



Southwestern Community Services

Over 40 years of people helping people in Cheshire and Sullivan counties

HOMELESS PREVENTION/INTERVENTION PROGRAM

Information Sheet

The Homeless Prevention/Intervention Program is designed to prevent the incidence of homelessness.

This program is intended to help with...

- Short-term loan subsidies to defray rent and utility arrearages for families that have received an eviction or utility termination notice;
- Conduct and finance mediation programs for landlord-tenant disputes;
- Locate legal service programs for the representation of indigent tenants in eviction proceedings;
- Assist clients in retaining their home by making a small payment to prevent a foreclosure.

Our eligibility requirements include the following:

1. Before scheduling an appointment with our Homeless Prevention/Intervention Administrator, you must have been seen by your local welfare office of the town/city you live in and you must have a written “notice of decision” from them, or be able to verify a scheduled appointment.
2. You must have a formal Demand for Rent/Notice to Quit and a legal lease or rental agreement or an Intent of Foreclosure Notice if you are seeking assistance for rent or mortgage.
3. You must have a shut off notice from your utility company and be able to state that if you are without this utility you will be homeless if you are seeking assistance for utility costs.
4. You must have the ability and be able to provide documentation that you will be able to afford future rent, mortgage, utility, etc. charges.
5. You must complete an application and bring with you to your appointment the following items:
 - A. completed application including current budget
 - B. notice of item you need assistance for
 - C. a copy of your 4 most recent pay stub(s) and/or other sources of income
 - D. a recent copy of all bank statements, if applicable

Applicants may be denied if they do not submit completed applications and documentation; if they do not meet income guidelines; if it is determined they cannot afford their current housing; if they have consistently failed to pay rent or pay on a prior Prevention/HSGP loan; and/or if they cannot show the steps they are taking to make different choices.

Please drop off completed application with supporting documentation at our SCS Office in Keene or Claremont. If you have any questions, please contact a representative at : 352-7512 Ext. 4225 or 4226.

This is not an emergency program. The application process takes at least 5 business days from the time a **COMPLETED** application is received. If you are experiencing an emergency and need assistance immediately, please contact your local welfare office of the town you reside in.

**Southwestern Community Services, Inc.
Prevention/Intervention Program
Loan Application**

Date: _____ Representative: _____

Borrower (s) Name _____ Soc Sec # _____ DOB: _____

Co Borrower Name _____ Soc Sec # _____ DOB: _____

Address _____

Mailing Address _____

Telephone Numbers (Home) _____ (Cell) _____ (Work) _____

Place of Employment: _____ Marital Status: _____

Landlord's Name _____ Tel # _____

Landlord's Address _____

How long have you lived here? _____ From _____ To _____

Current security deposit held by landlord \$ _____ Is there any reason why you will not get this security deposit back? (please explain) _____

Residential History:

Previous Address _____ REFERENCE

Landlord's Name _____ Tel # _____ CHECKED

Landlord's Address _____

How long did you stay? _____ From _____ To _____

Reason for moving _____

INTAKE BY: _____ REFERRED BY: _____		Date of Birth	TANF	Gender	Disabled	Ethnicity	Education Level	Food Stamps	Health Insurance	VET	Monthly Income	Income Source Code	MI or SA or DV or DD or PD *
Last	First												
1.													
2.													
3.													
4.													
5.													
6.													
7.													
8.													
TOTAL INCOME													

* MI = Mental Illness * SA- Substance Abuse * DV = Domestic Violence

* DD = Developmentally Disabled * PD = Physically Disabled

Signature Applicant _____ Date

Signature Applicant _____ Date

Signature Agency Representative _____ Date

TOTAL HOUSEHOLD INCOME

Please list all sources of income for all household members.

Include documentation with this application.

Type of Income	Amount	Type of Income	Amount

TOTAL MONTHLY INCOME \$ _____

Monthly Expenses: Please list all regular monthly expenses. Fill in all blanks. Put -0- or N/A if it does not apply to you.

HOUSING

Rent/Mortgage \$ _____
 Electricity \$ _____
 Gas/Oil/Heat \$ _____
 Telephone/Cell Phone \$ _____
 Cable \$ _____
 Internet \$ _____

Have you applied for fuel assistance? _____
 Benefit amount for last year? _____
 Have you applied for electric assistance? _____
 Discount % amount? _____

FOOD AND HOUSEHOLD

Food \$ _____
 Non-Food Grocery \$ _____
 Diapers \$ _____
 Laundry \$ _____
 Childcare \$ _____

Do you receive food stamps? _____
 If yes, how much? _____
 (Please provide documentation)

Do you receive WIC? _____

TRANSPORTATION

Auto Payment \$ _____
 Gas \$ _____
 Auto Insurance \$ _____

PERSONAL

Doctor/Dentist \$ _____
 Medications \$ _____
 Meals Out/Delivered \$ _____

Do you receive Medicaid/Medicare? _____

OTHER

Rent-to-own \$ _____
 Loans/Credit Cards \$ _____
 Other \$ _____

TOTAL \$ _____

PAST DUE BILLS

Rent \$ _____
 Electricity \$ _____
 Gas/Oil/Heat \$ _____
 Telephone \$ _____
 Cable \$ _____
 Other \$ _____

TOTAL \$ _____



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Please answer all of the following questions...

Name: _____ **Date:** _____

1. How did your City/Town Welfare office assist you? (Please be specific).

2. Please explain why you are behind on your rent/mortgage/utility payments?

3. What is your plan to remain current with your payments in the future:

4. What is your current income at this time? From what source?



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APPLICANT'S AUTHORIZATION TO FURNISH INFORMATION

I/We authorize any relative, physician, lawyer, banker, check cashing service, employer, former employer, insurance company, health care provider, mental health professional, pharmacy, hospital, emergency care facility, ambulance service, police, Sheriff, State Police, firefighter, EMT, Red Cross, Salvation Army, or any persons or organizations with information concerning my / our circumstances to furnish such information to Southwestern Community Services.

I/We further authorize the Internal Revenue Service, Social Security Administration, any State or County Division of Health and Human Services, Division of Children Youth and Families, Bureau of Elderly and Adult Services, NH Legal Assistance, and City/Town Welfare Department, shelter/ housing provider, Department of Employment Security, Veteran's Administration, other departments of Southwestern Community Services, or any non-profit agency or any City/Town departments, to release information from their files to Southwestern Community Services Homeless Services for the purpose of verifying information submitted to us.

Applicant's Signature _____ Date _____

Co-Applicant's Signature _____ Date _____