



INSTRUCTIONS FOR COMPLETING THE APPLICATION FOR HOUSING:

Thank you for your interest in obtaining housing at The Apartments at 249 Main in Nashua NH. The following instructions, if followed properly, will ensure timely processing of your application and will prevent delays.

- 1) A decision letter will be mailed to the address provided on your application. Please allow 1-2 weeks for processing time.
- 2) Please print clearly, in black or blue ink.
- 3) All questions must be answered. Incomplete applications will not be considered and will be destroyed.
- 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) All household members 18 years of age or older must sign Section H and Section I on page 5 of the application.

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 603-644-8447 if you have any questions, or e-mail us at kroberts@stewartproperty.net

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

STEWART PROPERTY MANAGEMENT

323 Franklin St Suite 1

MANCHESTER, NH 03101

SMOKING POLICY: The Apartments at 249 Main are Smoke-free!

APPLICATION FOR HOUSING

TAX CREDIT

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



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 #	Gender
	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 <input type="checkbox"/>	Family Member	Source of Income	Name and Address of Employer	Gross Monthly Amount
		Employment Wages		\$
		Employment Wages		\$
		Employment Wages		\$
Check if NO <input type="checkbox"/>	Family Member	Source of Income	Name of Public Assistance Office	Gross Monthly Amount
		Public Assistance		\$
Check if NO <input type="checkbox"/>	Family Member	Source of Income		Gross Monthly Amount
		Social Security/SSI		\$
		Social Security/SSI		\$
		Social Security/SSI		\$
Check if NO <input type="checkbox"/>	Family Member	Source of Income	Name of Income Source	Gross Monthly Amount
		Pension/Annuities		\$
		Pension/Annuities		\$
Check if NO <input type="checkbox"/>	Family Member	Source of Income	Name of Income Source	Gross Monthly Amount
		Unemployment Benefits		\$
		Unemployment Benefits		\$
Check if NO <input type="checkbox"/>	Family Member	Source of Income	Name of Income Source	Gross Monthly Amount
		VA Benefits		\$
		VA Benefits		\$
Check if NO <input type="checkbox"/>	Family Member	Source of Income	Name of Income Source	Gross Monthly Amount
		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 NO next to the items that you do not have.

CHECKING/SAVINGS ACCOUNTS, OR CD					
Check if NO <input type="checkbox"/>	Family Member	Bank Name/Type	Account #	Balance	Interest Rate
				\$	
				\$	
				\$	
				\$	
				\$	
				\$	
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	
				\$	
ANY OTHER ASSETS					
Check if NO <input type="checkbox"/>	Family Member	Asset Type			Market Value
					\$
					\$
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: PROGRAM INFORMATION

<input type="checkbox"/> YES <input type="checkbox"/> NO	Has everyone in your household (ALL adults and children) been a student for at least 5 months in 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:
	<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?

PROGRAM INFORMATION, continued

<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? 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 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:	
	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:	

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, 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:
<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, 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 _____



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