

**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 OCEAN MIST/SEABREEZE VILLAGE:**

Thank you for your interest in obtaining housing at Ocean Mist/Seabreeze Village. The following instructions, if followed properly, will ensure timely processing of your application and will prevent delays.

- 1) Please print clearly, in black or blue ink.
- 2) All questions must be answered. Incomplete applications will be returned.
- 3) Be sure that all household members sign both the Certification and Release of Information Authorization, located on the last page of the application.
- 4) Please bring the "Verification of Residency" form to the Seabrook Town Hall, where the tax collector must fill in and sign the form.
- 5) All household members are required to complete a criminal record form for the state of New Hampshire. Please complete one criminal record form for each household member. Please have the form(s) notarized, and then return with your application. We will process your criminal record with the state.

Please call our office at 603-641-2163 if you have any questions, or e-mail us at [svachon@stewartproperty.net](mailto:svachon@stewartproperty.net)

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

**STEWART PROPERTY MANAGEMENT**

**P.O. BOX 10540**

**BEDFORD, NH 03110**

**Stewart Property Management Inc. Use Only:**

Date Received \_\_\_\_\_  
Property Type \_\_\_\_\_  
Bedroom Size \_\_\_\_\_  
H/C Accessible \_\_\_\_\_  
Comments: Printed from SPM Website

Property Name Seabreeze Village & Ocean Mist

Accepted \_\_\_\_\_  
Rejected \_\_\_\_\_

**RENTAL APPLICATION**

Please complete the following application and return it to SPM. All items must be completed in order to determine your eligibility. If an item does not apply to you, please mark N/A on that line. SPM does not discriminate on the basis of race, color, religion, marital status, familial status, age or disability. SPM will make every reasonable accommodation to persons with disabilities.



**STEWART PROPERTY MANAGEMENT**  
P.O. BOX 10540  
Bedford, NH 03110  
TELEPHONE (603) 641-2163 FAX (603) 641-1063



Property for which you are applying : Seabreeze Village/Ocean Mist Bedroom Size 1

**A. General Information** (Please Circle One) Mr. Mrs. Ms. Miss

Name of Head of Household \_\_\_\_\_

Current Address \_\_\_\_\_

Telephone Number at which you can be reached at \_\_\_\_\_

**B. Household Composition:**

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

Name (First, Middle Initial, Last)	Relationship to head of household	M/F	Date of Birth	Place of Birth	Social Security #
1.	Head				
2.					

**NOTE:** You must be 62 years of age or older in order to apply unless you are a married couple, in which case one spouse must be at least 62 and the other at least 57.

**C. Residency Requirement:** In order to be eligible for this property one of the persons listed in section B (above) must qualify in one of the following categories. (check which one applies):

\_\_\_\_\_ 1) Applicant is currently domiciled in Seabrook and has been for at least 24 months.

\_\_\_\_\_ 2) Applicant is a former domicile of Seabrook (of at least 24 months) who now lives in federally subsidized housing, having moved from Seabrook for the purposes of obtaining such housing.

I qualify for the category checked above because: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

D. Income Please circle Yes or No to each question and explain if needed.

**Yes No Does anyone in your household receive Social Security or SSI benefits?**  
Household Member Name of Agency Amount How Often  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Yes No Does anyone in your household receive Pension, Retirement Benefits, VA Benefits etc.?**  
Household Member Name of Agency Amount How Often  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Yes No Does anyone in your household work?**  
Household Member Name of Employer Rate of hourly Pay #of Hours  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Yes No Does anyone in the household receive any Public Assistance, NHEP, RUFA, etc.?**  
Household Member Name of Agency Amount of Grant How Often  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Yes No Does anyone in your household receive any other source or type of income?**  
(i.e.: Self-employment, unemployment, worker's comp, rental payments, alimony etc.)  
Household Member Source Amount How Often  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Yes No Does anyone in your household expect any changes in income within the next 12 months?**  
Name \_\_\_\_\_  
Explanation \_\_\_\_\_

E. Assets Please circle Yes or No to each question and explain if needed.

**Yes No Does anyone in your household have a Checking, Savings Account or CD's?**  
Household Member Name of Bank Account # Amount Type  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Yes No Does anyone in your household have Stocks, Bonds or Trust Accounts, IRA's, Annuities, Mutual Funds, Whole Life Insurance Policies or any other investments?**  
Household Member Source Account # Amount Type  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Yes No Does anyone in your household own any Property? (Attach real estate appraisal)**  
If YES, Type: \_\_\_\_\_  
Location : \_\_\_\_\_  
Market Value \_\_\_\_\_  
Outstanding Due (ex: mortgage) \_\_\_\_\_

**Yes      No      Has any member of your household sold or disposed of any asset(s) within the last two years?**  
 If YES, Type: \_\_\_\_\_  
 Market value when sold/disposed: \_\_\_\_\_  
 Amount sold/disposed for: \$ \_\_\_\_\_  
 Date of transaction: \_\_\_\_\_

**F.      Program Information      Please circle Yes or No to each question and explain if needed.**

**Yes      No      Do you require a barrier free unit?**

If Yes, Explain: \_\_\_\_\_

**Yes      No      Have you ever resided in a federally- assisted housing complex?**

If Yes, where: \_\_\_\_\_

**Yes      No      Have you ever been evicted?**

If Yes, Explain: \_\_\_\_\_

**Yes      No      Are you legally capable of entering a lease agreement?**

If No, Explain: \_\_\_\_\_

**Yes      No      Will you or anyone in your household require a live-in care attendant?**

Name of Live-in Care Attendant: \_\_\_\_\_ Relationship (if any) \_\_\_\_\_

**G.      Housing References      Fill in all information below**

Current Address      Name/Address of Landlord      Landlord's Telephone      Rent Rate      Length of time at address

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Previous Address      Name/Address of Landlord      Landlord's Telephone      Rent Rate      Length of time at address

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**H.      Credit/ Personal References      Fill in all information below**

CREDIT REFERENCES: (Any bill in your name, example: Telephone Company, Cable Company, etc.)

Name _____	Name _____	Name _____
Address _____	Address _____	Address _____
Telephone _____	Telephone _____	Telephone _____

PERSONAL REFERENCES: (non-family)

Name \_\_\_\_\_  
Address \_\_\_\_\_  
Telephone \_\_\_\_\_

Name \_\_\_\_\_  
Address \_\_\_\_\_  
Telephone \_\_\_\_\_

Name \_\_\_\_\_  
Address \_\_\_\_\_  
Telephone \_\_\_\_\_

**I. Other Information**

**Fill in all information below**

**Yes No Does anyone in your household own a vehicle?**

If Yes, type: \_\_\_\_\_ If Yes, type: \_\_\_\_\_  
Color: \_\_\_\_\_ Color: \_\_\_\_\_  
Year/Make: \_\_\_\_\_ Year/Make: \_\_\_\_\_  
License Plate # \_\_\_\_\_ License Plate # \_\_\_\_\_

**Yes No Do you have any pets? (Dogs are not allowed)**

If Yes, describe: \_\_\_\_\_

**Yes No Have YOU or ANY MEMBER of your household ever been convicted of a felony, misdemeanor crime or any conviction involving drugs?**

If Yes, Explain: \_\_\_\_\_  
\_\_\_\_\_

**Yes No Do you or any member of your household have an alcohol or drug abuse problem?**

If Yes, Explain: \_\_\_\_\_  
\_\_\_\_\_

**Yes No Are you or any member of your household listed on any state sex offender registration program?**

If Yes, Explain: \_\_\_\_\_  
\_\_\_\_\_

**J. Certification:**

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 \_\_\_\_\_

Co-Tenant \_\_\_\_\_ Date \_\_\_\_\_

**Release of Information Authorization:**


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

Head of Household \_\_\_\_\_ Date \_\_\_\_\_

Co-Tenants \_\_\_\_\_ Date \_\_\_\_\_

## 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**  
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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 \_\_\_\_\_

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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**

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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.

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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



P.O. BOX 10540  
BEDFORD, NH 03110  
603-641-2163

## VERIFICATION OF RESIDENCY

I (WE) \_\_\_\_\_, OF \_\_\_\_\_  
ADDRESS

HAVE RESIDED AT THE ABOVE ADDRESS SINCE \_\_\_\_\_.

\_\_\_\_\_  
TODAY'S DATE

\_\_\_\_\_  
SIGNATURE OF TAX COLLECTOR

## 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