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 978-456-7300 if you have any questions, or e-mail us at trecord@stewartproperty.net

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

STEWART PROPERTY MANAGEMENT
ATTN: MGMT OFFICE
140 Adams Street
Leominster, MA 01453

SMOKING POLICY: This property is 100% smoke free. Please contact us for specific information regarding this property.

APPLICATION FOR HOUSING

TAX CREDIT

Stewart Property Management Use Only:			
Property Name:		Barrier Free (H/C unit) Requested?	☐YES ☐NO
Bedroom Size:		Comments:	
☐	Accepted		
☐	Rejected		

Time/Date Stamp

EQUAL HOUSING OPPORTUNITY

Stewart PROPERTY MANAGEMENT
PO BOX 10540
Bedford, NH 03110
603-641-2163

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 NO next to the question. SPM does not discriminate on the basis of race, color, sex, age, religion, national origin, family or marital status, disability, sexual orientation, perceived sexual orientation, gender or gender identification.

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

A. GENERAL INFORMATION

Full Name:		Phone Number:	
Address:		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.

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

Does anyone listed above have a maiden name, or alias? ☐YES ☐NO If yes, please list them below:

☐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 ☐NA	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 NO next to the items that you do not receive.

Check if NO	Family Member	Source of Income	Name and Address of Employer	Gross Monthly Amount
☐		Employment Wages		$
		Employment Wages		$
		Employment Wages		$

Check if NO	Family Member	Source of Income	Name of Public Assistance Office	Gross Monthly Amount
☐		Public Assistance		$

Check if NO	Family Member	Source of Income		Gross Monthly Amount
☐		Social Security/SSI		$
		Social Security/SSI		$
		Social Security/SSI		$

Check if NO	Family Member	Source of Income	Name of Income Source	Gross Monthly Amount
☐		Pension/Annuities		$
		Pension/Annuities		$

Check if NO	Family Member	Source of Income	Name of Income Source	Gross Monthly Amount
☐		Unemployment Benefits		$
		Unemployment Benefits		$

Check if NO	Family Member	Source of Income	Name of Income Source	Gross Monthly Amount
☐		VA Benefits		$
		VA Benefits		$

Check if NO	Family Member	Source of Income	Name of Income Source	Gross Monthly Amount
☐		Alimony		$
☐		Child Support		$
☐		Self Employment		$
☐		Other Income		$

☐YES ☐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 NO next to the items that you do not have.

Check if NO	CHECKING/SAVINGS ACCOUNTS, OR CD				
	Family Member	Bank Name/Type	Account #	Balance	Interest Rate
☐				$	
				$	
				$	
				$	
				$	
				$	

Check if NO	STOCKS				
	Family Member	Stock Name	# of Shares Owned	Value Per Share	Dividend Rate
☐				$	
				$	

Check if NO	BONDS			
	Family Member	Series	Date of Issue	Amount
☐				$
				$

ASSETS, continued

Check if NO	TRUST ACCOUNTS				
	Family Member	**Bank Name**	**Account #**	**Balance**	**Interest Rate**
				$	
	Is this an irrevocable trust? YES NO				

Check if NO	IRAs				
	Family Member	**Bank Name**	**Account #**	**Balance**	**Interest Rate**
				$	
				$	
	Penalty for early withdrawal? YES NO				

Check if NO	ANNUITIES/MUTUAL FUNDS/401K/403b				
	Family Member	**Bank Name**	**Account #**	**Balance**	**Interest Rate**
				$	
				$	

Check if NO	WHOLE LIFE POLICIES (NOT TERM LIFE)			
	Family Member	**Insurance Name**	**Account #**	**Amount**
				$

Check if NO	ANY OTHER ASSETS		
	Family Member	**Asset Type**	**Market Value**
			$
			$

REAL ESTATE			
	1) Do you own any property?	YES 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?	YES NO	
	7) Do you now rent, or intend to rent this property?	YES NO	

DISPOSED OF ASSETS			
	1) Has any member of your household disposed of any asset(s) in the last two years?		YES 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

YES NO Has **anyone** in your household (**ALL** adults and children) been a student for ar 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:

- ☐ Married and filing a joint tax return
- ☐ Receiving Social Security Title IV payments (NHEP, RUFA)
- ☐ Participating in a job training program with assistance
- ☐ The full-time student is a single parent with minor children who are claimed as dependents on their tax return.
- ☐ None of the above.

YES NO Have you or any member of your household **ever** lived at **any** property managed by Stewart Property Management? If yes, list property name and dates:

YES NO Do you require an accessible unit?
If yes, please explain:

YES NO Have you ever resided in a federally assisted housing complex?
If yes, when and where?

PROGRAM INFORMATION, continued

☐YES ☐NO	Have you or any member of your household ever been evicted?
	If yes, please explain:
☐YES ☐NO	Have you or any member of your household ever received an Eviction Notice or Notice to Quit from any landlord? If yes, please explain:
☐YES ☐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?	
☐YES ☐NO	Do you or anyone in your household have a Section 8 voucher?
	Housing Authority: / Contact Person:
☐YES ☐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?	☐YES ☐NO
	If, No, how much are utilities per month?	$
Name and Address of Current Landlord:	Phone Number of current landlord:	
	Are you related to this person?	☐YES ☐NO
	Additional Info:	
1st Previous Address:		
	Lived there from_____to_____.	
	Rent Amount:	$
	Are utilities included?	☐YES ☐NO
	If, No, how much are utilities per month?	$
Name and Address of Previous Landlord:	Phone Number of previous landlord:	
	Are you related to this person?	☐YES ☐NO
	Additional Info:	
2nd Previous Address:		
	Lived there from_____to_____.	
	Rent Amount:	$
	Are utilities included?	☐YES ☐NO
	If, No, how much are utilities per month?	$
Name and Address of Previous Landlord:	Phone Number of previous landlord:	
	Are you related to this person?	☐YES ☐NO
	Additional Info:	

G: OTHER INFORMATION

☐YES ☐NO	Do you have any pets?
	If yes, please describe:
☐YES ☐NO	Have YOU or ANY MEMBER of your household ever been arrested or convicted of any felony or any
	misdemeanor crime? If yes, check the applicable box(es) here > ☐ MISDEMEANOR ☐ FELONY
	and please explain:
☐YES ☐NO	Have YOU or ANY MEMBER of your household ever been arrested or convicted in any incident
	involving drugs?
	If yes, please explain:
☐YES ☐NO	Do YOU or ANY MEMBER of your household currently use illegal drugs or abuse alcohol?
	If yes, please explain:
☐YES ☐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, but not limited to contacting Local, State and Federal agencies, organizations, credit bureaus and landlords that may provide information that could substantiate or verify information given in this application. I/We authorize Stewart Property Management, Inc, to obtain a copy of my credit report.

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)		
	☐ 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	

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Stewart
PROPERTY MANAGEMENT

WASPM
$

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 ADDRESSSES:
_____
_____

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 PHOTOGRPHIC 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

EQUAL HOUSING OPPORTUNITY
Stewart Property Management does not discriminate based on race, color, sex, age, religion, national origin, family or marital status, or handicap.

P.O. Box 10540 • Bedford, New Hampshire 03110-0540 • (603) 641-2163 FAX (603) 641-1063
office@stewartproperty.net • www.stewartproperty.net