



## **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 print clearly, in black or blue ink.
- 2) All questions must be answered. Incomplete applications will be returned.
- 3) All household members that are 18 years of age or older are required to be screened for a criminal record check. Enclosed is the form for Massachusetts. Please complete one criminal record form for each household member age 18 or over. (Print additional copies as necessary)
- 4) Be sure that all household members 18 years of age or older sign both the application and release form.

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

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

**STEWART PROPERTY MANAGEMENT**

**P.O. BOX 10540**

**BEDFORD, NH 03110**

**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				

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"/>	<b>Family Member</b>	<b>Source of Income</b>	<b>Name and Address of Employer</b>	<b>Gross Monthly Amount</b>
		Employment Wages		\$
		Employment Wages		\$
		Employment Wages		\$
Check if N/A <input type="checkbox"/>	<b>Family Member</b>	<b>Source of Income</b>	<b>Name of Public Assistance Office</b>	<b>Gross Monthly Amount</b>
		Public Assistance		\$
Check if N/A <input type="checkbox"/>	<b>Family Member</b>	<b>Source of Income</b>		<b>Gross Monthly Amount</b>
		Social Security/SSI		\$
		Social Security/SSI		\$
		Social Security/SSI		\$
Check if N/A <input type="checkbox"/>	<b>Family Member</b>	<b>Source of Income</b>	<b>Name &amp; Address of Income Source</b>	<b>Gross Monthly Amount</b>
		Pension/Annuities		\$
		Pension/Annuities		\$
Check if N/A <input type="checkbox"/>	<b>Family Member</b>	<b>Source of Income</b>	<b>Name &amp; Address of Income Source</b>	<b>Gross Monthly Amount</b>
		Unemployment Benefits		\$
		Unemployment Benefits		\$
Check if N/A <input type="checkbox"/>	<b>Family Member</b>	<b>Source of Income</b>	<b>Name &amp; Address of Income Source</b>	<b>Gross Monthly Amount</b>
		VA Benefits		\$
		VA Benefits		\$
Check if N/A <input type="checkbox"/>	<b>Family Member</b>	<b>Source of Income</b>	<b>Name &amp; Address of Income Source</b>	<b>Gross Monthly Amount</b>
		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.

<b>CHECKING/SAVINGS ACCOUNTS, OR CD</b>					
Check if N/A <input type="checkbox"/>	<b>Family Member</b>	<b>Bank Name/Type</b>	<b>Account #</b>	<b>Balance</b>	<b>Interest Rate</b>
				\$	
				\$	
				\$	
				\$	
				\$	
				\$	
<b>STOCKS</b>					
Check if N/A <input type="checkbox"/>	<b>Family Member</b>	<b>Stock Name</b>	<b># of Shares Owned</b>	<b>Value Per Share</b>	<b>Dividend Rate</b>
				\$	
				\$	
<b>BONDS</b>					
Check if N/A <input type="checkbox"/>	<b>Family Member</b>	<b>Series</b>	<b>Date of Issue</b>	<b>Amount</b>	
				\$	
				\$	

**ASSETS, Continued**

<b>TRUST ACCOUNTS</b>					
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					
<b>IRAs</b>					
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					
<b>ANNUITIES/MUTUAL FUNDS/401K/403b</b>					
Check if N/A <input type="checkbox"/>	Family Member	Bank Name	Account #	Balance	Interest Rate
				\$	
				\$	
<b>WHOLE LIFE POLICIES (NOT TERM LIFE)</b>					
Check if N/A <input type="checkbox"/>	Family Member	Insurance Name	Account #	Amount	
				\$	
<b>ANY OTHER ASSETS</b>					
Check if N/A <input type="checkbox"/>	Family Member	Asset Type			Market Value
					\$
					\$
<b>REAL ESTATE</b>					
	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		
<b>DISPOSED OF ASSETS</b>					
	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 <b>everyone</b> in your household ( <b>ALL</b> adults and children) been a student for at least 5 months in the current calendar year or; is <b>everyone</b> in your household (adults and children) currently a student, or planning to become one within the next 12 months? <b>If yes</b> , 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, 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	

## CORI REQUEST FORM

**STEWART PROPERTY MANAGEMENT has been certified by the Criminal History Systems Board for access to Criminal Offender Record Information (CORI) including conviction and pending criminal case data, for the purpose of tenant selection only, and shall not be otherwise used or disseminated.**

\_\_\_\_\_  
APPLICANT/EMPLOYEE SIGNATURE  
(Unless otherwise preempted by law)

\_\_\_\_\_  
APPLICANT/EMPLOYEE INFORMATION (PLEASE PRINT)

\_\_\_\_\_  
LAST NAME

\_\_\_\_\_  
FIRST NAME

\_\_\_\_\_  
MIDDLE NAME

\_\_\_\_\_  
MAIDEN NAME OR ALIAS (IF APPLICABLE)

\_\_\_\_\_  
PLACE OF BIRTH

\_\_\_\_\_  
DATE OF BIRTH

\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_  
SOCIAL SECURITY NUMBER  
(Requested, not required)

\_\_\_\_\_  
ID Theft Index Pin  
(if applicable)

\_\_\_\_\_  
MOTHER'S MAIDEN NAME

\_\_\_\_\_  
CURRENT AND FORMER ADDRESSES:  
\_\_\_\_\_  
\_\_\_\_\_

SEX: \_\_\_\_\_ HEIGHT: \_\_\_ ft. \_\_\_ in. WEIGHT: \_\_\_\_\_ EYE COLOR: \_\_\_\_\_

STATE DRIVER'S LICENSE NUMBER: \_\_\_\_\_  
(include state of issue)

\*\*\*THE ABOVE INFORMATION WAS VERIFIED BY REVIEWING THE FOLLOWING FORM OF  
GOVERNMENT ISSUED PHOTOGRAPHIC  
IDENTIFICATION: \_\_\_\_\_.

REQUESTED BY: \_\_\_\_\_  
SIGNATURE OF CORI AUTHORIZED EMPLOYEE

\*The CHSB Identity Theft Index PIN Number is to be completed by those applicants that have been issued an Identity Theft Index PIN Number by the CHSB. Certified agencies are required to provide all applicants the opportunity to include this information to ensure the accuracy of the CORI request process.

**All CORI request forms that include this field are required to be submitted to the CHSB via mail or by fax to 617-660-4614**

