

INSTRUCTIONS FOR COMPLETING THE APPLICATION FOR ASSISTED 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 different 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 if not filled out completely.
- 4) 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 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 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.
- 6) All household members must complete and sign the citizenship declaration form. Please follow the instructions on the form. (Minors require guardian’s signature)
- 7) Per Government Regulations, a copy of your **social security card for each household member is required prior to admission**. If not available, only one of the following is acceptable as an alternative: 1) *Driver’s license with SSN* 2) *Identification card issued by a federal, State, or local agency* 3) *a medical insurance provider, or an employer or trade union.* 4) *Earnings statements on payroll stubs* 5) *Bank statement* 6) *Form 1099* 7) *Benefit award letter* 8) *Retirement benefit letter* 9) *Life insurance policy* 10) *Court records*

All information provided on this application must be true and accurate to the best of your knowledge. Any false information provided will be grounds for denial of the application or termination of residency after occupancy.

Please call our office at 802-885-7885 if you have any questions, or e-mail us at mjackson@stewartproperty.net

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

STEWART PROPERTY MANAGEMENT

P.O. BOX 51

Hinsdale, NH 03451

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

LEAD PAINT: Some properties we manage were built prior to 1978 and may contain Lead Based Paint, which is a concern particularly for children under 7 and pregnant women. Please call us to ask us for specifics on the property that you are applying for.

APPLICATION FOR HOUSING

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



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. Please note a copy of all household members social security cards will be required prior to admission. * If you do not have a social security card, please obtain an alternative form of identification that would verify your number. Please call us for a list of acceptable substitutions.

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

Elderly Housing Only: If you are not yet 62 years old, are you eligible for occupancy based on your status as an individual with disabilities? _____ Yes _____ No

A: GENERAL INFORMATION

Full Name: _____ Phone Number: _____
 Address: _____ E-Mail: _____
 City/St/Zip: _____

B: FAMILY SUMMARY List all persons, including yourself, who will be living in the apartment. List the head of household first.

<u>Full Name</u> and middle initial	Relationship to HEAD	Date of Birth	Full Time Student?	Social Security Number	Gender
	<u>HEAD</u>				

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

If anyone that does not have a Social Security Number, were they age 62 or older as of January 31, 2010, AND were they receiving HUD rental assistance at another location on January 31, 2010? YES NO If yes, please list them below:

NOTE: FOR THE PURPOSES OF CALCULATING RENT, AN ELDERLY OR DISABLED HOUSEHOLD QUALIFIES FOR A DEDUCTION FROM ANNUAL INCOME AND MAY QUALIFY FOR A DEDUCTION FOR MEDICAL EXPENSES. ANY HOUSEHOLD MAY QUALIFY FOR A DEDUCTION PER CHILD OR DISABLED ADULT DEPENDENT AND CHILDCARE AN/ OR DISABILITY ASSISTANCE EXPENSE

C: INCOME

Please fill in each section, checking NO next to the items that you do not receive. Please use additional sheets of paper if necessary.

Check if NO <input type="checkbox"/>	Family Member	Source of Income	Name of Income Source	Gross Monthly Amount
		Social Security		\$
		Social Security		\$
		Social Security		\$
Check if NO <input type="checkbox"/>	Family Member	Source of Income	Name of Income Source	Gross Monthly Amount
		SSI Benefits		\$
		SSI Benefits		\$
Check if NO <input type="checkbox"/>	Family Member	Source of Income	Name of Income Source	Gross Monthly Amount
		Pension/Annuities		\$
		Pension/Annuities		\$

INCOME, continued

Check if NO <input type="checkbox"/>	Family Member	Source of Income	Name of Income Source	Gross Monthly Amount
		VA Benefits		\$
Check if NO <input type="checkbox"/>	Family Member	Source of Income	Name of Income Source	Gross Monthly Amount
		Employment Wages		\$
Check if NO <input type="checkbox"/>	Family Member	Source of Income	Name of Income Source	Gross Monthly Amount
		Employment Wages		\$
Check if NO <input type="checkbox"/>	Family Member	Source of Income	Name of Income Source	Gross Monthly Amount
		Unemployment Benefits		\$
Check if NO <input type="checkbox"/>	Family Member	Source of Income	Name of Income Source	Gross Monthly Amount
		Unemployment Benefits		\$
Check if NO <input type="checkbox"/>	Family Member	Source of Income	Name of Income Source	Gross Monthly Amount
		Alimony		\$
Check if NO <input type="checkbox"/>	Family Member	Source of Income	Name of Income Source	Gross Monthly Amount
		Child Support		\$
Check if NO <input type="checkbox"/>	Family Member	Source of Income	Name of Income Source	Gross Monthly Amount
		Self Employment		\$
Check if NO <input type="checkbox"/>	Family Member	Source of Income	Name of Income Source	Gross Monthly Amount
		TANF/PATH/APTD		\$
Check if NO <input type="checkbox"/>	Family Member	Source of Income	Name of Income Source	Gross Monthly Amount
		Other Income		\$

YES NO Are there any changes in income expected 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.
Please use additional sheets of paper if necessary.

CHECKING ACCOUNTS

Check if NO <input type="checkbox"/>	Family Member	Bank Name	Account #	Balance	Interest Rate
				\$	
				\$	
				\$	

SAVINGS ACCOUNTS/EBT/PRE-PAID DEBIT CARDS

Check if NO <input type="checkbox"/>	Family Member	Bank Name	Account #	Balance	Interest Rate
				\$	
				\$	
				\$	

CERTIFICATES OF DEPOSIT (CD)

Check if NO <input type="checkbox"/>	Family Member	Bank Name	Account #	Balance	Interest Rate
				\$	
				\$	
				\$	

Penalty for early withdrawal? YES NO

STOCKS

Check if NO <input type="checkbox"/>	Family Member	Stock Name	# of Shares Owned	Value Per Share	Dividend Rate
				\$	
				\$	
				\$	

BONDS

Check if NO <input type="checkbox"/>	Family Member	Series	Date of Issue	Amount
				\$
				\$
				\$

ASSETS, continued

TRUST ACCOUNTS

Check if NO <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 NO <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 NO <input type="checkbox"/>	Family Member	Bank Name	Account #	Balance	Interest Rate
				\$	
				\$	
				\$	

WHOLE LIFE POLICIES (NOT TERM LIFE)

Check if NO <input type="checkbox"/>	Family Member	Insurance Name	Account #	Amount
				\$
				\$
				\$

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	
	7) Do you now rent, or intend to rent this property?	<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: EXPENSES

Medical Expenses

Complete this section if head or spouse is 62 or older or disabled. Only list out of pocket expenses that are not reimbursed by any other source. Please use additional sheets of paper if necessary.

Check if NO <input type="checkbox"/>	Family Member	Medical Expense	Monthly Expense
		Medicare	\$
<input type="checkbox"/>		Medicare	\$
<input type="checkbox"/>		Health Insurance	\$
<input type="checkbox"/>		Health Insurance	\$
<input type="checkbox"/>		Pharmacy	Name & Address of Pharmacy \$
<input type="checkbox"/>		Pharmacy	\$
<input type="checkbox"/>		Pharmacy	\$

EXPENSES, Continued			
Check if NO		Name & Address of Provider	
<input type="checkbox"/>		Physician	\$
<input type="checkbox"/>		Physician	\$
<input type="checkbox"/>		Physician	\$
<input type="checkbox"/>		Other	\$

Child Care Complete for children 12 and younger. Only list amounts that are paid out of pocket and are not reimbursed by any other agency.			
Check if NO	Family Member being cared for:	Name & Address of Child Care Provider	Weekly Expense
<input type="checkbox"/>			\$
<input type="checkbox"/>			\$

Handicap Assistance Expense				
Check if NO	Family Member	Type of Expense	Name & Address of Provider	Weekly Expense
<input type="checkbox"/>				\$
<input type="checkbox"/>				\$

F: PROGRAM INFORMATION

<input type="checkbox"/> YES <input type="checkbox"/> NO	Is any member of the household a full or part time student?	<input type="checkbox"/> Full Time	<input type="checkbox"/> Part Time
----------------------------------------------------------	-------------------------------------------------------------	------------------------------------	------------------------------------

<input type="checkbox"/> YES <input type="checkbox"/> NO	Has everyone in your household (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.
→	<p>If yes, please check the applicable status from the list below:</p> <ul style="list-style-type: none"> <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	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:
----------------------------------------------------------	-----------------------------------------------------------------------------------------------------------------------------------------------------------------

<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 or any member of your household ever been evicted? If yes, please explain:
----------------------------------------------------------	----------------------------------------------------------------------------------------

<input type="checkbox"/> YES <input type="checkbox"/> 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:
----------------------------------------------------------	----------------------------------------------------------------------------------------------------------------------------------------

<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	Do you or anyone in your household have a Section 8 voucher? <input type="checkbox"/> YES <input type="checkbox"/> NO
	Housing Authority: _____ 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 household member, list every state that they have ever lived in:

G: 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:	
	Are you related to this person?	<input type="checkbox"/> YES <input type="checkbox"/> NO
	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:	
	Are you related to this person?	<input type="checkbox"/> YES <input type="checkbox"/> NO
	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:	
	Are you related to this person?	<input type="checkbox"/> YES <input type="checkbox"/> NO
	Additional Info:	

H: 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, check the applicable box(es) here > MISDEMEANOR FELONY
	and 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:

NOTE: Any marijuana, including medicinal is considered illegal by the federal government.

OTHER INFORMATION, CONTINUED

<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:

<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 on page 1? 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 on page 1? If yes, please explain giving name and relationship:

I: 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 either the USDA Rural Development or the Department of Housing and Urban Development's eligibility criteria 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: _____

J: 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)	<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	Other _____

DECLARATION OF CITIZENSHIP

STEWART PROPERTY MANAGEMENT, INC.
P.O. BOX 10540
BEDFORD, NH 03110

DATE: _____

PLEASE PROVIDE ALL INFORMATION REQUESTED

PART 1: APPLIES TO ALL FAMILY MEMBERS

Each person who will benefit under the Section 8 Rental Assistance Program must either be a citizen or national of the United States, or be a non-citizen who has eligible immigration status that qualifies them for rental assistance as determined by the U.S. Department of Housing and Urban Development and the U.S. immigration and Naturalization Service.

One box on this form must be checked for each family member indicating status as a citizen or a national of the United States or a non-citizen with eligible immigration status. Family members residing in the unit to be assisted that do not claim to be a citizen or national of the United States, or do not claim to be a non-citizen with eligible immigration status should not check any box.

All adults must sign where indicated. For each child who is not 18 years of age, the form must be signed by any adult member of the family residing in the dwelling unit who is responsible for the child. Use blank lines to add family members who are not listed.

First Name	Last Name	Date of Birth	I am a Citizen or National of the U.S.	or	I am a non-citizen with eligible immigration status	Signature of Adult Listed to the left, or Signature of Guardian for Minors.
_____	_____	_____	<input checked="" type="checkbox"/>	or	<input type="checkbox"/>	X _____
_____	_____	_____	<input type="checkbox"/>	or	<input type="checkbox"/>	X _____
_____	_____	_____	<input type="checkbox"/>	or	<input type="checkbox"/>	X _____
_____	_____	_____	<input type="checkbox"/>	or	<input type="checkbox"/>	X _____
_____	_____	_____	<input type="checkbox"/>	or	<input type="checkbox"/>	X _____
_____	_____	_____	<input type="checkbox"/>	or	<input type="checkbox"/>	X _____
_____	_____	_____	<input type="checkbox"/>	or	<input type="checkbox"/>	X _____

Warning-Title 18 US Code Section 1001 states that a person is guilty of a felony for knowingly and willingly making a false or fraudulent statement to any department or agency of the United States. If this form contains false or incomplete information, you may be required to repay all overpaid rental assistance you received, fined up to \$10,000, imprisoned for up to 5 years; and/or prohibited from receiving future assistance.

HEAD OF HOUSHOLD CERTIFICATION

As head of household, I certify, under penalty of perjury, that all members of my household are listed on Part 1 of this form and that members of my household that have not checked either box on Part 1 of this form do not claim to be citizens or nationals of the United States, or non-citizens with eligible immigration status.

Signature _____

Date _____

NOTE: Family members who have checked a box indicating that they are a non-citizen with eligible immigration status must complete part 2 of this form.

PART 2: APPLIES TO NON-CITIZENS FAMILY MEMBERS ONLY

All family members who have claimed eligible immigration status on Part 1 of this form must provide this office with an original of one of the following documents.

1. Form I-551, Alien Registration Receipt Card
2. Form I-94, Arrival-Departure Record with appropriate annotations or documents
3. Form I-699, Temporary Resident Card
4. Form I-688B, Employment Authorization Card
5. A receipt issued by the INS indicating that an application for issuance of a replacement document in one of the above-listed categories has been made and the applicant's entitlement to the document has been verified.

Please call _____ at _____ to arrange for delivery and copying of original documents.

Do not mail original documents to this office.

If documents are not presented and verified, your family's rental assistance may be reduced, denied, or terminated as provided in regulations promulgated by the U.S. Department of Housing and Urban Development, pending available appeals processes.

CONSENT TO VERIFY ELIGIBLE IMMIGRATION STATUS

Each family member required to complete Part 2 of this form must sign below granting consent to verify eligible immigration status. For each child who is not 18 years of age, the form must be signed by any adult member of the family residing in the dwelling unit who is responsible for the child.

First Name	Last Name	Date of Birth	Signature of Adult Listed to the left, or Signature of Guardian for Minors.	Office Use Only INS VERIF. #
_____	_____	_____	X _____	_____
_____	_____	_____	X _____	_____
_____	_____	_____	X _____	_____
_____	_____	_____	X _____	_____
_____	_____	_____	X _____	_____
_____	_____	_____	X _____	_____
_____	_____	_____	X _____	_____

Evidence supplied with this form may be released by the Housing Agency, without responsibility for its further use or transmission, to the Immigration and Naturalization service for purposes of verification of the immigration status of the individual or to the U.S. Department of Housing and Urban Development, as required. The U.S. Department of Housing and Urban Development is not responsible for the further use or transmission of the evidence or other information.

Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING

This form is to be provided to each applicant for federally assisted housing

Instructions: Optional Contact Person or Organization: You have the right by law to include as part of your application for housing, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. **You may update, remove, or change the information you provide on this form at any time.** You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form.

Applicant Name:	
Mailing Address:	
Telephone No:	Cell Phone No:
Name of Additional Contact Person or Organization:	
Address:	
Telephone No:	Cell Phone No:
E-Mail Address (if applicable):	
Relationship to Applicant:	
Reason for Contact: (Check all that apply)	
<input type="checkbox"/> Emergency	<input type="checkbox"/> Assist with Recertification Process
<input type="checkbox"/> Unable to contact you	<input type="checkbox"/> Change in lease terms
<input type="checkbox"/> Termination of rental assistance	<input type="checkbox"/> Change in house rules
<input type="checkbox"/> Eviction from unit	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Late payment of rent	
Commitment of Housing Authority or Owner: If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.	
Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
Legal Notification: Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.	

Check this box if you choose not to provide the contact information.

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Signature of Applicant

Date

The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). The public reporting burden is estimated at 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Section 644 of the Housing and Community Development Act of 1992 (42 U.S.C. 13604) imposed on HUD the obligation to require housing providers participating in HUD's assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend, or person associated with a social, health, advocacy, or similar organization. The objective of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any delivery of services or special care to the tenant and assist with resolving any tenancy issues arising during the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and maintained as confidential information. Providing the information is basic to the operations of the HUD Assisted-Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fraud, waste and mismanagement. In accordance with the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless the collection displays a currently valid OMB control number.

Privacy Statement: Public Law 102-550, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions.

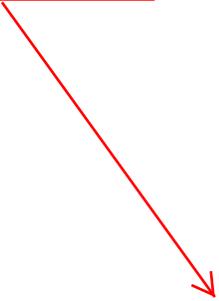
To be completed by the Owner/Agent

OWNERS SUMMARY OF FAMILY

Mbr. No.	Last Name of Family Member	First Name	Relationship to Head of Household	Sex (M/F/Other)	Date of Birth	Declaration			
						1	2	3	Date Verified
Head									
2									
3									
4									
5									
6									
7									
8									

Declaration Legend: 1. -- Citizen/National 2. -- Noncitizen with eligible immigration status 3. -- Not contending eligibility

DO NOT COMPLETE THIS SUMMARY, THIS IS FOR STEWART PROPERTY MANAGEMENT USE ONLY. PLEASE RETURN THIS PAGE WITH YOUR APPLICATION





State of New Hampshire

Criminal Records Unit

Department of Safety
DIVISION OF STATE POLICE

33 Hazen Drive, Concord, NH 03305

CRIMINAL HISTORY RECORD INFORMATION REQUEST 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. 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)

Last Name _____ First Name _____ Maiden _____ MI _____

Address _____ City _____ State _____ Zip _____

Date of Birth _____ Hair Color _____ Eye Color _____ Male Female

Driver's License # _____ State _____

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

Signature _____ Date _____

Signed under penalty of unsworn falsification pursuant to RSA 641:13

PURPOSE OF RECORD

Housing Employment Annulment/Expungement Other _____

SECTION II

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

Person or Entity to Receive Record STEWART PROPERTY MANAGEMENT, INC

Address PO BOX 10540 City Bedford State NH Zip 03110

Your Signature _____ Date _____

Signature of person/entity to receive record _____ Date _____

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.