

Mail this application to:

The name of the waitlist I'm applying for is: _____

Some waitlists are closed: Before sending this application, check <http://www.housingworks.net/> to see what is open

You **must** answer every question on this application: respond to questions that are not applicable by writing "N/A".
Incomplete applications may be returned or discarded.

Name of HoH: _____

Long-Term Mailing Address _____

City/State/Zip: _____
(this address should ideally work for the next 3-5 years):

Phone(s): _____ - _____ - _____ _____ - _____ - _____

Email: _____

The **SSN** for the head of household is: _____

Does the HoH have a **Social Security Number (SSN)**? ☐ Yes ☐ No *If "Yes" you must provide it above).*

What is your **date of birth**? _____ What is your **gender**? _____

Race (white, black, asian, etc)? _____

What was your **mother's last name** when she was born? *Protects your privacy*) _____

How many people will be living in the unit? _____ people. What **unit size** are you seeking? _____ BR

Describe your **Income Sources** (Job, Food Stamps, SSI, TAFDC, etc.) _____

What is your family's **ANNUAL** income? \$ _____ (do NOT write an hourly, weekly, or monthly amount!)

☐ YES ☐ NO Do you have a **rental voucher** or **some other form of regular rental assistance**?

Specify: ☐ Section 8 ☐ MRVP ☐ AHVP ☐ Homebase ☐ _____

☐ YES ☐ NO Do you need a **wheelchair accessible unit** (or a "no-steps" unit)?

☐ YES ☐ NO Do you need **reasonable accommodations** due to a disability, either during the application period or tenancy? _____

☐ YES ☐ NO Are you or any member of your household subject to a lifetime registration requirement under a **State Sex Offender Registration** program?

☐ YES ☐ NO **Priority/Preference Status:** If there is a section in this application that asks about priorities and preferences, did you claim any?

Office Only: Date/Time Stamp



INSTRUCTIONS FOR COMPLETING THE APPLICATION FOR ASSISTED HOUSING:

Thank you for your interest in obtaining housing at one of our properties. The following instructions, if followed properly, will ensure timely processing of your application and will prevent delays.

- 1) Please indicate which property you are applying for. Please do not request "ANY" You must print out different applications for each property that you are applying for.
- 2) Please print clearly, in black or blue ink.
- 3) All questions must be answered. Incomplete applications will be returned if not filled out completely.
- 4) All household members that are 18 years of age or older are required to complete a criminal record form for the state of their current residence. Enclosed are two forms, one for Vermont, and one for New Hampshire. Please complete one criminal record form (use the state of your current residence. If you do not currently reside in one of these two states than you are not required to submit the form). Print out as many copies of the appropriate criminal record form as needed.
- 5) Be sure that all household members 18 years of age or older sign both the Certification and Release of Information Authorization, located on the last page of the application.
- 6) All household members must complete and sign the citizenship declaration form. Please follow the instructions on the form. (Minors require guardian's signature)
- 7) Per Government Regulations, a copy of your **social security card for each household member is required**. If not available, only one of the following is acceptable as an alternative: 1) *Driver's license with SSN* 2) *Identification card issued by a federal, State, or local agency* 3) *a medical insurance provider, or an employer or trade union.* 4) *Earnings statements on payroll stubs* 5) *Bank statement* 6) *Form 1099* 7) *Benefit award letter* 8) *Retirement benefit letter* 9) *Life insurance policy* 10) *Court records*

Please call our office at 603-880-6029 if you have any questions, or e-mail us at adouse@stewartproperty.net

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

STEWART PROPERTY MANAGEMENT

41 Cottage Street
Littleton, NH 03561

APPLICATION FOR HOUSING

Stewart Property Management Use Only:			
Property Name:		Barrier Free (H/C unit) Requested?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Bedroom Size:		Comments:	
<input type="checkbox"/>	Accepted		
<input type="checkbox"/>	Rejected		

Time/Date Stamp



Stewart
PROPERTY MANAGEMENT
41 COTTAGE STREET
LITTLETON, NH 03561



TELEPHONE/TDD: (603) 444-5244 FAX: (603) 444-5288

www.stewartproperty.net

Please complete the following application and return it to Stewart Property Management, Inc. (SPM). All items must be complete in order to determine your eligibility. If an item does not apply to you, please check N/A next to the question. SPM does not discriminate on the basis of race, color, sex, age, religion, national origin, family or marital status, disability, or sexual orientation. **Please provide our office with a photocopy of all household member's social security cards per government regulations.** * If you do not have a social security card, please attach a copy of an alternative form of identification that would verify your number. Please call us for a list of acceptable substitutions.

Property for which you are applying: _____ Number of bedrooms requested: _____

Elderly Housing Only: If you are not yet 62 years old, are you eligible for occupancy based on your status as an individual with handicaps or disabilities? _____ Yes _____ No

A. GENERAL INFORMATION

Name:		Phone Number:	
Address:		E-Mail:	

PLEASE!, REMEMBER TO ATTACH A COPY OF YOUR SOCIAL SECURITY CARD FOR EVERY PERSON LISTED HERE *



B: FAMILY SUMMARY

List all persons, including yourself, who will be living in the apartment. List the head of household first.

Name	Relationship to HEAD	Date of Birth	Place of Birth	Social Security #	Sex
	HEAD				

NOTE: FOR THE PURPOSES OF CALCULATING RENT, AN ELDERLY OR DISABLED HOUSEHOLD QUALIFIES FOR A \$400 DEDUCTION FROM ANNUAL INCOME AND MAY QUALIFY FOR A DEDUCTION FOR MEDICAL EXPENSES. ANY HOUSEHOLD MAY QUALIFY FOR A \$480 DEDUCTION PER CHILD OR DISABLED ADULT DEPENDENT AND CHILDCARE AND/OR DISABILITY ASSISTANCE EXPENSES.

C: INCOME

Please fill in each section, checking N/A next to the items that do not apply to you.

Please use additional sheets of paper if necessary.

Check if N/A	Family Member	Source of Income	Name & Address of Income Source	Gross Monthly Amount
<input type="checkbox"/>		Social Security		\$
		Social Security		\$
		Social Security		\$

Check if N/A	Family Member	Source of Income	Name & Address of Income Source	Gross Monthly Amount
<input type="checkbox"/>		SSI Benefits		\$
		SSI Benefits		\$

Check if N/A	Family Member	Source of Income	Name & Address of Income Source	Gross Monthly Amount
<input type="checkbox"/>		Pension/Annuities		\$
		Pension/Annuities		\$

Check if N/A	Family Member	Source of Income	Name & Address of Income Source	Gross Monthly Amount
<input type="checkbox"/>		VA Benefits		\$
		VA Benefits		\$

C: INCOME, continued

Check if N/A <input type="checkbox"/>	Family Member	Source of Income	Name & Address of Income Source	Gross Monthly Amount
		Employment Wages		\$
		Employment Wages		\$

Check if N/A <input type="checkbox"/>	Family Member	Source of Income	Name & Address of Income Source	Gross Monthly Amount
		Unemployment Benefits		\$
		Unemployment Benefits		\$

Check if N/A <input type="checkbox"/>	Family Member	Source of Income	Name & Address of Income Source	Gross Monthly Amount
<input type="checkbox"/>		Alimony		\$
<input type="checkbox"/>		Child Support		\$
<input type="checkbox"/>		Self Employment		\$
<input type="checkbox"/>		TANF/PATH		\$
<input type="checkbox"/>		Other Income		\$

D: ASSETS

Please fill in each section, checking N/A next to the items that do not apply to you.

Please use additional sheets of paper if necessary.

CHECKING ACCOUNTS

Check if N/A <input type="checkbox"/>	Family Member	Bank Name	Account #	Balance	Interest Rate
				\$	
				\$	
				\$	

SAVINGS ACCOUNTS

Check if N/A <input type="checkbox"/>	Family Member	Bank Name	Account #	Balance	Interest Rate
				\$	
				\$	
				\$	

CERTIFICATES OF DEPOSIT (CD)

Check if N/A <input type="checkbox"/>	Family Member	Bank Name	Account #	Balance	Interest Rate
				\$	
				\$	
				\$	

Penalty for early withdrawal? ☐ YES ☐ NO

STOCKS

Check if N/A <input type="checkbox"/>	Family Member	Stock Name	# of Shares Owned	Value Per Share	Dividend Rate
				\$	
				\$	
				\$	

BONDS

Check if N/A <input type="checkbox"/>	Family Member	Series	Date of Issue	Amount
				\$
				\$
				\$

TRUST ACCOUNTS

Check if N/A <input type="checkbox"/>	Family Member	Bank Name	Account #	Balance	Interest Rate
				\$	
				\$	
				\$	

Is this an irrevocable trust? ☐ YES ☐ NO

D: ASSETS, continued**IRAs**

Check if N/A	Family Member	Bank Name	Account #	Balance	Interest Rate
<input type="checkbox"/>				\$	
				\$	
				\$	
Penalty for early withdrawal? <input type="checkbox"/> YES <input type="checkbox"/> NO					

ANNUITIES/MUTUAL FUNDS/401K/403b

Check if N/A	Family Member	Bank Name	Account #	Balance	Interest Rate
<input type="checkbox"/>				\$	
				\$	
				\$	

WHOLE LIFE POLICIES (NOT TERM LIFE)

Check if N/A	Family Member	Insurance Name	Account #	Amount
<input type="checkbox"/>				\$
				\$

REAL ESTATE

1) Do you own any property?	<input type="checkbox"/> YES <input type="checkbox"/> NO	Family Member:
2) If yes, what type of property is it?		
3) Where is the location of the property?		
4) What is the appraised market value?		
5) Amount of mortgage or outstanding loan?		
6) Is the property owned jointly?	<input type="checkbox"/> YES <input type="checkbox"/> NO	

DISPOSED OF ASSETS

1) Has any member of your household disposed of any asset(s) in the last two years?	<input type="checkbox"/> YES <input type="checkbox"/> NO
2) If yes, what type of asset (e.g. cash, property, bank accounts)?	
3) Market value when disposed:	\$
4) Amount disposed for?	\$
5) Date of transaction?	

E: EXPENSES**Medical Expenses**

Complete this section if head or spouse is 62 or older or disabled. Only list out of pocket expenses that are not reimbursed by any other source. Please use additional sheets of paper if necessary.

Check if N/A	Family Member	Medical Expense	Name & Address of Provider	Monthly Expense
<input type="checkbox"/>		Medicare		\$
<input type="checkbox"/>		Medicare		\$
<input type="checkbox"/>		Health Insurance		\$
<input type="checkbox"/>		Health Insurance		\$
<input type="checkbox"/>		Pharmacy		\$
<input type="checkbox"/>		Pharmacy		\$
<input type="checkbox"/>		Pharmacy		\$
<input type="checkbox"/>		Physician		\$
<input type="checkbox"/>		Physician		\$
<input type="checkbox"/>		Physician		\$
<input type="checkbox"/>		Other		\$

E: EXPENSES, continued**Child Care**

Complete for children 12 and younger. Only list amounts that are paid out of pocket and are not reimbursed by any other agency.

Check if N/A	Family Member being cared for:	Name & Address of Child Care Provider	Weekly Expense
<input type="checkbox"/>			\$
<input type="checkbox"/>			\$

Handicap Assistance Expense

Check if N/A	Family Member	Type of Expense	Name & Address of Provider	Weekly Expense
<input type="checkbox"/>				\$
<input type="checkbox"/>				\$

F: PROGRAM INFORMATION

<input type="checkbox"/> YES <input type="checkbox"/> NO	Is any member of the household a full or part time student?	<input type="checkbox"/> Full Time	<input type="checkbox"/> Part Time
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<input type="checkbox"/> YES <input type="checkbox"/> NO	Has everyone in your household (adults and children) been a student for at least 5 months in the current calendar year or; is everyone in your household (adults and children) currently a student, or planning to become one within the next 12 months. If yes , please check the applicable status from the list below:
→	<input type="checkbox"/> Married and filing a joint tax return <input type="checkbox"/> Receiving Social Security Title IV payments (NHEP, RUFA) <input type="checkbox"/> Participating in a job training program with assistance <input type="checkbox"/> The full-time student is a single parent with minor children who are claimed as dependents on their tax return. <input type="checkbox"/> None of the above.

<input type="checkbox"/> YES <input type="checkbox"/> NO	Do you require an accessible unit? If yes, please explain:
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<input type="checkbox"/> YES <input type="checkbox"/> NO	Have you ever resided in a federally assisted housing complex? If yes, when and where?
--	---

<input type="checkbox"/> YES <input type="checkbox"/> NO	Have you ever been evicted? If yes, please explain:
--	--

<input type="checkbox"/> YES <input type="checkbox"/> NO	Have you ever received an Eviction Notice from any landlord? If yes, please explain:
--	---

<input type="checkbox"/> YES <input type="checkbox"/> NO	Are you legally capable of entering into a lease agreement? If no, please explain:
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How did you hear about the apartment for which you are applying?

<input type="checkbox"/> YES <input type="checkbox"/> NO	Will you or anyone in your household be applying for or receiving a Section 8 voucher at the time of move-in or within the next 12 months?
	Name of Agency: _____ Contact Person: _____

<input type="checkbox"/> YES <input type="checkbox"/> NO	Will you or anyone in your household require a live-in care attendant?
	Name of Live-in Care Attendant: _____
	Relationship (if any) _____

What state(s) have the adult household members resided in during the last 10 years?
List household member name and State(s):

G: HOUSING REFERENCES**Please complete all areas below.**

Please list your current address and landlord first, then your 2 other most recent addresses and landlords.

Current Address: ↓		
		Resided here since:
		Rent Amount: \$
		Are utilities included? <input type="checkbox"/> YES <input type="checkbox"/> NO
		If, No, how much are utilities per month? \$
Name and Address of Current Landlord:		Phone Number of current landlord:
		Additional Info:

1st Previous Address: ↓		
		Lived there from _____ to _____.
		Rent Amount: \$
		Are utilities included? <input type="checkbox"/> YES <input type="checkbox"/> NO
		If, No, how much are utilities per month? \$
Name and Address of Previous Landlord:		Phone Number of previous landlord:
		Additional Info:

2nd Previous Address: ↓		
		Lived there from _____ to _____.
		Rent Amount: \$
		Are utilities included? <input type="checkbox"/> YES <input type="checkbox"/> NO
		If, No, how much are utilities per month? \$
Name and Address of Previous Landlord:		Phone Number of previous landlord:
		Additional Info:

H: OTHER INFORMATION

<input type="checkbox"/> YES <input type="checkbox"/> NO	Do you have any pets?
	If yes, please describe:

<input type="checkbox"/> YES <input type="checkbox"/> NO	Have YOU or ANY MEMBER of your household ever been arrested or convicted of any felony or any misdemeanor crime?
	If yes, please explain:

<input type="checkbox"/> YES <input type="checkbox"/> NO	Have YOU or ANY MEMBER of your household ever been arrested or convicted in any incident involving drugs?
	If yes, please explain:

<input type="checkbox"/> YES <input type="checkbox"/> NO	Do YOU or ANY MEMBER of your household currently use illegal drugs or abuse alcohol?
	If yes, please explain:

<input type="checkbox"/> YES <input type="checkbox"/> NO	Are YOU or ANY MEMBER of your household listed on any state sex offender registration program?
	If yes, please explain:

<input type="checkbox"/> YES <input type="checkbox"/> NO	Do you expect any additions to the household within the next 12 months?
	If yes, please explain giving name and relationship:
<input type="checkbox"/> YES <input type="checkbox"/> NO	Do you have primary physical custody of all children listed under the Household Composition on page 1?
	If no, please explain:
<input type="checkbox"/> YES <input type="checkbox"/> NO	Are there any absent household members that are not listed under the Household Composition on page 1?
	If yes, please explain giving name and relationship:

I: **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 that I/we must pay a security deposit prior to occupancy.

I/we certify that the housing I/we will occupy will be my/our only residence.

I/We understand that eligibility for housing will be based on either the USDA Rural Development or the Department of Housing and Urban Development's eligibility criteria and Stewart Property Management's Resident Selection Criteria. 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 landlord references, police records indicating unacceptable or criminal behavior, and/or poor personal interview.

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.

Head of Household: _____	Date: _____
Spouse/Co-Tenant: _____	Date: _____
_____	Date: _____
_____	Date: _____

J: **RELEASE OF INFORMATION AUTHORIZATION**

I/We do hereby authorize Stewart Property Management, Inc., and its staff to obtain information or materials deemed necessary to determine my/our eligibility for housing, including contacting agencies, offices, groups, or organizations, that may provide information that could substantiate or verify information given in this application; for example landlords, local police departments, welfare agencies, or senior services agencies.

Head of Household: _____	Date: _____
Spouse/Co-Tenant: _____	Date: _____
_____	Date: _____
_____	Date: _____

The information regarding race, ethnicity, and gender solicited on this application is requested in order to assure the Federal Government, acting through Rural Development and HUD that SPM complies with the 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 chose not to furnish it, the owner is required to note the race, ethnicity, and gender of individual applicants on the basis of visual observation or surname.			
Race: (Check one or more)	<input type="checkbox"/> American Indian/Alaskan Native	<input type="checkbox"/> Asian	<input type="checkbox"/> Black or African American
	<input type="checkbox"/> Native Hawaiian or other Pacific Islander	<input type="checkbox"/> White	
Ethnicity:	<input type="checkbox"/> Hispanic or Latino	<input type="checkbox"/> Non-Hispanic or Latino	
Gender:	<input type="checkbox"/> Male	<input type="checkbox"/> Female	

DATE:_____

PLEASE PROVIDE ALL INFORMATION REQUESTED

PART 1: APPLIES TO ALL FAMILY MEMBERS

Each person who will benefit under the Section 8 Rental Assistance Program must either be a citizen or national of the United States, or be a non-citizen who has eligible immigration status that qualifies them for rental assistance as determined by the U.S. Department of Housing and Urban Development and the U.S. immigration and Naturalization Service.

One box on this form must be checked for each family member indicating status as a citizen or a national of the United States or a non-citizen with eligible immigration status. Family members residing in the unit to be assisted that do not claim to be a citizen or national of the United States, or do not claim to be a non-citizen with eligible immigration status should not check any box.

All adults must sign where indicated. For each child who is not 18 years of age, the form must be signed by any adult member of the family residing in the dwelling unit who is responsible for the child. Use blank lines to add family members who are not listed.

First Name	Last Name	Date of Birth	I am a Citizen or National of the U.S.		I am a non-citizen with eligible immigration status	Signature of Adult Listed to the left, or Signature of Guardian for Minors.
_____	_____	_____	<input type="checkbox"/>	or	<input type="checkbox"/>	X_____
_____	_____	_____	<input type="checkbox"/>	or	<input type="checkbox"/>	X_____
_____	_____	_____	<input type="checkbox"/>	or	<input type="checkbox"/>	X_____
_____	_____	_____	<input type="checkbox"/>	or	<input type="checkbox"/>	X_____
_____	_____	_____	<input type="checkbox"/>	or	<input type="checkbox"/>	X_____
_____	_____	_____	<input type="checkbox"/>	or	<input type="checkbox"/>	X_____
_____	_____	_____	<input type="checkbox"/>	or	<input type="checkbox"/>	X_____

Warning-Title 18 US Code Section 1001 states that a person is guilty of a felony for knowingly and willingly making a false or fraudulent statement to any department or agency of the United States. If this form contains false or incomplete information, you may be required to repay all overpaid rental assistance you received, fined up to \$10,000, imprisoned for up to 5 years; and/or prohibited from receiving future assistance.

HEAD OF HOUSHOLD CERTIFICATION

As head of household, I certify, under penalty of perjury, that all members of my household are listed on Part 1 of this form and that members of my household that have not checked either box on Part 1 of this form do not claim to be citizens or nationals of the United States, or non-citizens with eligible immigration status.

Signature_____Date_____

NOTE: Family members who have checked a box indicating that they are a non-citizen with eligible immigration status must complete part 2 of this form.

PART 2: APPLIES TO NON-CITIZENS FAMILY MEMBERS ONLY

All family members who have claimed eligible immigration status on Part 1 of this form must provide this office with an original of one of the following documents.

1. Form I-551, Alien Registration Receipt Card
2. Form I-94, Arrival-Departure Record with appropriate annotations or documents
3. Form I-699, Temporary Resident Card
4. Form I-688B, Employment Authorization Card
5. A receipt issued by the INS indicating that an application for issuance of a replacement document in one of the above-listed categories has been made and the applicant's entitlement to the document has been verified.

Please call _____ at _____ to arrange for delivery and copying of original documents.

Do not mail original documents to this office.

If documents are not presented and verified, your family's rental assistance may be reduced, denied, or terminated as provided in regulations promulgated by the U.S. Department of Housing and Urban Development, pending available appeals processes.

CONSENT TO VERIFY ELIGIBLE IMMIGRATION STATUS

Each family member required to complete Part 2 of this form must sign below granting consent to verify eligible immigration status. For each child who is not 18 years of age, the form must be signed by any adult member of the family residing in the dwelling unit who is responsible for the child.


First Name	Last Name	Date of Birth	Signature of Adult Listed to the left, or Signature of Guardian for Minors.
_____	_____	_____	X _____
_____	_____	_____	X _____
_____	_____	_____	X _____
_____	_____	_____	X _____
_____	_____	_____	X _____
_____	_____	_____	X _____
_____	_____	_____	X _____

Office Use Only
INS VERIF. #

Evidence supplied with this form may be released by the Housing Agency, without responsibility for its further use or transmission, to the Immigration and Naturalization service for purposes of verification of the immigration status of the individual or to the U.S. Department of Housing and Urban Development, as required. The U.S. Department of Housing and Urban Development is not responsible for the further use or transmission of the evidence or other information.

INSTRUCTIONS FOR FILLING OUT THE NEW HAMPSHIRE CRIMINAL RECORD FORM

- 1) Please print enough copies of the NH State Police Authorization Form.
(1 is needed for each person 18+ years old)
- 2) Fill out Section 1 completely.
- 3) Under Section 2, please Sign where it says "YOUR SIGNATURE."
- 4) Please have this form notarized by a notary public.
- 5) Please do not sign the last line of Section 2, which is for Stewart Property Management's signature only.



New Hampshire Department of Safety
DIVISION OF STATE POLICE
Central Repository for Criminal Records
33 Hazen Drive, Concord, NH 03305

CRIMINAL RECORD RELEASE AUTHORIZATION FORM

SECTION I
PLEASE TYPE OR PRINT CLEARLY, ALL INFORMATION IN THIS SECTION MUST BE COMPLETED

NAME: LAST MAIDEN / ALIAS FIRST MI
ADDRESS STREET CITY STATE ZIP CODE
DATE OF BIRTH HAIR COLOR EYE COLOR SEX
DRIVER LICENSE NUMBER STATE

PURPOSE FOR RECORD: ☒ Housing ☐ Employment ☐ Annulment/Expungement ☐ Other _____ Specify _____
My below signature certifies that I am the individual listed above and that the information provided is true.

YOUR SIGNATURE: DATE: _____
Signed under penalty of unsworn falsification pursuant to RSA 641:3.

SECTION II
IF RECORD IS TO BE MAILED TO YOU, OR RECEIVED BY SOMEONE OTHER THAN YOURSELF,
ALL OF SECTION II MUST BE COMPLETED

I hereby authorize the release of my criminal record conviction(s), if any, to the following individual:
STEWART PROPERTY MANAGEMENT, INC.

NAME OF PERSON / FIRM TO RECEIVE RECORD
ADDRESS P.O. BOX 10540 BEDFORD NH 03110
STREET CITY STATE ZIP CODE

YOUR SIGNATURE: DATE: _____
NOTARY'S SIGNATURE: DATE: _____
(Affix Seal) (Comm Exp.)

SIGNATURE OF PERSON / FIRM TO RECEIVE RECORD DATE _____

THIS FORM MUST BE NOTARIZED



New Hampshire Department of Safety
DIVISION OF STATE POLICE
Central Repository for Criminal Records
33 Hazen Drive, Concord, NH 03305

CRIMINAL RECORD RELEASE AUTHORIZATION FORM

SECTION I

PLEASE TYPE OR PRINT CLEARLY, ALL INFORMATION IN THIS SECTION **MUST BE COMPLETED**

NAME _____
LAST (MAIDEN / ALIAS) FIRST MI

ADDRESS _____
STREET CITY STATE ZIP CODE

DATE OF BIRTH HAIR COLOR EYE COLOR SEX

DRIVER LICENSE NUMBER STATE

PURPOSE FOR RECORD: ☒ Housing ☐ Employment ☐ Annulment/Expungement ☐ Other _____
Specify

My below signature certifies that I am the individual listed above and that the information provided is true.

YOUR SIGNATURE: _____ DATE _____

Signed under penalty of unsworn falsification pursuant to RSA 641:3.

SECTION II

IF RECORD IS TO BE MAILED TO YOU, OR RECEIVED BY SOMEONE OTHER THAN YOURSELF,
ALL OF SECTION II MUST BE COMPLETED

I hereby authorize the release of my criminal record conviction(s), if any, to the following individual:
STEWART PROPERTY MANAGEMENT, INC.

NAME OF PERSON / FIRM TO RECEIVE RECORD _____

ADDRESS P.O. BOX 10540 BEDFORD NH 03110
STREET CITY STATE ZIP CODE

YOUR SIGNATURE _____ DATE _____

NOTARY'S SIGNATURE _____ DATE _____
(Affix Seal) (Comm Exp.)

SIGNATURE OF PERSON / FIRM TO RECEIVE RECORD DATE _____

THIS FORM MUST BE NOTARIZED

Stewart Property Management, Inc.

P.O. Box 10540
Bedford, NH 03110

Phone 603-641-2163

Email: office@stewartproperty.net

REQUEST FOR CRIMINAL RECORD CHECK

1. Applicant: _____
Last First Middle
2. Maiden or Alias Names: _____

3. Date of Birth: _____
Month Day Year
4. Gender: _____
5. Race: _____
6. Social Security Number: _____
_____/_____/_____
7. Place of Birth: _____
City/Town State Country
8. Telephone Number: _____
Area Code Number

RELEASE

I, _____, hereby acknowledge and agree to a check of any criminal record of convictions which may be maintained by the following agencies:

 X Vermont Criminal Information Center X FBI/NCIC

I understand that the results of that check will be made available to Stewart Property Management / Westgate Apartments for use in reviewing my suitability as a tenant. I further understand that I have the right to appeal the results of the criminal record check to the Vermont Criminal Information Center, Department of Public Safety, 103 South Main Street, Waterbury, VT 05671-2101.

Signature of Applicant: _____ Date: _____

Identity Verified by: _____ Date: _____

Housing History, Page 1

Note: you can often locate landlord information by using the Tax Assessor's website in each town (or by calling the Tax Assessor's phone number in most towns: To determine if there is an online Tax Assessor page for a town search the web like this: "Tax Assessor, Boston MA" or "Property Assessment, Dallas TX".

CURRENT RESIDENCE

DATES YOU LIVED THERE:

Name on the lease _____ to: _____ or present

Address you lived at: _____
Street and Apt# City State Zip

Landlord's Name and Address _____

Landlord Tel: _____

Did this landlord bring any court action against the leaseholder or you? ☐ Yes ☐ No

Did this landlord return your security deposit? (check one) ☐ Yes ☐ No ☐ N/A

PRIOR RESIDENCE

DATES YOU LIVED THERE:

Name on the lease _____ to _____

Address you lived at: _____
Street and Apt# City State Zip

Landlord's Name and Address _____

Landlord Tel: _____

Did this landlord bring any court action against the leaseholder or you? ☐ Yes ☐ No

Did this landlord return your security deposit? (check one) ☐ Yes ☐ No ☐ N/A

RESIDENCE BEFORE THAT

DATES YOU LIVED THERE:

Name on the lease _____ to _____

Address you lived at: _____
Street and Apt# City State Zip

Landlord's Name and Address _____

Landlord Tel: _____

Did this landlord bring any court action against the leaseholder or you? ☐ Yes ☐ No

Did this landlord return your security deposit? (check one) ☐ Yes ☐ No ☐ N/A

Housing History, Page 2

RESIDENCE BEFORE THAT

DATES YOU LIVED THERE:

Name on the lease _____ to _____

Address you lived at: _____
Street and Apt# City State Zip

Landlord's Name and Address _____

Landlord Tel: _____

Did this landlord bring any court action against the leaseholder or you? ☐ Yes ☐ No

Did this landlord return your security deposit? (check one) ☐ Yes ☐ No ☐ N/A

RESIDENCE BEFORE THAT

DATES YOU LIVED THERE:

Name on the lease _____ to _____

Address you lived at: _____
Street and Apt# City State Zip

Landlord's Name and Address _____

Landlord Tel: _____

Did this landlord bring any court action against the leaseholder or you? ☐ Yes ☐ No

Did this landlord return your security deposit? (check one) ☐ Yes ☐ No ☐ N/A

RESIDENCE BEFORE THAT

DATES YOU LIVED THERE:

Name on the lease _____ to _____

Address you lived at: _____
Street and Apt# City State Zip

Landlord's Name and Address _____

Landlord Tel: _____

Did this landlord bring any court action against the leaseholder or you? ☐ Yes ☐ No

Did this landlord return your security deposit? (check one) ☐ Yes ☐ No ☐ N/A

Housing History, Page 3

RESIDENCE BEFORE THAT

DATES YOU LIVED THERE:

Name on the lease _____ to _____

Address you lived at: _____
Street and Apt# City State Zip

Landlord's Name and Address _____

Landlord Tel: _____

Did this landlord bring any court action against the leaseholder or you? ☐ Yes ☐ No

Did this landlord return your security deposit? (check one) ☐ Yes ☐ No ☐ N/A

RESIDENCE BEFORE THAT

DATES YOU LIVED THERE:

Name on the lease _____ to _____

Address you lived at: _____
Street and Apt# City State Zip

Landlord's Name and Address _____

Landlord Tel: _____

Did this landlord bring any court action against the leaseholder or you? ☐ Yes ☐ No

Did this landlord return your security deposit? (check one) ☐ Yes ☐ No ☐ N/A

RESIDENCE BEFORE THAT

DATES YOU LIVED THERE:

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Address you lived at: _____
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Landlord's Name and Address _____

Landlord Tel: _____

Did this landlord bring any court action against the leaseholder or you? ☐ Yes ☐ No

Did this landlord return your security deposit? (check one) ☐ Yes ☐ No ☐ N/A