

Applicant: Write your full name and address,
including your apartment # and zipcode.

Mail this application to the address you
see at left.

Dear

I am applying to the following waitlist, which I believe is open:

App Generated:

 **ATTN: WAITLIST ADMINISTRATOR** 

Is this waitlist closed? Anything else you want to tell the 900 Housing Advocates and the nearly 200,000 applicants using our system?

USE BLOCK PRINT to fill in the appropriate information below. Save paper and ink by faxing only this one page to HousingWorks – we will immediately update your information! See fax number below.

☐ **This particular waitlist is closed: At present, our only open waitlists are:**

☐ **This is not the correct application. The correct application is available in this way:**

Your position or title at this housing program: _____

Your signature: _____

HousingWorks Fax: 617-536-8561

*If you direct applicants to try our free search to locate OTHER HOUSING OPTIONS,
you reduce frivolous applications and eliminate possibly hundreds of phone calls:*

www.HousingWorks.net



DO NOT LEAVE ANY QUESTION UNANSWERED!

- ☐ HEAD OF HOUSEHOLD'S FIRST NAME
- ☐ HEAD OF HOUSEHOLD'S COMPLETE MIDDLE NAME
- ☐ HEAD OF HOUSEHOLD'S LAST NAME (EX: BAEZ GONZALEZ) ☐ SUFFIX
- ☐ YOUR MOTHER'S LAST NAME WHEN SHE WAS A CHILD

ANSWER THIS: ☐ Yes ☐ No Does the HoH have a Social Security Number? *If "Yes" you must provide the full SSN!*

- ☐ HEAD OF HOUSEHOLD'S SOCIAL SECURITY NUMBER ☐ HEAD OF HOUSEHOLD'S DATE OF BIRTH ☐ GENDER

- ☐ ETHNICITY ☐ RACE: Asian , Black, White, Native American, Pacific Islander, Multi-racial

- ☐ REQUESTED ACCOMMODATIONS Fill in the circle for anything you need:
- | | | |
|--|---|---|
| <input type="radio"/> Fully Accessible Wheelchair Unit | <input type="radio"/> Blind Accessible Unit | <input type="radio"/> Need an Interpreter |
| <input type="radio"/> No-Steps unit (elevator to any floor) | <input type="radio"/> Deaf Accessible Unit | <input type="radio"/> Domestic Violence Victim |
| <input type="radio"/> First-Floor unit only | <input type="radio"/> Unit for Environmental Allergies | <input type="radio"/> Personal Care Attendant |

- ☐ HoH's CAREER STAGE ☐ ANY VETERANS in HH? ☐ Yes ☐ No
- ☐ Employed ☐ Unemployed ☐ Retired ☐ FT Student ☐ PT Student

- ☐ PERMANENT MOBILE RENTAL ASSISTANCE, if any
- ☐ I do not have mobile rental assistance ☐ Mobile Section 8 voucher ☐ MRVP ☐ AHVP ☐ VASH or similar

- ☐ CRIMINAL RECORD AND SEX OFFENDER
- Head of Household:** Any **Felony/Conviction?** ☐ Yes ☐ No Any **Misdemeanor Conviction?** ☐ Yes ☐ No
- Other Members:** Any **Felony Convictions?** ☐ Yes ☐ No Any **Misdemeanor Conviction?** ☐ Yes ☐ No
- Is anyone in HH subject to a **lifetime sex offender registration** in any state? ☐ Yes ☐ No

- ☐ ANY PETS? ☐ Yes ☐ No Describe: _____

- ☐ HOUSEHOLD SIZE AND COMPOSITION ☐ ANNUAL INCOME ☐ DOCUMENTED DISABILITY?
- _____ ← # Adults _____ ← # Children _____ ← Total # in Household \$ _____ ☐ Yes ☐ No

- ☐ CURRENT HOUSING STATUS ☐ Homeless ☐ Housing Loss in 14 days ☐ Homeless under other federal status
- ☐ Homeless because Fleeing domestic violence ☐ At risk of homelessness ☐ Stably Housed

- ☐ BEST TELEPHONE NUMBER TO USE ☐ SECOND TELEPHONE

- ☐ EMAIL ADDRESS

- ☐ WHERE YOU LIVE OR BACKUP ADDRESS

- ☐ BEST MAILING ADDRESS

- ☐ # BEDROOMS NEEDED? ☐ SPECIAL CIRCUMSTANCES? (*some programs may grant you priority status*)
- ☐ Disability ☐ Elder ☐ Veteran ☐ Fleeing Domestic Violence ☐ Rent-burdened
☐ Displaced by ☐ Public Action ☐ Sanitary Code ☐ Natural Forces ☐ Other



«full_name»
«address_line1»
«address_line2»
«address_line3»
«city» «state» «zip»

INSTRUCTIONS

PLEASE READ CAREFULLY.

INCOMPLETE APPLICATIONS **WILL BE RETURNED FOR COMPLETION.**

1. COMPLETE ALL AREAS. For example, on page 2 list amount of income from each source ~ if amount you receive is "0", write "0". And on Page 3 for assets, if there are certain assets you don't have, write "none". DO NOT LEAVE ANY FIELDS BLANK ON THIS APPLICATION.
2. **SIGNATURES are required** by all adult applicants on Page 6 **and** on the very last sheet.
3. RETURN YOUR APPLICATION TO:

SK Management
P. O. Box 250
New Ipswich NH 03071-0250

You can also see more information at: www.skcompanies.com



Appleton Business Center P.O. Box 250 New Ipswich, NH 03071-0250

Phone: (603) 878-2400 FAX: (603) 878-4740 TDD: (603) 878-1326

This institution is an equal opportunity provider and employer.



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FOR SK MANAGEMENT USE ONLY: DATE RECEIVED: _____ TIME RECEIVED: _____ «household id» _____

APPLICATION FOR HOUSING (USDA, Rural Development)

- If the information provided by or about any applicant from any source at any time during the screening process reveals negative information relating to the applicant's ability to meet the obligations of tenancy, the information will be researched as part of the tenant selection screening process and that applicant will be asked to explain this information as part of a uniformly applied policy applicable to all applicants.
- All applicants must be able to meet essential obligations of tenancy -- they must be able to pay rent, to have their apartment cared for, to report required information to SK Management, to avoid disturbing their neighbors, etc., but there is no requirement that they be able to do these things without assistance.
- SK Management is a management company that provides low rent housing to eligible households, elderly households and single people. SK Management is not permitted to discriminate against applicants on the basis of their race, color, religion, sex, national origin, age, disability handicap or familial status. In addition, SK Management has a legal obligation to provide "reasonable accommodations" to applicants if they, or any household member, have a disability or handicap.
- A reasonable accommodation is some modification or change SK Management can make to its apartments or procedures that will assist an otherwise eligible applicant with a disability.
- If you, or a member of your household, have a disability or handicap and think you might need or want a reasonable accommodation, or qualify for a handicap adjustment to income under the USDA, Rural Development program, or any other adjustment you are eligible for, you may request it at any time in the application process or after admission. This is up to you. If you would prefer not to discuss your situation with the management company, that is your right.
- The Fair Housing Act prohibits discrimination in the sale, rental or financing of housing on the basis of race, color, religion, sex, handicap, familial status, or disability. Federal law also prohibits discrimination on the basis of age. USDA, Director, Office of Civil Rights, 1400 Independence Ave, S.W. Washington DC 20250-9410. or call 800-795-3272 (voice) or (202)720-6382 (TDD), to file a complaint.

A. **FAMILY SUMMARY** -List all persons, including yourself, who will be living in the apartment. List head of household first.

Name	Relationship	Birth Date	Place of Birth	Soc. Sec. #
1	Head			
2				
3				
4				
5				

Mailing Address: _____ City: _____ State: _____ Zip: _____
 Physical Address: _____ City/State: _____ Zip: _____

Telephone: _____ E-Mail: _____ # Bdrms Desired: _____

Applying to Property(s): _____

Do you require the special design features of a wheelchair accessible apartment? Yes No

If you require any modifications to an apartment, please check here ☐

If you are less than 62 years old, are you eligible for occupancy based on your status as an individual with handicaps or disabilities? Yes _____ No _____



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B. INCOME - All sources of regularly received monies must be listed regardless of recipient's age.

Family Member Name	Sources of Income	Amount
	Social Security Gross Monthly Amount	\$
	Social Security Gross Monthly Amount	\$
	Pension Gross Monthly Amount	\$
	Source:	
	Address:	
	ID #	
	Pension Gross Monthly Amount	\$
	Source:	
	Address:	
	ID #	
	VA Benefits (ID #)	\$
	SSI Benefits Gross Monthly Amount	\$
	Unemployment Compensation Gross Monthly Amount	\$
	Address:	
	AFDC Gross Monthly Amount	\$
	Wages Gross Monthly Amount	\$
	Employer:	
	Address:	
	Wages Gross Monthly Amount	\$
	Employer:	
	Address:	
	Alimony Gross Monthly Amount	\$
	Child Support Gross Monthly Amount	\$
	Other Income Gross Monthly Amount (Long Term Care Ins, rental income, interest, etc.)	
		\$

Do you anticipate any changes in this income in the next 12 months? Yes_____ No_____

If yes, please explain_____

C. ASSETS:

Have you sold or disposed of any asset(s) in the last two years? Yes_____ No_____

If yes, type of asset (e.g., money/land/house) _____

Market value when sold/disposed \$_____ Amount sold/disposed for \$_____ Date of transaction _____

C. **ASSETS** (continued)

Provide the following information for all members of the household. Use another sheet of paper if necessary.

Checking Accounts

Bank	Bank
Address	Address
Account No.	Account No.
Int. Rate Balance \$	Int. Rate Balance \$

Savings Accounts

Bank	Bank
Address	Address
Account No.	Account No.
Int. Rate Balance \$	Int. Rate Balance \$

Certificates of Deposit

Bank	Bank
Address	Address
Acct.# Int Rate Amt. \$	Acct.# Int Rate Amt. \$
Penalty for Early Withdrawal Maturity Date	Penalty for Early Withdrawal Maturity Date

Annuities**Stocks**

Bank	Bank
Address	Address
Value \$ Distribution Amt. \$	Value \$ Dividend Amt.\$

IRA's/401-K's**Bonds**

Bank	Bank
Address	Address
Present Value \$ Div. Rate	Present Value \$
Distribution Amt \$ per YEAR	Maturity Date

C. **ASSETS** (continued)

PAGE 4

Trust Accounts**Life Insurance Policy (Whole Life)**

Bank	Life Insurance Co.
Address	Address
Acct. #	Policy #
Int. Rate Balance \$	Cash Surrender Value \$

Real Estate

Do you own any property? Yes _____ No _____ Do you receive rental income? Yes _____ No _____

If yes, type & location of property _____

Appraised market value \$ _____ Mortgage or outstanding loan due \$ _____

Name & address of broker/realtor who would provide verification of market value: _____

Broker/Realtor	Address	City	State	Zip
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D. **MEDICAL AND CHILD CARE EXPENSES****FOR ELDERLY, DISABLED, HANDICAPPED APPLICANTS ONLY****Medical Costs** - Complete only if head or spouse is 62 or older, handicapped, or disabled AND ONLY if these medical expenses are paid for out of your own pocket and not reimbursed by medical insurance.**Medicare**

Monthly Amount \$	Monthly Amount \$
-------------------	-------------------

Medical Insurance

Name	Name
Address	Address
Member No. Monthly Amt. \$	Member No. Monthly Amt. \$

Pharmacy

Name	Name
Address	Address
Anticipated prescription costs not covered by insurance - Monthly Amount \$	Anticipated prescription costs not covered by insurance - Monthly Amount \$

Physician

Are you seeing a physician REGULARLY ? Yes _____ No _____	
Name	Name
Address	Address
Anticipated costs not covered by insurance - Monthly Amount \$	Anticipated costs not covered by insurance - Monthly Amount \$

D. MEDICAL AND CHILD CARE EXPENSES (Continued)**Outstanding Medical Bills for which You are Making Monthly Payments**

Name	Name
Address	Address
Anticipated costs not covered by insurance - Balance Due \$ Monthly Amount \$	Anticipated costs not covered by insurance - Balance Due \$ Monthly Amount \$

Child Care Expenses - Complete for children 12 and younger - Weekly cost for Child Care: \$

Name & Address of Person/Agency caring for children: _____

E. PROGRAM INFORMATION

Do you have a Rent Voucher that travels with you? From what agency? Yes____ No____

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

Once offered an apartment, will this be your primary residence? Yes____ No____

Was anyone in this household a full-time student at any time this year? Yes____ No____

Name(s) of the student(s) _____

F. APPLICANT INFORMATION-Please place a checkmark in the box if any of the following statements apply to you.

- You have been evicted ☐ Yes. ☐ No. If yes, please explain _____
- You or a household member has been convicted of a felony ☐ Yes. ☐ No. If yes, please explain _____

G. REFERENCE INFORMATION: Current Landlord (Name, Address,& Phone No.)

How long have you lived there? _____ Is this landlord related to you? Yes____ No____

Previous Landlords (Name, Address & Phone No.)

1.	2.
Address of Apt.	Address of Apt.
How long did you live there?	How long did you live there?
Is this landlord related to you? Yes____ No____	Is this landlord related to you? Yes____ No____

Professional Personal References (Name, Address, Phone No. & Relationship)

1.	2.
Phone No. Relationship	Phone No. Relationship

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

Other Information

Please provide us with the name, address, & phone number of an emergency contact:

Phone: _____

Vehicles - List any vehicle owned

Type _____ Year/Make _____

Color _____ License Plate No. _____

Do you own a pet? Yes _____ No _____ If yes, describe _____

CERTIFICATION

I/we hereby certify that I/we do not and will not maintain a separate, subsidized rental unit in another location. I/we understand I/we must pay a security deposit for this apartment 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 USDA, Rural Development's eligibility criteria and SK Management's resident selection criteria (see attached). 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 (1) a history of unjustified and/or chronic nonpayment of rent and/or financial obligations; (2) a history of living or housekeeping habits that would pose a direct threat to the health and safety of other individuals or whose tenancy would result in substantial physical damage to the property of others; (3) a history of disturbance of neighbors; (4) a history of violations of the terms of previous rental agreements, especially those resulting in eviction from housing or termination from residential programs; (5) police records indicating any type of criminal activity or convictions; and (6) any records which show the applicant's behavior to be unacceptable, even if it is a manifestation of an applicant's disability.

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 or any omission of any significant information is punishable by law, and could be grounds for cancellation of this application or termination of residency after occupancy. Additionally I give consent to release wage matching data to RHS and SK Management.

Head of Household (✓) _____ Date _____

Spouse/Co-Tenant (✓) _____ Date _____

For SK Management

The information regarding race, ethnicity, and sex designation solicited on this application is requested in order to assure the Federal Government, acting through the USDA, Rural Development, that Federal Laws prohibiting discrimination against tenant applications on the basis of race, color, national origin, religion, sex, familial status, age, and disability are complied with. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However, if you choose not to furnish it, the owner is required to note the race, ethnicity, and sex of individual applicants on the basis of visual observation or surname.

Race/ National Origin : () American Indian or Alaskan Native () Asian () Black or African American
() Native Hawaiian or Pacific Islander () White () Other (specify) _____

Ethnicity: () Hispanic or Latino () Not Hispanic or Latino

Gender: () Male () Female

() I prefer not to supply the above racial, ethnic and/or gender information.

Please sign ALL Black Checkmarks

Authorization

I/we do hereby authorize SK Management and its staff to contact any agencies, offices, credit bureaus, landlords, or professional references for the purpose of verifying the information I/we have provided on the application. The information provided will be used solely for the determination of my/our eligibility and admission to the housing I/we are applying for and the information that is supplied will be kept confidential.

Signatures

(✓)

Applicant Signature

Date

(✓)

Co-Applicant Signature

Date

Authorization

I/we do hereby authorize SK Management and its staff to contact any agencies, offices, credit bureaus, landlords, or professional references for the purpose of verifying the information I/we have provided on the application. The information provided will be used solely for the determination of my/our eligibility and admission to the housing I/we are applying for and the information that is supplied will be kept confidential.

Signatures

(✓)

Applicant Signature

Date

(✓)

Co-Applicant Signature

Date

Submit copies of birth certificates and social security cards for all household members.

