



Southwestern Community Services

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

SCS Housing, Inc.

Thank you for your interest in our program. Below you will find a list of facts that may help you with the application process, as well as acquaint you with SCS Housing, Inc.

SCS Housing, Inc. operates a number of multi-family and senior housing apartments.

<u>Family Apartments</u>				
Claremont	Drewsville	Hinsdale	Jaffrey	Keene
North Walpole	West Swanzey	Winchester	Troy	
<u>Senior Apartments</u> (non-smoking units only)				
Charlestown	Keene	Newport	Troy	Winchester

Generally, your monthly gross income should be sufficient to afford our rent. We use a formula that will help you decide if you can afford an apartment. The majority of our 2-bedroom units start at \$772.00 and go to \$927.00; the majority of our 3-bedroom units start at \$893.00 and go to \$1,071.00. (Rents effective 5-1-09)

During your interview we will determine if your household's annual income meets the guidelines for the Low Income Housing Tax Credit program.

- SCS Housing, Inc. **is not a subsidized housing program**, although *we do accept Section 8 assistance from households who receive it*. Rents are set at affordable rates throughout the properties.
- SCS Housing, Inc. **does not provide emergency housing**. For emergency housing assistance *please ask the receptionist for Emergency Shelter information*.
- SCS Housing, Inc. *does require* applicants to pass screening and verification of income, credit and criminal checks, and landlord references. The average application processing time is two to three weeks.
- SCS Housing, Inc. **does not allow pets in family complexes**. See *Notice of Right to Reasonable Accommodation on the following page*.

When your application is complete, please call to set up an interview time. Household members 18 years of age and older must attend. Interviews are conducted every Tuesday from 9:00-3:30.

***Important: Please bring your completed application and fee amount with you. Thank you.**

Property Management: 352-7512 Amy: Ext.4285 Nancy: Ext.4283 Beth: Ext.4141



Notice of Right to Reasonable Accommodation

If you have a disability and you need:

- ❖ A change in rules or policies that would make it easier for you to live here
- ❖ A change in your apartment or a special type of apartment that would make it easier for you to live here
- ❖ A change or repair to some other part of the complex that would make it easier for you to live here.
- ❖ A change in the way we communicate with you that would make it easier for you to live here

You can ask for this kind of change, which is called a:

Reasonable Accommodation

If you can show that you have a disability, and if your request is reasonable (not too expensive and not too difficult to arrange), we will try to make changes you request.

You will need to:

- Fill out a 3 page request form
- Make sure this form is signed by a medical professional

You will receive an answer to your request within seven (7) working days, unless there is a problem getting the information that we need. We will notify you if we need additional information from you, or if we need to talk to you about alternative ways to meet your needs.

If your request is denied, we will explain the reasons for the denial.

If you need help in completing a REASONABLE ACCOMMODATION REQUEST FORM, we will assist you.



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Processing Fees

Effective *January 1, 2009*, Southwestern Community Services will have the following processing fees:

- Single tenant, credit check—NH State Criminal check. \$ 50.00
- Couple tenant, credit check—NH State Criminal check \$ 65.00
- If we have to do an out of state criminal check, it will be an additional. . . . \$ 30.00

Please bring the exact amount. We do not have change.

These fees are **non-refundable**, even if you do *not* sign a lease with Southwestern Community Services.

At the interview we can determine if you qualify under the income guidelines, so be prepared to issue payment for the fees.



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Low Income Housing Tax Credit Program Applicant Questionnaire

Household Information

Apartment Bldg Site: _____

Complete the following information for each household member that will occupy the unit at time of move-in:

Name <i>First, Middle Initial, Last</i>	Relationship to Head of Household	M/F	Social Security Number	Birth date <i>Month, Date, Yr</i>
	HEAD			

Current Address _____

Daytime Phone (____) _____ Evening Phone (____) _____

Have you ever lived in another state? YES NO

If yes, where _____

YES NO Check either YES or NO to each question.

1. Would you benefit from the special features of a barrier-free unit? (Wheelchair accessible)
2. Do you expect any additions to the household within the next twelve (12) months?
Name and Relationship _____
Explanation _____
3. Do you have full custody of your child(ren)?
4. Do you have joint physical custody of your child(ren)? _____% of the time.
Explanation of custody arrangement _____

5. Have you ever filed for bankruptcy?
Explanation _____

6. Have you ever been convicted of a felony?

Explanation _____

7. Have you ever been evicted from an apartment for any reason?

Explanation _____

List your last three (3) landlords (if additional space is required, use the back of this page.):

1. <u>Landlord's Name/Address</u>	<u>Your Address</u>	<u>Own/Rent</u>	<u>Dates</u>
_____	_____	<input type="checkbox"/> Own	_____
_____	_____	<input type="checkbox"/> Rent	_____
_____	_____		
Phone (____)_____			

2. <u>Landlord's Name/Address</u>	<u>Your Address</u>	<u>Own/Rent</u>	<u>Dates</u>
_____	_____	<input type="checkbox"/> Own	_____
_____	_____	<input type="checkbox"/> Rent	_____
_____	_____		
Phone (____)_____			

3. <u>Landlord's Name/Address</u>	<u>Your Address</u>	<u>Own/Rent</u>	<u>Dates</u>
_____	_____	<input type="checkbox"/> Own	_____
_____	_____	<input type="checkbox"/> Rent	_____
_____	_____		
Phone (____)_____			

Personal Reference

List a personal reference other than a relative.

Name and Address of Reference:

_____	Phone (____)_____
_____	Relationship: _____
_____	Years known: _____

Vehicle Identification

License # _____	State Issued _____	Make/Model/Year _____
License # _____	State Issued _____	Make/Model/Year _____

Emergency Contact

If possible, list someone in the area that is not listed on the application

Name and Address:

Phone (____) _____

Relationship: _____

Years known: _____

Income Information

Include all income anticipated for the next 12 months.

Include the dollar (\$) amount in the space provided.

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>
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

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. Public Assistance, General Relief or Aid to Families with Dependent Children (AFDC)?

<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>
_____	_____	\$ _____
_____	_____	\$ _____

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>
_____	_____	\$ _____
_____	_____	\$ _____

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 or savings accounts?

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

2. CDs, money market accounts or treasury bills?

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

3. Stocks, bonds, or securities?

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

_____ \$ _____
_____ \$ _____

4. Trust funds?

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

5. Pensions, IRAs, KEOGH, or other retirement accounts?

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

6. Whole life insurance policy?

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

7. Cash on hand over \$500?

Household member: _____
Amount: \$ _____

8. Real estate, rental property, land contracts/contract for deeds, or other real estate holdings?

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

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>
_____	_____	\$ _____
_____	_____	\$ _____

10. Have you or any household member disposed of or given away any assets for *less* than fair market value within the past two (2) years?

Household member: _____
Amount: \$ _____
Explanation: _____

Zero Income Verification

YES NO

1. Are you or is any other adult member of your household claiming zero income?
If so, who? _____

Resident Information

YES NO

1. Are any *adults* in your household enrolled as a part-time student?
 2. Are any *adults* in your household enrolled as a full-time student?
 3. Are *all children* in your household full-time students?

* * * Attention! * * *

If you answered *no* to any of the above questions, please go to the next section below.
If you answered *yes* to any of the above questions, please answer *a* through *g*:

- a. Will all of the persons in the household be or have been full-time students during five calendar months of this year or plan to be in the next calendar year at an educational institution (other than a correspondence school) with regular faculty and students? EX: 12 credit hours per semester or enrolled 5 months a year as a full-time student.
- b. Are you married *and* currently filing a joint return?
- c. Are you receiving TANF (Temporary Aid to Needy Families)?
- d. A student who was previously under the care and placement responsibility of the State agency responsible for administering a plan under Part B or Part E of title IV of the Soc. Sec. Act. (Foster Care)?
- e. Are you enrolled in the Job Training Partnership Act (JPTA) or another similar local, county or state program?
- f. Are you a single parent with child(ren) and neither you nor the child(ren) are dependents on anyone else's tax return
- g. Will you be living with someone who is not a full-time student? If so, who?

SCS Live-In Care Attendant

YES NO

1. Will you or anyone in your household require a live-in care attendant?
Name of Live-In Care Attendant _____
Relationship (*if any*) _____

Section 8 Rental Assistance

YES NO

1. Will your household be receiving Section 8 rental assistance at time of move-in?

Name of Agency _____

Contact Person Name _____

2. Will your household be eligible or are you applying to receive Section 8 rental assistance in the next 12 months?

Explanation _____

Name of Agency _____

All questions that were answered YES will be verified through the appropriate third-party source. It will be your responsibility to provide management with all necessary information to properly process your application and verify your eligibility. This will include names, addresses, phone and fax numbers, account numbers where applicable, and any other information required to expedite this process.

Signature Clause

I understand that management is relying on this information to prove my household's eligibility for the Low-Income Housing Tax Credit Program. 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. I understand that my occupancy is contingent on meeting management's resident selection criteria and the Low-Income Housing Tax Credit Program requirements.

❖ All *adult* household members must sign below:

Signature Date

Signature Date

Signature Date

Signature Date

For Office Use Only

Date of Interview _____ Desired Apt. # _____ Desired Move-in Date _____



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Credit Report Authorization

Authorization is hereby granted to Southwestern Community Services, Inc. (hereinafter “SCS, Inc.”) to obtain a consumer credit report through a credit reporting agency chosen by SCS, Inc. 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, as necessary, any credit information obtained hereunder with department staff.

My signature below authorizes the release of financial information to the credit reporting agency, 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

Keene Office
PO Box 603,
Keene, NH 03431
Phone: (603) 352-7512
Fax: (603) 357-0318

Toll Free: (800) 529-0005
TTY-NH Relay: (800) 753-2964

Claremont Office
PO Box 1338
Claremont, NH 03743
Phone: (603) 542-9528
Fax: (603) 542-3140



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Authorization to Release Information

Client Name: _____ Date: _____

Client Name: _____ Date: _____

The undersigned (client or guardian) authorizes the Housing Manager(s) of Southwestern Community Services, Inc. to request and receive any and all relevant records/information pertaining to my income, assets, tenant/credit reports and criminal background reports to determine my eligibility for the Tax Credit Program.

I understand that this release is in effect until the client or guardian terminates said authorization in writing 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.

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

Client's Signature Date

Client's Signature Date

Address: _____
Street Town State Zip

Phone: _____

Keene Office
PO Box 603
Keene, NH 03431
Phone: (603) 352-7512
Fax: (603) 357-0318

Toll Free: (800) 529-0005
TTY-NH Relay: (800) 753-2964

Claremont Office
PO Box 1338
Claremont, NH 03743
Phone: (603) 542-9528
Fax: (603) 542-3140



Items Needed for Interview

Please bring the following items to your interview:

1. Copy of License for all adult members (18 years or older) of household
(This is for identification only)
2. Copy social security cards for *everyone* (including children) in the household
3. Name, address, phone & fax number of employer and the most recent pay stub
4. Name, address, and phone number of your last three landlords
5. Social Security Number you collect your benefit under
6. Unemployment – most recent award letter
7. Child support – if it's a court order we need a copy of the order
8. Pension – name, address, phone & fax number of company and the most recent award letter.
9. Any other income sources
10. Banks - Name, address, phone & fax number of the banks you do business with. We will need the numbers of your accounts (checking, savings, CD or money markets, etc.)
11. Stocks – Name, address, phone & fax number of company and most recent statement.
12. Property – We will give you a realtors statement (to get fair market value) to be completed.

Please call with any questions.

Diane Ouellette, *Director of Property Management*, Ext. 4284

Amy Crocker, *Property Manager*, Ext. 4285

Beth Silvar, *Property Manager*, Ext. 4141

Nancy Zimmerman, *Property Manager*, Ext. 4283