



Southwestern Community Services

Over 45 years of people helping people in Cheshire and Sullivan counties

Charlestown Senior Housing Charlestown, NH

Meadow Road Senior Housing, Newport NH

Page Homestead Senior Housing, Swanzey, NH

Dear Applicant:

The above complexes are **NON SMOKING** units that include heat, hot water, electricity, trash and snow removal. To qualify for residency eligible applicant (s) must be 62 years of age or older and meet federal low-income guidelines.

1 person \$25,000 2 person \$28,600 (Effective 3-28-2016)

Residents will be qualified under specified HUD regulations, on a first come first serve basis. Under HUD's Section 8 rental assistance program, eligible tenants will pay no more than 30% of their monthly income for rent.

Your rent will be approximately 30% of your annual income.

All Section 8 - 202 PRAC Senior Housing will be managed in compliance with the Federal/State/Local requirements of the Fair Housing Act of 1988 which is intended to promote equal housing choice for all prospective tenants regardless of race, color, religion, sex, handicap, familial status or national origin.

If you have any questions, please feel free to call me at 603-719-4284.

Yours truly,

Diane Ouellette
Senior Occupancy Specialist



63 Community Way / PO Box 603
Keene, NH 03431
(603) 352-7512 or (800) 529-0005
Fax: (603) 352-3618



TTY-NH: (800) 735-2964

96-102 Main Street / PO Box 1338
Claremont, NH 03743
(603)-542-9528
Fax: (603) 542-3140



Section 8 (202 PRAC) Senior Housing

Date: _____ Town/Complex _____

Status for Household:
 Occupancy in Section 202 housing is open to any household composed of one or more persons one of whom is 62 years of age or more at the time of initial occupancy, if other occupancy requirements are met. Positive proof of age is required.

| | |
|--|------------------------|
| Applicant Name: | Co-applicant (if any) |
| Current Address | Current Address |
| City, State, Zip | City, State, Zip |
| Current Phone Number | Current Phone Number |
| Date of Birth | Date of Birth |
| Sex: M/F | Sex: M/F |
| Social Security Number | Social Security Number |
| Vehicle Identification License # State of Issue: | Make Model Year |

Do you own a pet? Yes _____ No _____ Dog _____ Cat _____

Will the pet be coming with you? Yes _____ No _____

Optional: for statistical purposes only, please identify race and ethnic background

RACE

- White
 Black or African American
 American Indian or Alaskan Native
 Asian
 Native Hawaiian or Pacific Islander

ETHNIC

- Hispanic or Latino
 Not Hispanic or Latino

Yes No

Is any member of the household subject to a lifetime sex offender registration requirement in any state?

Explanation _____

Yes No

Have you ever been convicted of a felony?

Explanation _____

Yes No

Do you have any other criminal conviction(s)?

Explanation _____

REFERENCES

List the past 3 Landlords for housing references.

Current

| <u>Landlord's Name/Address</u> | <u>Your Address</u> | <u>Own/Rent Dates</u> |
|--------------------------------|---------------------|-----------------------|
|--------------------------------|---------------------|-----------------------|

| | | |
|-------|-------|-------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Phone () _____

Past

| <u>Landlord's Name/Address</u> | <u>Your Address</u> | <u>Own/Rent Dates</u> |
|--------------------------------|---------------------|-----------------------|
|--------------------------------|---------------------|-----------------------|

| | | |
|-------|-------|-------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Phone () _____

Past

| <u>Landlord's Name/Address</u> | <u>Your Address</u> | <u>Own/Rent Dates</u> |
|--------------------------------|---------------------|-----------------------|
|--------------------------------|---------------------|-----------------------|

| | | |
|-------|-------|-------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Phone () _____

Personal Reference: (Please list personal reference other than a relative)

Name/Address of Reference

Phone () _____ Relationship _____ Years Known _____

Emergency Contact:

Name/Address

Phone () _____

Asset Information

Include all assets held and the corresponding annual interest rate, dividends or any other income derived from the asset. An asset is defined as “any lump sum amount that you hold and currently have access to.” Include the value of the asset and corresponding income from the asset in the space provided. Include all assets held by all household members, including minors.

YES NO Check either YES or NO to each question.

❖ Do you or anyone in your household hold:

1. Checking accounts?

| <u>Name of Bank</u> | <u>Household Member</u> | <u>Amount</u> | <u>Account #</u> |
|---------------------|-------------------------|---------------|------------------|
| _____ | _____ | \$ _____ | _____ |
| _____ | _____ | \$ _____ | _____ |

2. Savings accounts?

| <u>Name of Bank</u> | <u>Household Member</u> | <u>Amount</u> | <u>Account #</u> |
|---------------------|-------------------------|---------------|------------------|
| _____ | _____ | \$ _____ | _____ |
| _____ | _____ | \$ _____ | _____ |

3. CDs, money market accounts or treasury bills?

| <u>Name of Bank</u> | <u>Household Member</u> | <u>Amount</u> | <u>Account #</u> |
|---------------------|-------------------------|---------------|------------------|
| _____ | _____ | \$ _____ | _____ |
| _____ | _____ | \$ _____ | _____ |

4. Stocks, bonds, or securities?

| <u>Name of Bank</u> | <u>Household Member</u> | <u>Amount</u> | <u>Account #</u> |
|---------------------|-------------------------|---------------|------------------|
| _____ | _____ | \$ _____ | _____ |
| _____ | _____ | \$ _____ | _____ |

We will need the end of the year statement and the last quarterly report.

5. Trust funds?

| <u>Name of Bank</u> | <u>Household Member</u> | <u>Amount</u> | <u>Account #</u> |
|---------------------|-------------------------|---------------|------------------|
| _____ | _____ | \$ _____ | _____ |

YES NO Check either YES or NO to each question

6. 401Ks, IRAs, KEOGH, or other retirement accounts?

| <u>Name of Bank</u> | <u>Household Member</u> | <u>Amount</u> | <u>Account #</u> |
|---------------------|-------------------------|---------------|------------------|
| _____ | _____ | \$ _____ | _____ |
| _____ | _____ | \$ _____ | _____ |

7. Do you have a life insurance policy? If so: Whole _____ or Term _____

Company name: _____

Cash surrender value: \$ _____ Last year's dividends: \$ _____

8. Cash on hand ?

Household member: _____ Amount: \$ _____

9. Personal property as an investment? (This includes paintings, coin or stamp collections, artwork, collector or show cars, and antiques.)

| <u>Type</u> | <u>Household Member</u> | <u>Value</u> |
|-------------|-------------------------|--------------|
| _____ | _____ | \$ _____ |
| _____ | _____ | \$ _____ |

Real Estate

I do _____ do not _____ own Real Estate.

If you do own Real Estate, please answer the following questions:

1. Do you have a mortgage? Yes _____ No _____ Balance of Mortgage: \$ _____
2. Taxes/Insurance: \$ _____
3. Amount of rental income, if any: \$ _____
4. How much is the property worth? \$ _____

We will need an updated realtor statement as to the value of the Real Estate.

INCOME

Include all income anticipated for the next 12 months. Include the dollar (\$) amount in the space provided.

Please use gross amounts (the amount *before* deductions).

YES NO Check either YES or NO to each question

❖ Do you or anyone in your household receive or expect to receive income from:

1. Employment wages or salaries? (Include overtime, tips, bonuses, commissions and payments received in cash.)

| <u>Name of Company</u> | <u>Household Member</u> | <u>Amount</u> |
|------------------------|-------------------------|---------------|
| _____ | _____ | \$ _____ |
| _____ | _____ | \$ _____ |

YES NO Check either YES or NO to each question

2. Self-employment?

| <u>Source</u> | <u>Household Member</u> | <u>Amount</u> |
|---------------|-------------------------|---------------|
| _____ | _____ | \$ _____ |
| _____ | _____ | \$ _____ |

3. Regular pay as a member of the Armed Forces?

| <u>Source</u> | <u>Household Member</u> | <u>Amount</u> |
|---------------|-------------------------|---------------|
| _____ | _____ | \$ _____ |
| _____ | _____ | \$ _____ |

4. Unemployment benefits or workman's compensation?

| <u>Source</u> | <u>Household Member</u> | <u>Amount</u> |
|---------------|-------------------------|---------------|
| _____ | _____ | \$ _____ |
| _____ | _____ | \$ _____ |

5. TANF (Temporary Assistance for Needy Families), ATPD (Aid to the Totally & Permanently Disabled) or other Public Assistance?

| <u>Source</u> | <u>Household Member</u> | <u>Amount</u> |
|---------------|-------------------------|---------------|
| _____ | _____ | \$ _____ |
| _____ | _____ | \$ _____ |

6. Child support or alimony (*any awarded amounts – collected or uncollected*)?

| <u>Source</u> | <u>Household Member</u> | <u>Amount</u> |
|---------------|-------------------------|---------------|
| _____ | _____ | \$ _____ |
| _____ | _____ | \$ _____ |

7. Social Security, SSI or any other payments from the Social Security Administration?

| <u>Source</u> | <u>Household Member</u> | <u>Amount</u> |
|---------------|-------------------------|---------------|
| _____ | _____ | \$ _____ |
| _____ | _____ | \$ _____ |

8. Veteran's benefits, pensions, retirement benefits or annuities?

| <u>Source</u> | <u>Household Member</u> | <u>Amount</u> |
|---------------|-------------------------|---------------|
| _____ | _____ | \$ _____ |
| _____ | _____ | \$ _____ |

9. Severance payments?

| <u>Source</u> | <u>Household Member</u> | <u>Amount</u> |
|---------------|-------------------------|---------------|
| _____ | _____ | \$ _____ |
| _____ | _____ | \$ _____ |

YES NO Check either YES or NO to each question

10. Settlements (such as, insurance settlements)?

| <u>Source</u> | <u>Household Member</u> | <u>Amount</u> |
|---------------|-------------------------|---------------|
| _____ | _____ | \$ _____ |
| _____ | _____ | \$ _____ |

11. Disability or death benefits?

| <u>Source</u> | <u>Household Member</u> | <u>Amount</u> |
|---------------|-------------------------|---------------|
| _____ | _____ | \$ _____ |
| _____ | _____ | \$ _____ |

12. Regular gifts or payments from anyone outside of the household?

| <u>Source</u> | <u>Household Member</u> | <u>Amount</u> |
|---------------|-------------------------|---------------|
| _____ | _____ | \$ _____ |
| _____ | _____ | \$ _____ |

13. Educational grants, scholarships or other student benefits?

| <u>Source</u> | <u>Household Member</u> | <u>Amount</u> |
|---------------|-------------------------|---------------|
| _____ | _____ | \$ _____ |
| _____ | _____ | \$ _____ |

14. Lottery winnings or inheritances?

| <u>Source</u> | <u>Household Member</u> | <u>Amount</u> |
|---------------|-------------------------|---------------|
| _____ | _____ | \$ _____ |

15. Payments from rental property, land contracts or other forms of real estate?

| <u>Source</u> | <u>Household Member</u> | <u>Amount</u> |
|---------------|-------------------------|---------------|
| _____ | _____ | \$ _____ |
| _____ | _____ | \$ _____ |

16. Any other income sources or types not listed?

| <u>Source</u> | <u>Household Member</u> | <u>Amount</u> |
|---------------|-------------------------|---------------|
| _____ | _____ | \$ _____ |
| _____ | _____ | \$ _____ |

Zero Income Verification:

Are YOU or is ANY OTHER **ADULT** member of your household claiming zero income?
If so, who? _____

EXPENSES

Medical Insurance – Please bring your most recent statement

- | | | |
|---------------------------|-----------------|-----------------|
| 1. Blue Cross/Blue Shield | Account # _____ | Amount \$ _____ |
| 2. AARP – Medical Premium | Account # _____ | Amount \$ _____ |
| 3. AARP – RX Premium | Account # _____ | Amount \$ _____ |
| 4. Bankers Life/Casualty | Account # _____ | Amount \$ _____ |
| 5. Medicare | Account # _____ | Amount \$ _____ |
| 6. Medicare Part D | Account # _____ | Amount \$ _____ |
| 7. Other | Account # _____ | Amount \$ _____ |

Pharmacy

Head of Household:

Name, Address, & Phone Number of Pharmacy _____

| | |
|---------------------------|------------------------|
| Prescription Number _____ | How often filled _____ |
| Prescription Number _____ | How often filled _____ |
| Prescription Number _____ | How often filled _____ |
| Prescription Number _____ | How often filled _____ |
| Prescription Number _____ | How often filled _____ |

Spouse

Name, Address, & Phone Number of Pharmacy _____

| | |
|---------------------------|------------------------|
| Prescription Number _____ | How often filled _____ |
| Prescription Number _____ | How often filled _____ |
| Prescription Number _____ | How often filled _____ |
| Prescription Number _____ | How often filled _____ |
| Prescription Number _____ | How often filled _____ |

Non-Prescription Items:

In order to receive credit for these items, you must provide proof of purchase, (sales slips) and doctor's written verification.

| | | | |
|-------------|----------------|-----------------|------------------------|
| Item: _____ | Cost: \$ _____ | Quantity: _____ | How often taken: _____ |
| Item: _____ | Cost: \$ _____ | Quantity: _____ | How often taken: _____ |
| Item: _____ | Cost: \$ _____ | Quantity: _____ | How often taken: _____ |
| Item: _____ | Cost: \$ _____ | Quantity: _____ | How often taken: _____ |
| Item: _____ | Cost: \$ _____ | Quantity: _____ | How often taken: _____ |
| Item: _____ | Cost: \$ _____ | Quantity: _____ | How often taken: _____ |

Medical Bills

Do you have outstanding medical bills you are paying on? if yes, please write the name and address of doctor, hospital or clinic. [Please bring your most recent statement.](#)

Name & Address: _____

Acct. # _____ Amount of Bill: \$ _____ Monthly Payment \$ _____

Name & Address: _____

Acct. # _____ Amount of Bill: \$ _____ Monthly Payment \$ _____

Name & Address: _____

Acct. # _____ Amount of Bill: \$ _____ Monthly Payment \$ _____

Do you see a doctor (including eye, foot, or dentist) on a regular basis? If yes, please write the name and address of the doctor.

1. _____
2. _____
3. _____
4. _____
5. _____

Do you have home health care? Yes ____ No ____ if yes, how often do they come to your home?
_____ What is the cost to you? \$ _____

Name & Address of the Organization: _____

Live-In Care Attendant:

Will you or anyone in your household require a live-in care attendant? Yes ____ No ____

Name of Live-in Care Attendant: _____

Relationship (*if any*)

Signature Clause:

I certify that all information and answers to the above questions are true and complete to the best of my knowledge. I consent to release the necessary information to determine my eligibility. I understand that providing false information or making false statements may be grounds for denial of my application. I also understand that such action may result in criminal penalties.

I authorize my consent to have management verify the information contained in this application for purposes of proving my eligibility for occupancy. I will provide all necessary information and expedite this process in any way possible.

All ADULT household members must sign below:

Signature

Date

Signature

Date

Signature

Date

**DO NOT WRITE IN THE SPACE BELOW
FOR OFFICE USE ONLY**

Date application received: _____

Eligibility Determination: _____

Date of letter and type (approval/disapproval) was sent to applicant: _____

Applicant interview date: _____

Unit Number Assigned: _____

Optional and Supplemental 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.

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

| | |
|--|--|
| 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. | |
| | |

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.



Southwestern Community Services

Over 45 years of people helping people in Cheshire and Sullivan counties

AUTHORIZATION TO RELEASE INFORMATION

HEAD OF HOUSEHOLD: _____ **Date:** _____

The undersigned (client or guardian) authorizes the Housing Manager(s) of Southwestern Community Services, Inc. to release any and all relevant records/information to and/or receive any relevant records/information.

Name: _____

Address: _____

Phone: _____

I understand that this release is in effect until said authorization is terminated in writing by the client or guardian and notice is given to SCS Housing, Inc. Any third party may rely on a photocopy of this document.

I further understand that federal law prohibits disclosure of matters concerning regulated substances (such as drugs and/or alcohol) without explicit written consent. By signing this release, I am allowing disclosure of all such matters to the person herein named.

The undersigned hereby releases and holds harmless SCS Housing, Inc. or its successors from any liability, damage, cause of action, claim or demand arising out of the use or transmittal or any information provided to SCS Housing, Inc. or its successors to any third parties.

Client's Signature

Date

63 Community Way / PO Box 603
Keene, NH 03431
(603) 352-7512 or (800) 529-0005
Fax: (603) 352-3618



TTY-NH: (800) 735-2964

96-102 Main Street / PO Box 1338
Claremont, NH 03743
(603)-542-9528
Fax: (603) 542-3140



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AUTHORIZATION TO RELEASE INFORMATION

SPOUSE/OTHER ADULT _____ **Date:** _____

The undersigned (client or guardian) authorizes the Housing Manager(s) of Southwestern Community Services, Inc. to release any and all relevant records/information to and/or receive any relevant records/information.

Name: _____

Address: _____

Phone: _____

I understand that this release is in effect until said authorization is terminated in writing by the client or guardian and notice is given to SCS Housing, Inc. Any third party may rely on a photocopy of this document.

I further understand that federal law prohibits disclosure of matters concerning regulated substances (such as drugs and/or alcohol) without explicit written consent. By signing this release, I am allowing disclosure of all such matters to the person herein named.

The undersigned hereby releases and holds harmless SCS Housing, Inc. or its successors from any liability, damage, cause of action, claim or demand arising out of the use or transmittal or any information provided to SCS Housing, Inc. or its successors to any third parties.

Client's Signature

Date





CREDIT REPORT AUTHORIZATION

Authorization is hereby granted to **Southwestern Community Services, Inc.** (hereinafter "SCS, Inc.") to (1) obtain a consumer credit report through a credit reporting agency chosen by SCS, Inc. and (2) I understand and agree that SCS, Inc. intends to use the consumer credit report for the purpose of evaluating my financial readiness to obtain and maintain residency in SCS affordable housing, and may share any credit information obtained hereunder with department staff, as necessary.

My signature below authorizes the release to the credit reporting agency of financial information which I have supplied to SCS, Inc. in connection with obtaining affordable housing. Authorization is further granted to the credit reporting agency to use photo static reproduction of this form, if required to obtain any information necessary to complete my consumer credit report.

Client's Name (print)

Client's Name (print)

Client's Signature

Client's Signature

Maiden Name

Maiden Name

Social Security Number

Social Security Number

Birth Date

Birth Date

Current Address

Current Address

Date

Date



Southwestern Community Services

Over 45 years of people helping people in Cheshire and Sullivan counties

Dear Applicant,

It is required of All Sec-8 Prac 202 Senior Housing to conduct a criminal background check on all applicants to our assisted housing.

Please complete, sign, and date SECTION 1 of the attached form. Then take the form to a notary public. Sign and date SECTION 2 before the notary public and have your signature notarized. (Do not sign the line that reads: SIGNATURE OF PERSON/FIRM TO RECEIVE RECORD).

Return the form with your application and we will complete the processing.

We must have a criminal background check for each adult in your household, so please photocopy the form before completing it if there is more than one person in your household.

If you have any questions regarding this requirement, please call Diane Ouellette at (603) 352-7512, X 4284.

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Claremont, NH 03743
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Fax: (603) 542-3140



New Hampshire Department of Safety
DIVISION OF STATE POLICE
Central Repository for Criminal Records
33 Hazen Drive, Concord, NH 03305

CRIMINAL RECORD RELEASE AUTHORIZATION

SECTION I

PLEASE TYPE OR PRINT CLEARLY, ALL INFORMATION IN THIS SECTION MUST BE COMPLETED

NAME LAST (MAIDEN / ALIAS) FIRST MI

ADDRESS STREET CITY STATE ZIP CODE

DATE OF BIRTH HAIR COLOR EYE COLOR SEX

DRIVER LICENSE NUMBER STATE

PURPOSE FOR RECORD: [] Housing [] Employment [] Annulment/Expungement [] Other

Specify
My below signature certifies that I am the individual listed above and that the information provided is true.

YOUR SIGNATURE: DATE

Signed under penalty of unsworn falsification pursuant to RSA 641:3.

SECTION II

IF RECORD IS TO BE MAILED TO YOU, OR RECEIVED BY SOMEONE OTHER THAN YOURSELF, ALL OF SECTION II MUST BE COMPLETED

I hereby authorize the release of my criminal record conviction(s), if any, to the following individual:
Southwestern Community Services - Diane Ouellette - Director of Property Management

NAME OF PERSON / FIRM TO RECEIVE RECORD

ADDRESS P.O. Box 603 Keene, NH 03431
STREET CITY STATE ZIP CODE

YOUR SIGNATURE DATE

NOTARY'S SIGNATURE DATE
(Affix Seal) (Comm Exp.)

SIGNATURE OF PERSON / FIRM TO RECEIVE RECORD DATE



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NOTICE TO APPLICANTS

Effective January 31, 2010, HUD has mandated that all applicants for HUD's rental assistance programs will be required to disclose and provide verification of Social Security Numbers for all members of their household before they can be admitted to the housing program. Live-in aides and foster children must also disclose their social security number.

Please provide a copy of your social security card(s) and your license(s) along with this application.

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