

Thank you for choosing to apply at Foxfire Property Managements rental properties.

Below you will find our application process with instructions on how to complete.

YOU MUST ANSWER ALL QUESTIONS. Do not leave any spaces blank: WRITE NONE OR N/A if it does not apply.

Please note the Pre-Application or the Application will be RETURNED if not fully completed.

APPLICATION PROCESS FOR HOUSING:

- 1) Complete the attached Pre-application please print clearly, in black or blue ink.
- 2) Please indicate which property you are applying for. Please do not request "ANY" You must print out additional pre-applications for each property that you are applying for.
- 3) After completing the pre-application please review again to ensure all pages are filled out properly, paying close attention to sign and date lines.
- 4) Be sure that all household members 18 years of age or older sign the Certification portion.
- 5) Within ten (10) days of the date your completed pre-application is received by our office, you will be notified by mail of being placed on the waiting list. Pre-applications are placed on our waiting list by date and time received.
Please note: placement on waiting list does not confirm housing eligibility.
- 6) Once your name has been placed on the waiting list, please be sure to:
 - Submit updates to your pre-application, such as changes to mailing address, phone number, etc. to our office in writing. This is your responsibility and inability to contact you by either phone or mail may result in removal from the waiting list.
 - Respond to waiting list update letters. Failure to respond to these periodic correspondences may result in removal from the waiting list.
 - Remain aware that you are welcomed to periodically inquire about the status of your application, however, because multiple factors (such as unit availability, subsidy availability, eligibility of other applicants, etc.) dictate our waiting list and approval process, we are unable to predict how long it will take before your application is processed.
- 7) When your name nears the top of the waiting list you will be contacted as we begin to process your application to determine your eligibility for housing. At this time:
 - We will mail you the full application for completion.
 - Please indicate which property you are applying for. Please do not request "ANY" You must print out additional applications for each property that you are applying for.
 - We will need a copy of each member's Birth Certificate, Social Security card (BOTH must be provided prior to move-in for all household members) and Driver's License (if applicable).
 - All household members that are 18 years of age or older are required to complete a criminal record check. Enclosed is the form for New Hampshire or Vermont. Please complete one criminal record form for each household member age 18 or over. (Print additional copies as necessary) If you have never resided in New Hampshire or Vermont than you are not required to submit the form.
 - Be sure that all household members 18 years of age or older sign the Certification portion.
 - IF YOU ARE RECEIVING Social Security, Social Security Disability, State Pension, or any type of Pension, please include your benefit letter stating your monthly amount.
- 8) After completing the application please review again to ensure all pages are filled out properly, paying close attention to sign and date lines. Mail the completed application packet, please make sure you have included copies all necessary documents and have signed all the verifications included in the application packet. Upon returning the completed application packet we will:
 - We will obtain your credit report.
 - We will contact your current and previous landlords for references.
 - We will obtain your official criminal history records from the states you have resided in.
 - We will collect verifications of any assets, income, and income adjustments that you have listed on your application.
- 9) When all necessary documents are received, a determination will be made on regards to your eligibility and your application will either be approved or rejected. You will be notified of this determination by either phone or mail.

Please call our office at 603-228-2151 EXT 312 to speak to Tasha if you have any questions, or e-mail at tsoucy@foxfirenh.com

***** PLEASE MAIL YOUR COMPLETED APPLICATION TO: *****

Foxfire Property Management
 PO Box 1438
 Concord, NH 03302

All of our properties are smoke-free

PLEASE KEEP THIS PAGE FOR YOUR REFERENCE

(603)228-2151 • PO Box 1438 Concord NH 03302 • www.foxfire.com



Which property are you applying for: Circle One

| | | | | |
|-----------|-------------------|---------------|-----------------|-----------------|
| Birchwood | Mascoma Village | Northern View | Redgate Village | Wakefield Acres |
| Brookside | Millbrook Village | Pinewood | Village Green | Whitman Woods |

PREFERRED UNIT SIZE: 1 BR 2 BR 3 BR Handicap Accessible

How did you hear about the apartment complex you are applying for? _____

Preferences: If you feel you qualify for any of these preferences please check below:

- The head of household, spouse, or co-head is not elderly or near elderly over the age of 18 and under the age 62 and a person with disabilities
- The head of household, spouse, or co-head is elderly persons or families
- The head of household, spouse, or co-head is employed

A. FAMILY SUMMARY -List all persons, including yourself, who will be living in the apartment.

Applicant Head of household

| | | | | | | | | | |
|------------------------|--|------------|----------------------|----------------|--|---------------------------------|-------|----------|-----|
| Last Name | | First Name | | Middle Initial | | Date of Birth | | Gender * | |
| Street | | | | City | | | State | | Zip |
| Social Security Number | | | Previous/Maiden Name | | | Student Status** F/T P/T N/A | | | |
| Telephone Number | | | E-mail address | | | | | | |

Applicant Co-Head of household

| | | | | | | | | | |
|------------------------|--|------------|----------------------|----------------|--|---------------------------------|-------|----------|-----|
| Last Name | | First Name | | Middle Initial | | Date of Birth | | Gender * | |
| Street | | | | City | | | State | | Zip |
| Social Security Number | | | Previous/Maiden Name | | | Student Status** F/T P/T N/A | | | |
| Telephone Number | | | E-mail address | | | | | | |

Applicant Other Occupants

List all other persons who will live in the unit, including unborn children. **NO person is to live with you who are not listed.**

| NAME (First, Middle, Last) | Date of Birth | Gender* | Social Security Number | Relationship | Student Status** |
|----------------------------|---------------|---------|------------------------|--------------|------------------|
| | | | | | F/T P/T N/A |
| | | | | | F/T P/T N/A |
| | | | | | F/T P/T N/A |
| | | | | | F/T P/T N/A |

*Note: Providing information on Gender is optional.

**Note: F/T=Full Time P/T=Part Time N/A=Not Applicable

B. HOUSEHOLD AND BACKGROUND INFORMATION – CURRENT HOUSING

Your current housing situation is best described as:

| | | |
|--|--|--|
| <input type="checkbox"/> Standard | <input type="checkbox"/> Substandard | <input type="checkbox"/> Without or soon to be without housing |
| <input type="checkbox"/> Conventional Public Housing | <input type="checkbox"/> Lacking a fixed nighttime residence | <input type="checkbox"/> Fleeing/Attempting to Flee Violence |
| Do you currently receive subsidized housing? | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Do you currently have a voucher? | Agency Name: | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Are you displaced by government action or a Federally Declared disaster? | | <input type="checkbox"/> Yes <input type="checkbox"/> No |



| | | |
|---|------------------------------|-----------------------------|
| Do you have any pets other than a service animal? Type: | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Are you or any members of your household subject to a State lifetime sex offender registration? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Background information – Criminal History

| | | |
|---|------------------------------|-----------------------------|
| Have you or any member of your household been convicted of any crimes below? (If no please skip below section) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|---|------------------------------|-----------------------------|

Using the numbers below, indicate whether you or any members of your household have been convicted of any crime(s) listed below:

- | | | |
|--------------------------------------|---|-----------------------------|
| 1. Homicide Murder | 6. Assault/Fighting | 11. Fraud |
| 2. Rape or Child Molesting | 7. Drug Trafficking/Use/Possession | 12. Prostitution |
| 3. Burglary/Robbery/Larceny | 8. Child Abuse/Domestic Violence | 13. Disorderly Conduct |
| 4. Threats or Harassment | 9. Public Intoxication/Drunk & Disorderly | 14. Other (please Explain): |
| 5. Destruction of Property/Vandalism | 10. Receiving Stolen Goods | |

| | | |
|-------------|------------|--------------------|
| Member Name | Crime(s) # | Status/Disposition |
| Member Name | Crime(s) # | Status/Disposition |
| Member Name | Crime(s) # | Status/Disposition |
| Member Name | Crime(s) # | Status/Disposition |

Resident States History - Please list next to all household member's name, all the states they have resided in

| Member Name | States I have lived in | Member Name | States I have lived in |
|-------------|------------------------|-------------|------------------------|
| | | | |
| | | | |
| | | | |

C. HOUSEHOLD INCOME - List each source of income for ALL household members. Use gross amounts (before deductions)
Over the next 12 months, do you or does anyone in your household expect to receive income from (check all that apply):

- | | |
|---|---|
| <input type="checkbox"/> Employment | <input type="checkbox"/> Alimony |
| <input type="checkbox"/> Self-Employment | <input type="checkbox"/> Student Financial Aid |
| <input type="checkbox"/> Military Pay | <input type="checkbox"/> Social Security (SS/SSI/SSDI etc) |
| <input type="checkbox"/> Veteran's Pay | <input type="checkbox"/> State Supplemental Income |
| <input type="checkbox"/> Pension/Annuities | <input type="checkbox"/> Other Retirement Accounts |
| <input type="checkbox"/> Unemployment | <input type="checkbox"/> Income from Trust |
| <input type="checkbox"/> Worker's Compensation | <input type="checkbox"/> Regular Payments from Settlement |
| <input type="checkbox"/> AFDC/TANF/OAA/ Public Assistance | <input type="checkbox"/> Income from Lottery Winning or Inheritance |
| <input type="checkbox"/> Child Support | <input type="checkbox"/> Income from Rental Property or Real Estate |
| <input type="checkbox"/> Any other income not listed: | |

| Household Member Name | Source | Annual/Monthly/Weekly |
|-----------------------|--------|-----------------------|
| | | |
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D. ASSET INFORMATION – List asset information for ALL household members

Do you or anyone in your household have or expect to have any of the following within the next 12 months?

(Please check all that apply)

- Cash
- Checking
- Savings
- Payroll Card
- Direct Express
- Benefit Card (welfare/child support)
(not for food stamps)
- Certificate of Deposit
- Life Insurance (whole or universal only)
- Any other assets not listed:
- 401K
- IRA
- Mutual Funds
- Other Retirement Funds
- Money Market
- Stocks
- Bonds
- Real Estate
- Trusts

| HOUSEHOLD MEMBER NAME | NAME OF ASSET INSTITUTION | TYPE OF ACCOUNT | CURRENT BALANCE |
|-----------------------|---------------------------|-----------------|-----------------|
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F. MEDICAL AND CHILD CARE EXPENSES

Medical expenses- Complete only if Head or Co-head/Spouse is 62 or older and/or disabled and only if these medical expenses are paid for out of your pocket and not reimbursed by medical insurance within the past 12 months. Provide the following information for all members of the household (use another sheet of paper if necessary).

- Medicare (Part B)
 - Medical Insurance
 - Pharmacy/Prescriptions
 - Medical Practitioners (doctors/dentists/etc)
 - Medical bills outstanding (hospital/doctors/etc)
 - Other Medical Expense
- Please total your anticipated Medical Expenses each month:
\$ _____

| HOUSEHOLD MEMBER NAME | SOURCE OF Medical Expense | TYPE OF EXPENSE | CURRENT BALANCE/PAYMENT AMOUNT |
|-----------------------|---------------------------|-----------------|--------------------------------|
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Child Care Expenses- Complete for children in the household that are 12 and younger that are paid out of pocket and are not reimbursed to you or paid on behalf of you by an outside agency. Please total your anticipated Childcare Expenses each month: \$ _____

| | | |
|---|------------------------------|-----------------------------|
| Do you or any household members anticipate to pay for childcare for a child or children 12 years old or younger in the next 12 months? If YES, please explain why _____ Please complete the information below for each child | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Do you or any household members pay for childcare for a child or children 12 years old or younger? If YES, please complete the information below for each child | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

| HOUSEHOLD MEMBER NAME | SOURCE OF Childcare Expense | TYPE OF EXPENSE | CURRENT PAYMENT AMOUNT |
|-----------------------|-----------------------------|-----------------|------------------------|
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E. SPECIAL UNIT REQUIREMENT(S) QUESTIONNAIRE

| | | |
|---|------------------------------|-----------------------------|
| Households in which the Head, Spouse or Co-Head is disabled or handicap, please indicate: If special unit requirements are needed please indicate below. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|---|------------------------------|-----------------------------|

All applicants in whom a household member has a disability may qualify for a Reasonable Accommodation and they have the right to request such an accommodation.

- A Separate Bedroom
- A Barrier Free Unit
- Any Other Accommodation List Below
- Unit for Vision-Impaired
- Unit for Hearing-Impaired
- A Mobility Impaired Unit
- Physical Modification to a Typical Unit

F. RACE AND ETHNICITY – FOR STATISTICAL PURPOSE ONLY – THIS INFORMATION WILL NOT AFFECT TENANT SELECTION

Head of Household (only)

Ethnicity:

- Hispanic or Latino
- Not Hispanic or Latino

Race:

- White
- Black or African American
- Asian
- American Indian/Alaskan Native
- Native Hawaiian or Other Pacific Islander
- Other



All information received by Foxfire Property Management during the pre-application process regarding the applicant or applicant's household will be taken into consideration as part of the application.

G. CERTIFICATION

I/We understand that Foxfire Property Management is relying on this information to prove my household eligibility for HUD and/or Rural Development program. I/We 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 the necessary information to determine my/our eligibility. I/We understand that providing false information or making false statements may be grounds for denial of my application. I/We also understand that such action may result in criminal penalties.

I/We authorize my/our consent to have management verify the information contained in this Pre-Application for purposes of providing my/our eligibility for occupancy. I/We will provide all necessary information including source names, address, phone numbers, accounts numbers where applicable and other information required for expediting this process. I/We understand that my/our occupancy is contingent on meeting management, resident selection criteria and HUD and/or Rural Development program requirements.

ALL Household Members 18 and Older MUST sign

| | |
|------------------------------|------|
| HEAD OF HOUSEHOLD SIGNATURE | DATE |
| SPOUSE OR CO-HEAD SIGNATURE | DATE |
| OTHER ADULT HOUSEHOLD MEMBER | DATE |
| OTHER ADULT HOUSEHOLD MEMBER | DATE |
| OTHER ADULT HOUSEHOLD MEMBER | DATE |
| OTHER ADULT HOUSEHOLD MEMBER | DATE |

PENALTIES FOR MISUSING THIS FORM:
 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). Violation of these provisions are cited as violations of 42 U.S.C. 408 (a) (6), (7) and (8).

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) <input type="checkbox"/> Emergency <input type="checkbox"/> Unable to contact you <input type="checkbox"/> Termination of rental assistance <input type="checkbox"/> Eviction from unit <input type="checkbox"/> Late payment of rent <input type="checkbox"/> Assist with Recertification Process <input type="checkbox"/> Change in lease terms <input type="checkbox"/> Change in house rules <input type="checkbox"/> Other: _____ | |
| 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.

| | |
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|--|--|

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.

Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

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| | |
|--|--|
| 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) | |
| <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. | |
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Signature of Applicant

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