



MARSHALL STREET APARTMENTS, NASHUA

APPLICATION PROCESSING

Thank you for choosing Metropolis Property Management Group Inc. to assist you in finding your new apartment. Below is a description of the application process and the associated fees.

****THIS IS A SMOKE AND VAPE FREE PROPERTY****

The application for consideration must be filled out completely. Every question, box or space must have an answer, checkmark or response.

Please include with your application the following, when applicable:

1. Most recent Benefit Statements, to include Social Security, SSDI, or Welfare.
2. Current statements for all bank accounts, including stocks, investments and annuities.
3. Six (6) most recent paycheck stubs from all employed household members.
4. A valid driver's license, passport or identification with photo and date of birth for all applicants over 18

THREE (3) SEPARATE FEES ARE DUE AT THE TIME OF APPLICATION:

PAYMENT/CHECK #1:

Application Fee to reimburse management for the cost of Credit Check and Landlord History Report
\$25.00 One-time fee, non-refundable **PER ADULT**
Payable to: Metropolis Property Management Group, Inc.

PAYMENT/CHECK #2: *Criminal Background Check*

\$25.00 PER ADULT OVER 18 OCCUPYING THE HOUSEHOLD, non-refundable
Payable to: State of New Hampshire

PAYMENT/CHECK #3: *Holding Fee – Applied towards total amount due for Security Deposit. Security Deposit held is equal to one month's rent.*

\$250.00 Minimum, non-refundable after 48 hours (see Holding Fee agreement)
Payable to: Metropolis Property Management Group, Inc.

\$25 Registration Fee per Cat (LIMIT OF 2 CATS PER UNIT) AND \$25 per month per cat

Your application may take up to several weeks to process due to our requirement of performing 3rd Party verifications. No applications will be processed without payment in accordance with above. If you have any questions, please call 603.666.4518.



1662 Elm Street, Manchester, New Hampshire 03101
 Office number: 603-666-4518 Fax Number: 603-644-3657
 Website: www.metropolispmg.com

Receiving Office Use Only	Date Received:
Property Manager Name:	
Building - Unit:	
Bedrooms:	
LIHTC:	50% 60%
Agreed Rent Amount:	
Security Deposit Amount:	

APPLICATION for LIHTC PROPERTY

PLEASE PRINT. PLEASE ANSWER ALL QUESTIONS!

Do not leave any space or blanks. Write "NO or N/A" where appropriate

PART I - FAMILY COMPOSITION - To be completed by applicant

Directions to Applicant: Please complete the table below for each member of your household, whether or not those members are related. Include all members who you anticipate will live with you at least 50% of the time during the next 12 months. (A full-time student is anyone who is enrolled for at least five calendar months for the number of hours or courses which are considered full-time attendance by that institution. The five calendar months need not be consecutive.)

Name <u>ALL</u> People to Occupy Unit LAST NAME FIRST MI	DOB	Age	Sex	Relationship	Marital Status (single, divorce, separated, widowed)	Social Security #	Student? Yes or No
1.				HEAD			
2.							
3.							
4.							
5.							
6.							
7.							
8.							

Please provide all current contact information for all Household member(s) 18 years or older:

Current/Legal Address: _____

Email Address: _____

Cell Phone _____ Home phone _____

If any member of the household has used another name, please list this below (maiden name, former name, etc.)

Former name used _____ Current name used _____

Former name used _____ Current name used _____

<p>1. Do you expect any changes in the household composition in the next 12 months (expecting a child)? If Yes please explain:</p> <p>_____</p>	<p>Yes No</p>
<p>2. Do you or any other adult members of the household anticipate a change to the current income information within the next 12 months (i.e. seeking employment, expecting child support/alimony, expecting a promotion, etc.)? If Yes please explain:</p> <p>_____</p>	<p>Yes No</p>
<p>3. Do all of the above household members reside in the household 100% of the time? If No, please list household members and why:</p> <p>_____</p>	<p>Yes No</p>

PART I - FAMILY COMPOSITION (CONTINUE) - To be completed by applicant

<p>4. Are all occupants' full-time students? If Yes please answer the following listed below:</p>	<p>Yes/ No</p>
<p>a) Are any household member's part time or full time students attending a school of higher education?</p> <p>b) Are any of the students married and already filing a joint Federal Income Tax Return with their spouse? Yes/No (If yes, all household members are full time students, attach a copy of the Signed Federal Income Tax Return).</p> <p>c) Are any of the students receiving assistance under Title IV of the Social Security Act, which includes but is not limited to TANF/TAFF/AFDC/FIP? Yes/No</p> <p>d) Are any of the students enrolled in a job training program receiving assistance under the Workforce Investment Act or under similar Federal, State, or local laws? Yes/ No</p> <p>e) Are you a single parent household with at least one dependent child? The parent is not the dependent of another individual and the child is only a dependent of the resident or the other, non-resident parent. Yes/No (If yes, and all household members are full time students, a signed copy of the Tax Return and Divorce Decree must be attached.)</p> <p>f) Is any student(s) part of the foster care program? Yes/No</p>	
<p>5. Does any adult member of the household anticipate enrolling in the next twelve (12) months as a student? If yes who:</p>	<p>Yes/No</p>
<p>Name of School (s) _____ Where located: _____</p>	
<p>When do you plan to attend?</p>	

PART II - RENTAL HISTORY - To be completed by applicant

**6. Residence History: Current & Previous Landlords:
(Past 2 years residence including any owned by applicants.)**

Current Address	Rent/Month	Utilities/Month	Reason for Leaving
Landlord Name	Landlord Address		Landlord Phone
When did you move in: _____		When did you move out: _____	

Previous Address	Rent/Month	Utilities/Month	Reason for Leaving
Landlord Name	Landlord Address		Landlord Phone
When did you move in: _____		When did you move out: _____	

Previous Address _____	Rent/Month	Utilities/Month	Reason for Leaving
Landlord Name	Landlord Address		Landlord Phone
When did you move in: _____		When did you move out: _____	

How did you hear about this housing opportunity?

1. Were you referred by an existing resident of one of our properties? YES NO

Name: _____ Address/Unit: _____

Do we have permission to thank them for the referral? YES NO

2. If No, then how did you learn about this available unit?

Metropolis Website

Craigslist

Rent.com

Facebook

Trulia

Twitter

Zillow

Other _____

Drove By Property

The Way Home

Newspaper

Housing Authority - Please specify _____

Local Service Provider – Please specify _____

PART III - HOUSEHOLD INCOME - To be completed by applicant

For questions (7) through (29), indicate the amount of anticipated income for all household members named in the table on page 1 (for minors, unearned income amounts only), during the 12 month period beginning this date. If you are uncertain which types of income must be included or may be excluded, please ask the management personnel for assistance.

Do you or any one in your household have:

Income	Applicant Yes or No		Other Applicant Yes or No		Amount:
(7) Wages or Salaries (gross income)					\$
(8) Child Support (court ordered amount)					\$
(9) Alimony					\$
(10) Social Security (gross amount)					\$
(11) Railroad Pension					\$
(12) Supplemental Security Income (SSI)					\$
(13) Public Assistance - AFDC, TANF, General Assistance					\$
(14) Veterans Administration Benefits					\$
(15) Pensions, IRA, and/or 401 (k) (Keogh Accounts)(regular periodic payments)					\$
(16) Annuities (regular periodic payments)					\$
(17) Unemployment Compensation					\$
(18) Disability, Death Benefits and/or Life Insurance Dividends					\$
(19) Worker's Compensation					\$
(20) Severance Pay					\$
(21) Net Income from a Business (Self-Employment, including rental property, land contracts, or other forms of real estate)					\$
(22) Income from Assets					\$
(23) Regular Contributions and/or Gifts					\$
(24) Lottery Winnings or Inheritances					\$
(25) All regular pay paid to members of the Armed Forces					\$
(26) Education, Grants, Scholarships or other Student Benefits					\$
(27) Long Term Medical Care Insurance Payments in Excess of \$180.00 per day					\$
(28) Other Income					\$
(29) Are any of these items listed above being deposited onto a pre-paid debit card (Direct Express, Net Spend, Relia Card, Citi Bank, Etc.)					\$
Total					\$
Total Gross Annual Income from previous Year (separate out if unrelated adults)					\$

PART IV - HOUSEHOLD ASSET INFORMATION - To be completed by applicant

CURRENT ASSETS - List all assets currently held by all household members and the cash value of each. The Cash value is the market value of the asset minus reasonable costs there were, or would be, incurred in selling or converting the asset to cash.

Do you or anyone in your household have:

Asset	Applicant		Other Applicant		Cash Value Amount	Name of Bank:
	Yes	No	Yes	No		
(30) Savings Account					\$	
(31) Checking Account <small>Debit Card/Demand Deposit</small>					\$	
(32) Certificate of Deposit					\$	
(33) Safe Deposit Box					\$	
(34) Trust Account					\$	
(35) Any Stocks or Securities					\$	
(36) Any Treasury Bills					\$	
(37) Retirement Fund / Annuities <small>(Include IRA's or Keogh Accounts)</small>					\$	
(38) Mutual Funds					\$	
(39) Saving Bonds					\$	
(40) Money Market Account					\$	
(41) Cash on Hand <small>(excluding checking accts)</small>					\$	
(42) Prepaid Debit Card <small>(Direct Express, Net Spend, Citibank, reloadable Wal-Mart Cards, red or green dot cards, Etc.)</small>					\$	

Do you or anyone in your household have:

43. Do you or any other member of your household have any Whole or Universal Life Insurance Policies? If so who is this listed with:	Yes/No
Cash Value \$	
44. Have any Personal Property held as an Investment (this includes: paintings, artwork, collector or show cars, jewelry, coin or stamp collections, antiques, etc.)? Cash Value \$	Yes/ No
45. Received any Lump Sum Receipts? (Include inheritances, capital gains, lottery winnings, insurance settlements and other claims)? When Cash Value \$	Yes/No
Where are Funds Held?	
46. Own Equity in real estate, rental property, land contracts/contract for deeds or other real estate holdings or other capital investments (this included your personal residence, mobile homes, vacant land, farms, vacation homes or commercial property)?	Yes/No
a. If yes, Type of Property:	
b. Location of Property:	
c. Appraised Market Value:	
d. Mortgage or Outstanding loan balance due:	
e. Amount of Annual Insurance Premium:	
f. Amount of most recent tax bill:	
47. Have you sold or disposed of any other assets in the last 2 years? (given money away, set up Irrevocable Trust Account, property, etc.)	Yes/No
If yes, type of asset:	
Market Value when sold or disposed:	
Amount sold or disposed for:	
Date of Transaction:	
48. Do you have any other assets not listed above (excluding personal property)? If yes, please list:	Yes/ No

PART V - EMPLOYMENT HISTORY - To be completed by applicant

49. Head's Current Employer:				
Date Hired:	Date terminated:	Supervisor:		
Salary: \$	Circle One:	Annually	Weekly	Bi-Weekly Monthly
Employer Address:				
Address	City	State	Zip	Phone #:

50. Head's Previous Employer:				
Date Hired:	Date terminated:	Supervisor:		
Salary: \$	Circle One:	Annually	Weekly	Bi-Weekly Monthly
Employer Address:				
Address	City	State	Zip	Phone #:

51. Spouse Current Employer:				
Date Hired:	Date terminated:	Supervisor:		
Salary: \$	Circle One:	Annually	Weekly	Bi-Weekly Monthly
Employer Address:				
Address	City	State	Zip	Phone #:

52. Other Applicant's Current Employer:				
Date Hired:	Date terminated:	Supervisor:		
Salary: \$	Circle One:	Annually	Weekly	Bi-Weekly Monthly
Employer Address:				
Address	City	State	Zip	Phone #:

PART VI - CREDIT REFERENCES - To be completed by applicant

Name	Address/Phone	Monthly Payment
53.		\$
54.		\$
55.		\$

PART VII - OTHER - To be completed by applicant

56. Do you have full custody of your child (ren)? Explain the custody arrangements:	Yes/ No
57. Would you or any members of your household benefit from a handicapped-accessible unit? If yes, explain:	Yes/No
58. Have you ever been evicted? If yes, explain:	Yes/ No
59. Have you filed for bankruptcy? If yes, explain:	Yes/No
60. Have you ever been convicted of a felony? If yes, explain:	Yes/No
61. Will your household be eligible or are you applying to receive Section 8 rental assistance in the next 12 Months? Explain:	Yes/No
62. Do you have any pets? If so, what are they? Please list.	Yes/No

PART VII - OTHER (CONTINUE) - To be completed by applicant

62. Have you <u>ever</u> received assistance? If yes, explain:	Yes/No
63. Has your rental assistance ever been terminated for fraud, non-payment of rent or failure to recertify? If yes, explain:	Yes/No
64. Will this be your only place of residence? If no, explain:	Yes/No
65. What is the condition of your current housing? Standard Unsafe or Unhealthy Living with Parents	Yes/No
No Indoor Plumbing/Kitchen Currently without Housing	
Living with Family or Friends	

66. Do you have a legal right to be in the United States: (check one that applies)

Yes, because I am a United States Citizen
 Yes, because I have valid documentation from the Bureau of Citizenship and Immigration Services
 (formerly The Immigration and Naturalization Service)
 No

If you answered "Yes" because you are a non-U.S. citizen with valid documentation, you must provide documentation and complete paperwork required by the Department of Housing and Urban Development, so we can verify that you are a Non-Citizen with eligible immigration status.

PART VIII- SPECIAL NEEDS - To be completed by applicant

67. Does anyone in your household have special needs?	Yes/ No
68. Special living accommodations required? If yes please explain:	Yes/No

PART IX - IN CASE OF EMERGENCY, NOTIFY: - To be completed by applicant

Name/Relationship	Address	Phone

PART X - RESIDENT'S STATEMENT - To be completed by applicant

PLEASE READ THE FOLLOWING CAREFULLY

I do hereby certify that all the information provided in this housing application is complete and accurate to the best of my knowledge. Authorization is granted to verify the information in this application. I authorize any person, partnership, corporation, association, or governmental agency, possessing information on such matters to release such information to Metropolis Property Management Group, Inc., and I release and save harmless the respective respondent. I understand that a wage and benefit check may be made through the Department of Labor, Licensing and Regulation, and that a criminal background check may be conducted. Authorization is also granted to check with federally assisted housing agencies to determine if any debt is owed.

I/We understand that I/We must pay a security deposit prior to occupancy. I/We understand that security Deposits placed to place a hold on any unit are Nonrefundable after 48 Hours of Receipt **Initial here** I/We understand that this application in no way ensures occupancy and that my/our application can be rejected based on, but not limited to poor credit or personal references, police record indicating unacceptable or criminal behavior (i.e.: Felonies Sexual Offenders ,drug charges), or poor personal interview. If my application is denied, I/We understand that our security deposit will be refunded in full by Metropolis Property Management Group Inc, Inc. I/We acknowledge that Application to this property requires full disclosure of all income, employment, and assets to include, but not limited to Tax Fillings, Pay check stubs, and Account Statement. Failure to provide the necessary information upon request will result in forfeiture of any security deposits.

I/We hereby 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 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 either the Rural Economics or Community Development Agency or the Department of Housing and Urban Development's eligibility criteria. I/We certify that the information given in this application is true to the best of my/our knowledge. I/We understand that any false information is punishable by law and could be grounds for cancellation of this application or termination of residency after occupancy.

I/We understand that this is a SMOKE FREE ENVIRONMENT. I/We also understand that this is a NO DOG property. I/We certify that if we violate either of these rules, it could be grounds for termination of residency.

SIGNATURE OF ALL PARTIES TO THIS APPLICATION, 18 YEARS OR OLDER:

Applicant Signature (Head)	Date
Applicant Signature (Co-Head)	Date
Other Applicant Signature (Over 18 years of Age)	Date
Other Applicant Signature (Over 18 years of Age)	Date

Did anyone help and assist you in filling out this application?	Yes/No
Signature	Date
Signature of person who assisted with application and their relationship to applicant	Date
Reason for the assistance:	

VOLUNTARY INFORMATION

This information is being requested in accordance with federal regulations. This information is for reporting purposes only. The information will not be used in evaluation of your application or to discriminate against you in any way. You are not required to furnish this information, but are encouraged to do so.

I choose not to complete this questionnaire.

Name <u>ALL</u> People to Occupy Unit LAST NAME FIRST	Relationship	Race (See Below for corresponding number)	Hispanic or Latino? Yes/No	Disabled - Yes/No
1.	HEAD			
2.				
3.				
4.				
5.				
6.				
7.				
8.				

Racial*1

1- White

2 - Black/African American

3- American Indian/Alaska Native

4- Asian

5 - Native Hawaiian/Other Pacific Islander