



## 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 Town Clerk 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 [vipolitto@stewartproperty.net](mailto:vipolitto@stewartproperty.net)

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

STEWART PROPERTY MANAGEMENT

P.O. BOX 10540

BEDFORD, NH 03110

**NO SMOKING POLICY:** The property you are applying for is smoke-free. Smoking is prohibited in the apartments, common areas, and outside grounds. Please contact us for specific information.

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

Date Received \_\_\_\_\_ Property Name Seabreeze Village & Ocean Mist  
 Property Type \_\_\_\_\_  
 Bedroom Size \_\_\_\_\_ Accepted \_\_\_\_\_  
 H/C Accessible \_\_\_\_\_ Rejected \_\_\_\_\_  
 Comments: Printed from SPM Website

**RENTAL APPLICATION**

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 circle 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.



**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

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

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

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



# 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.**

To prevent a delay in processing, I have enclosed a self-addressed envelope.  **Prepaid Acc't Number:** 810019398

**Stewart**  
**PROPERTY MANAGEMENT**

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 TOWN CLERK