Certificate holder status. These questions are asked for the sole purpose to: (1) determine an applicant household's ability to pay rent for a unit that does not have Project Based Section 8; or (2) to advise applicant households who are applying for a unit with Project-based Section 8 that if they move into such a unit that already has Section 8 with the unit, they will be required by their voucher agency to give up their mobile voucher.		
2. Do you currently have a mobile Section 8 Voucher/Certificate?		<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Failure to respond to the questions below may jeopardize approval of your application.</b>		
3a. Are you, or any member of your household (including any live-in aide) listed in Section B above, currently illegally using a controlled substance?		<input type="checkbox"/> Yes <input type="checkbox"/> No
3b. Do you, or any member of your household (including any live-in aide) listed in Section B above, have a pattern of illegal drug use or abuse of alcohol that has threatened or would threaten the health, safety and right to peaceful enjoyment of others?		<input type="checkbox"/> Yes <input type="checkbox"/> No
4a. Have you, or any member of your household (including any live-in aide) listed in Section B above, been convicted of a felony in the last 7 years? NOTE: A "yes" answer does not automatically result in the household's inability to obtain housing. Mitigating circumstances are considered.		<input type="checkbox"/> Yes <input type="checkbox"/> No
4b. Are you, or any member of your household (including any live-in aide) listed in Section B above, subject to any State Sex Offender Lifetime Registration requirement?		<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If yes to 4 (a or b), specify whether (a) and/or (b) along with member name(s) and describe. Attach additional pages(s) if necessary:</i>		
5. Provide a <u>complete list of ALL States</u> in which any applicant household member has ever resided:		
6. Are you an owner, developer or sponsor of this project (or officer, employee, agent or consultant of the owner, developer or sponsor)?		<input type="checkbox"/> Yes <input type="checkbox"/> No

7a. Has any landlord ever had to take legal action against you, or another household member (except any live-in aide) listed in Section B above, for non-payment of rent?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
7b. Has any landlord ever had to take legal action against you or another household member (including any live-in aide) listed in Section B above, for any other material non-compliance with your lease that resulted in your appearance in court?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

*If yes, please describe:*

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8. Have you ever filed for bankruptcy?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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*If yes, describe:*

9. Will you take an apartment when one is available?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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*Briefly describe your reasons for applying:*

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**F. REFERENCE INFORMATION**

**You must provide all full addresses resided at in the past five years and the names, addresses and phone numbers of all landlords, if applicable. (Please attach a separate sheet if necessary to include all landlords in the last 5 years.)**

1. Current Landlord	Name:	
	Address:	
	Home Phone:	
	Bus. Phone:	
	Address You Resided At:	
	How Long?	From: _____ To: _____

2. Prior Landlord	Name:	
	Address:	
	Home Phone:	
	Bus. Phone:	
	Address You Resided At:	
	How Long?	From: _____ To: _____

3. In case of emergency notify:
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Address:
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Relationship:	Phone #:
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4. In case of emergency notify:
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Address:
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Relationship:	Phone #:
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**G. CERTIFICATION**

I/We hereby certify that I/We do/will not maintain a separate subsidized rental unit in another location. I/We further certify that this will be my/our permanent residence. I/We understand I/We must pay a security deposit for this apartment prior to occupancy. I/We understand that my eligibility for housing will be based on applicable income limits and by management’s selection criteria. I/We certify that all information in this application is accurate and complete to the best of my/our knowledge and I/We understand that intentional false statements or information are punishable by law and will lead to cancellation of this application or termination of tenancy after occupancy. I/We hereby authorize the release of information regarding a criminal background and credit check, and landlord authorization. All adult household members, 18 or older, must sign the application. Further, any head, co-head or spouse, who is an emancipated minor, must also sign below.

SIGNATURE(S):

(Signature of Tenant)	Date
(Signature of Co-Tenant)	Date
(Signature of Co-Tenant)	Date
(Signature of Co-Tenant)	Date

Attachments:    Application Cover Letter, as applicable, based on program(s) at property  
Application Attachments below, as applicable, based on program(s) at property

- Attachment A: Notice of Nondiscrimination, Right to a Reasonable Accommodation and Free Language Assistance for People with LEP
- Attachment B: Form HUD-92006, Supplemental and Optional Contact Information for HUD Assisted Housing Applicants
- Attachment C: 1(A) Application Addendum - Demographics Data Collection & Consent
- Attachment D: DHCD Resident Notice and Consent Form (or other State Agency Reporting Form, as required)
- Attachment E: HUD Form-27061-H – Race and Ethnic Data Reporting Form
- Attachment F: NC1 Owner’s Notice of Restriction on Assistance to Non-Citizens



Maloney Properties Inc. does not discriminate on the basis of any protected status, including disability, in the admission of or access to, or treatment or employment in its programs and activities. Maloney Properties, Inc. provides persons with disabilities the opportunity to request a Reasonable Accommodation in order to apply to and participate in such programs and activities. Maloney Properties, Inc. also provides people whose primary language isn't English and as a result have limited English proficiency the opportunity to request free language assistance in order to apply to or participate in its programs and activities. Pam Moynagh coordinates Maloney Properties' compliance with all nondiscrimination requirements, including Section 504. Contact her with any questions or concerns relating to Maloney Properties' compliance with nondiscrimination requirements: Telephone (781) 943-0200 x255, Relay #711 or at Maloney Properties, Inc. 27 Mica Lane, Wellesley, MA 02481.





**MONAHAN MANOR**

**PREFERENCE ELECTION FORM TO INITIAL APPLICATION**

Name of Head of Household: \_\_\_\_\_

In accordance with the Tenant Selection Plan for Monahan Manor applicant ranking on the waiting list includes consideration of priorities and preferences. Please indicate below if your family qualifies for any of the following situations.

The preferences do not make anyone eligible who was not otherwise eligible. Documentation to support the request for preference **will be required at the time of applicant screening.** A request for preference will be denied without proper documentation.

Please check yes if you qualify for any of the preferences and N/A if you do not qualify.

<p><b>Involuntary Displacement due to a disaster, such as fire, flood, not due to the fault of the applicant and/or beyond the applicants control.</b></p> <p>Verification must include: fire or police department incident report, ISD report, health department report or other appropriate agency to show the housing is not habitable. Proof of residency to indicate the applicant was the tenant of record at the address.</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> N/A</p>
<p><b>Involuntary Displacement due to domestic violence, dating violence, sexual assault, and/or stalking.</b></p> <p>Verification must include: submission of a completed “certificate of Involuntary displacement due to domestic violence/dating violence/sexual assault or stalking” or a third party written verification from local police, social service agency, court of competent jurisdiction, clergy, physician or an agency that provides shelter or counseling to victims of domestic violence.</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> N/A</p>
<p><b>Involuntary displacement by other governmental action or HUD disposition of a multi-family project.</b></p> <p>Verification must include: third party written verification from the appropriate agency certifying that the applicant has been or will be displaced in the next 90 days as a result of an action by that agency and the reason for the displacement.</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> N/A</p>

I hereby certify under the pains and penalty of perjury the information provided above is true and correct:

\_\_\_\_\_  
Signature of Head of Household

\_\_\_\_\_  
Date

Maloney Properties Inc. do not discriminate on the basis of any protected status, including disability, in the admission of or access to, or treatment or employment in its programs and activities. Maloney Properties, Inc. provide persons with disabilities the opportunity to request a Reasonable Accommodation in order to apply to and participate in such programs and activities. Maloney Properties, Inc. also provides people whose primary language isn't English and as a result have limited English proficiency the opportunity to request free language assistance in order to apply to or participate in its programs and activities. Pam Moynagh coordinates Maloney Properties' compliance with all nondiscrimination requirements, including Section 504. Contact her with any questions or concerns relating to Maloney Properties' compliance with nondiscrimination requirements: Telephone (781) 943-0200 x255 / Relay: 711, or at Maloney Properties, Inc., 27 Mica Lane, Wellesley, MA 02481.

