

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 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 additional 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.
- 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 is the form for New Hampshire. Please complete one criminal record form for each household member age 18 or over. (Print additional copies as necessary) If you do not currently reside in New Hampshire then you are not required to submit the form.
- 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.

Please call our office at 603-524-6673 if you have any questions, or e-mail us at jmoore@stewartproperty.net

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

STEWART PROPERTY MANAGEMENT

22 Strafford Street (Office)

Laconia, NH 03246

APPLICATION FOR HOUSING

TAX CREDIT

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
22 Strafford Street (Office)
Laconia, NH 03246



TELEPHONE/TDD: (603) 524-6673 FAX: (603) 524-6673

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.

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

A. GENERAL INFORMATION

Name:	
Address:	

Phone Number: _____

E-Mail: _____

B. HOUSEHOLD COMPOSITION

List all persons, including yourself, who will be living in the apartment. List the head of household first. **ONLY** include children who will be living in the apartment at least 50% of the time.

Name	Relationship to HEAD	Date of Birth	Full Time Student?	Social Security #	Sex
	HEAD				

☐ YES ☐ NO

Do you expect any additions to the household within the next 12 months?

If yes, please explain giving name and relationship:

☐ YES ☐ NO

Do you have primary physical custody of all children listed under the Household Composition above?

If no, please explain:

☐ YES ☐ NO

Are there any absent household members that are not listed under the Household Composition above?

If yes, please explain giving name and relationship:

C: INCOME

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

Check if N/A <input type="checkbox"/>	Family Member	Source of Income	Name and Address of Employer	Gross Monthly Amount
		Employment Wages		\$
		Employment Wages		\$
		Employment Wages		\$
Check if N/A <input type="checkbox"/>	Family Member	Source of Income	Name of Public Assistance Office	Gross Monthly Amount
		Public Assistance		\$
Check if N/A <input type="checkbox"/>	Family Member	Source of Income		Gross Monthly Amount
		Social Security/SSI		\$
		Social Security/SSI		\$
		Social Security/SSI		\$
Check if N/A <input type="checkbox"/>	Family Member	Source of Income	Name & Address of Income Source	Gross Monthly Amount
		Pension/Annuities		\$
		Pension/Annuities		\$
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
		VA Benefits		\$
		VA Benefits		\$
Check if N/A <input type="checkbox"/>	Family Member	Source of Income	Name & Address of Income Source	Gross Monthly Amount
		Alimony		\$
		Child Support		\$
		Self Employment		\$
		Other Income		\$
<input type="checkbox"/> YES <input type="checkbox"/> NO	Are there any changes expected in income within the next 12 months?			
	If yes, please list family member and explain:			

D: ASSETS

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

CHECKING/SAVINGS ACCOUNTS, OR CD					
Check if N/A <input type="checkbox"/>	Family Member	Bank Name/Type	Account #	Balance	Interest Rate
				\$	
				\$	
				\$	
				\$	
				\$	
				\$	
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	
				\$	
				\$	

ASSETS, Continued

TRUST ACCOUNTS					
Check if N/A <input type="checkbox"/>	Family Member	Bank Name	Account #	Balance	Interest Rate
				\$	
Is this an irrevocable trust? <input type="checkbox"/> YES <input type="checkbox"/> NO					
IRAs					
Check if N/A <input type="checkbox"/>	Family Member	Bank Name	Account #	Balance	Interest Rate
				\$	
				\$	
Penalty for early withdrawal? <input type="checkbox"/> YES <input type="checkbox"/> NO					
ANNUITIES/MUTUAL FUNDS/401K/403b					
Check if N/A <input type="checkbox"/>	Family Member	Bank Name	Account #	Balance	Interest Rate
				\$	
				\$	
WHOLE LIFE POLICIES (NOT TERM LIFE)					
Check if N/A <input type="checkbox"/>	Family Member	Insurance Name	Account #	Amount	
				\$	
ANY OTHER ASSETS					
Check if N/A <input type="checkbox"/>	Family Member	Asset Type			Market Value
					\$
					\$
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: PROGRAM INFORMATION

<input type="checkbox"/> YES <input type="checkbox"/> NO	Has everyone in your household (ALL 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:
<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:

PROGRAM INFORMATION, Continued

<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:	
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):		

F: 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:	

G: 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:

H: 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 Section 42 of the Internal Revenue Code and applicable sections of the HUD 4350.3 Occupancy Handbook 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 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: _____

I: 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 choose 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)

☐ American Indian/Alaskan Native ☐ Asian ☐ Black or African American


☐ Native Hawaiian or other Pacific Islander ☐ White

Ethnicity: ☐ Hispanic or Latino ☐ Non-Hispanic or Latino

Gender: ☐ Male ☐ Female

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

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:

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