

APPLICATION FOR RESIDENCY

Stewart Property Management Use Only:	
Property Name: Winchester Wood	
Bedroom Size:	Comments:
<input type="checkbox"/> Accepted	
<input type="checkbox"/> Rejected	

Time/Date Stamp



Winchester Wood

TELEPHONE: (603)641-2163 FAX: (603) 641-1063

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.

A. GENERAL INFORMATION

Name:		Phone Numbers:
Address:		
		E-Mail:

B. HOUSEHOLD COMPOSITION

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

Name	Relationship to HEAD	Date of Birth	Smoker (Yes or No)	Social Security #	Sex
	HEAD				

C. INCOME - Such as Employment, Social Security, Pensions, Annuities, Retirement Accounts, etc.

Family Member	Source of Income - Employer, Agency or Institution name	Gross Monthly Amount
		\$
		\$
		\$
		\$

Family Member	Source of Income	Name & Address of Income Source	Gross Monthly Amount
	Alimony		\$
	Child Support		\$
	Self Employment		\$
	Other Income		\$

D:	Assets				
	CHECKING / SAVINGS ACCOUNTS / RETIREMENT / CD / AND ANY OTHER ASSET ACCOUNTS				
Check if N/A	Family Member	Bank Name	Type of Account	Account #	Balance
					\$
					\$
					\$
					\$
					\$
					\$
	Liabilities				
	LOANS, CREDIT CARD BALANCES				
Check if N/A	Family Member	Bank Name	Type of Account	Account #	Balance Owed
					\$
					\$
					\$
					\$
					\$

E.	LEASING HISTORY
<input type="checkbox"/> YES <input type="checkbox"/> NO	Have you ever been evicted? If yes, please explain:
<input type="checkbox"/> YES <input type="checkbox"/> NO	Do you have a Housing Choice Voucher? If yes, Housing Authority and Contact Person:
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 other most recent addresses and landlords.		
Current Address:		
	Resided here since:	
	Rent Amount: \$	
Name and Address of Current Landlord:	Phone Number of current landlord:	
	Additional Info:	
Previous Address:		
	Lived there from _____ to _____.	
	Rent Amount: \$	
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	Are YOU or ANY MEMBER of your household listed on any state sex offender registration program? If yes, please explain:

H:	CERTIFICATION
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I/we understand that I/we must pay a security deposit prior to occupancy. I/We understand that eligibility for housing will be based on 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: _____

I:	RELEASE OF INFORMATION AUTHORIZATION
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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: _____

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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 occupation.



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.