

Don't staple the pages of this application together!

1. Some providers *scan* the application, and if you staple, that means removing staples from 1000 applications every week or month.
2. If you include a letter, don't staple that either: providers need to quickly get to your waitlist data and your cover page just gets in the way.

Use #10 double window envelopes. Fold on the line, and addresses will fit in the windows.

Dear

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

App Generated:

Housing Authority or Management Office Only

Is this waitlist closed? Any other questions or concerns? *Fill in the appropriate circle(s) below and fax this page to HousingWorks at the number below – and we will correct the problem. Hundreds of thousands of applicants check our free website to see what lists are open! Keeping us updated will save you many phone calls, reduces frivolous applications - and takes only 10 minutes a year.*

- This particular waitlist is closed: The only open waitlists we have at present are:**

- This is not the correct application. The correct application is available by/from:**

- Any other info you wish to tell HousingWorks?**

Your position or title at this housing program: _____

Your signature: _____

HousingWorks Fax: 617-536-8516



<input type="radio"/>	Head of Household's FIRST Name
<input type="radio"/>	Head of Household's MIDDLE Name
<input type="radio"/>	Head of Household's LAST Name

<input type="radio"/>	HoH's SOCIAL SECURITY NUMBER	<input type="radio"/>	GENDER	<input type="radio"/>	HoH's DATE OF BIRTH
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<input type="radio"/>	ETHNICITY Also provide your race at right!	<input type="radio"/>	RACE: Asian , Black, White, Native American, Pacific Islander, Multi-racial Do NOT write Spanish, Hispanic, Latino here – and do NOT write your country!
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YOUR MOTHER'S MAIDEN NAME

<input type="radio"/>	YOUR HOME TELEPHONE	SECOND TELEPHONE
<input type="radio"/>	YOUR EMAIL ADDRESS	

CURRENT ADDRESS OR LONG-TERM CONTACT ADDRESS

This is:

SECOND CONTACT ADDRESS

This is:

<input type="radio"/>	TOTAL HOUSEHOLD SIZE			<input type="radio"/>	# BEDROOMS	<input type="radio"/>	How much money does your family receive in a year?	<input type="radio"/>	.0	<input type="radio"/>	0
	# Adults	# Children	Total #								

INCOME SOURCES

MOBILE RENTAL ASSISTANCE, if any

REQUESTED ACCOMMODATIONS

SPECIAL CIRCUMSTANCES THAT SOME PROGRAMS MAY USE TO ASSIGN PRIORITY OR PREFERENCE



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 check. 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 have **never** resided in New Hampshire than 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 802-257-7616 if you have any questions, or e-mail us at ncrawford@stewartproperty.net

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

STEWART PROPERTY MANAGEMENT

50 Westgate Drive Suite 101

Brattleboro, VT 05301

SMOKING POLICY: The majority of our properties are now smoke-free. Please contact us for specific information regarding this property.

APPLICATION FOR HOUSING

TAX CREDIT

Time/Date Stamp

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	



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				

<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 above? 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 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): _____
For each adult household member, list every state that they have ever lived in:	

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 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: _____

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.

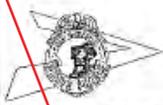
Head of Household: _____	Date: _____
Spouse/Co-Tenant: _____	Date: _____
_____	Date: _____
_____	Date: _____

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, sexual orientation, marital status 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.

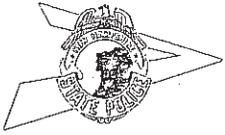
Race:	(Check one or more)		
	<input type="checkbox"/> American Indian/Alaskan Native	<input type="checkbox"/> Asian	<input type="checkbox"/> Black or African American
	<input type="checkbox"/> Native Hawaiian or other Pacific Islander	<input type="checkbox"/> White	
Ethnicity:	<input type="checkbox"/> Hispanic or Latino	<input type="checkbox"/> Non-Hispanic or Latino	
Gender:	<input type="checkbox"/> Male	<input type="checkbox"/> Female	

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 1 & 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 1, which is for Stewart Property Management's signature only.

	State of New Hampshire Department of Safety DIVISION OF STATE POLICE	Criminal Records Unit 33 Hazen Drive, Concord, NH 03305
CRIMINAL HISTORY RECORD INFORMATION RELEASE AUTHORIZATION FORM		
INSTRUCTIONS		
<small>NH RSA 106-B:14 and Administrative Rule Saf-C 5700 authorizes the dissemination of NH Criminal History Record Information (CHRI) for non-criminal justice purposes. In NH, all CHRI is confidential and released only upon the knowledge and permission of the individual of whom the request is made. Individuals requesting their own record in person need only to complete Section I. If the CHRI is to be released to a third party, both Section I and Section II must be completed. All requests by mail must have both sections completed and Section II notarized.</small>		
<p style="text-align: center;">SECTION I (PLEASE PRINT CLEARLY)</p> <p>NAME</p> <p> <input type="checkbox"/> FIRST <input type="checkbox"/> MIDDLE/INITIALS <input type="checkbox"/> SURNAME <input type="checkbox"/> MI </p> <p>ADDRESS</p> <p> <input type="checkbox"/> STREET <input type="checkbox"/> CITY <input type="checkbox"/> STATE <input type="checkbox"/> ZIP CODE </p> <p>DATE OF BIRTH HAIR COLOR EYE COLOR</p> <p>SEX DRIVER LICENSE NUMBER STATE</p> <p>PURPOSE OF RECORD: <input checked="" type="checkbox"/> Housing <input type="checkbox"/> Employment <input type="checkbox"/> Annulment/Expungement</p> <p>Other _____</p> <p><small>My signature below certifies I am the individual listed above and the information provided is true.</small></p> <p>YOUR SIGNATURE DATE</p> <p><small>Signet for the penalty of perjury in accordance with RSA 641:3</small></p> <p>_____ <small>SIGNATURE OF PERSON/ENTITY TO RECEIVE RECORD DATE</small></p>	<p style="text-align: center;">SECTION II</p> <p>I hereby authorize the release of my criminal record conviction(s) if any, to the following individual:</p> <p>STEWART PROPERTY MANAGEMENT, INC <small>NAME OF PERSON/ENTITY TO RECEIVE RECORD</small></p> <p>PO BOX 10540, BEDFORD, NH 03110 <small>ADDRESS STREET CITY STATE ZIP CODE</small></p> <p>YOUR SIGNATURE DATE</p> <p>NOTARY'S SIGNATURE DATE <small>(AFFIX Seal) (comm., Exp.)</small></p>	

PLEASE DO NOT WRITE IN ANY SECTIONS BELOW THIS SECTION



State of New Hampshire

Department of Safety
DIVISION OF STATE POLICE

Criminal Records Unit

33 Hazen Drive, Concord, NH 03305

CRIMINAL HISTORY RECORD INFORMATION RELEASE AUTHORIZATION FORM

INSTRUCTIONS

NH RSA 106-B:14 and Administrative Rule Saf-C 5700 authorizes the dissemination of NH Criminal History Record Information (CHRI) for non-criminal justice purposes. In NH, all CHRI is confidential and released only upon the knowledge and permission of the individual of whom the request is made. Individuals requesting their own record in person need only to complete Section I. If the CHRI is to be released to a third party, both Section I and Section II must be completed. All requests by mail must have both sections completed and Section II notarized.

SECTION I (PLEASE PRINT CLEARLY)

SECTION II

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 OF RECORD: Housing Employment Annulment/Expungement

Other _____

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

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

SIGNATURE OF PERSON/ENTITY TO RECEIVE RECORD _____ DATE _____

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

STEWART PROPERTY MANAGEMENT, INC

NAME OF PERSON/ENTITY TO RECEIVE RECORD

ADDRESS **PO BOX 10540, BEDFORD, NH 03110**
STREET CITY STATE ZIP CODE

YOUR SIGNATURE _____ DATE _____

NOTARY'S SIGNATURE _____ DATE _____

(AFFIX Seal)

(comm. Exp.)

RECORD CHALLENGE

Saf-C 5703.12 Procedure for Correcting a CHRI (a) Persons or their attorneys desiring access to their CHRI for the purpose of challenge or correction shall appear at the central repository. (b) A copy shall be provided to a person if after review he/she indicates he/she needs the copy to pursue the challenge. (c) Any person making a challenge shall identify that portion of his/her CHRI which he/she believes to be inaccurate or incorrect, and shall also give a correct version of his/her record with an explanation of the reason that he/she believes his/her version to be correct. (d) The director shall take the following actions within 30 days of receipt of challenge: (1) Review the records and contact the law enforcement agency or court which submitted the record to compare the information to determine whether the challenge is valid; (2) If the challenge is valid, which means there is a discrepancy between the information submitted and the information maintained by the law enforcement agency or court, the record shall be corrected and the person and appropriate CJAs shall be notified; and (3) if the challenge is invalid, the person shall be informed and advised of the right to appeal pursuant to RSA 541. (e) When a record has been corrected, the division shall notify all non-criminal justice agencies, to whom the data has been disseminated in the last year, of the correction. (f) The person shall be entitled to review the information that records the facts, dates, and results of each formal stage of the criminal justice process through which he passes, to ensure that all such steps are completely and accurately recorded.

WARNING: The Division of State Police is the Criminal Record Repository for the State of New Hampshire. The record you have received is based only on what has been reported to the Repository and may not be a complete Criminal History Record of the named individual.

Prepaid Acc't Number PDSTPYMT01