



## **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.
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 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 most recent pay stub(s) and/or other sources of income
  - D. a recent copy of any and all bank statements, if applicable

**Please contact a representative at 719-4225 or 719-4226 for an appointment.** This is not an emergency program, thus if you are experiencing an emergency and need assistance immediately, please contact your local welfare office of the town you reside in.

*For your convenience, you may print out the Information Sheet and Application, complete and then contact us for an appointment.*



## **CHECK LIST**

Without the correct information your application could take two weeks or longer to process. Please note we are not an emergency service, your application will be processed in the order it is received.

Go over the Check list below to make sure you have the correct information so your application can be processed in a timely manner.

**Please check over the following:**

- \_\_\_\_\_ Completed application with all signatures required (everyone over 18 years of age)
- \_\_\_\_\_ Documentation of all household income (pay stubs, award letters, SS, SSI, SSDI, TANF, APTD, child support, food stamps, unemployment, self employment, pensions, etc..)
- \_\_\_\_\_ Place 0 on budget form where it does not apply (Do not leave anything blank)
- \_\_\_\_\_ Demand for rent/notice to quit, legal lease or rental agreement or intent of foreclosure notice if you are seeking assistance for rent or mortgage
- \_\_\_\_\_ 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 cost.
- \_\_\_\_\_ "Notice of Decision" from town/city welfare

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

**Loan Application**

Date: \_\_\_\_\_ Representative: \_\_\_\_\_

Borrower (s) Name \_\_\_\_\_ Birth Date: \_\_\_\_\_ Soc Sec # \_\_\_\_\_ M or F  
Name \_\_\_\_\_ Birth Date: \_\_\_\_\_ Soc Sec # \_\_\_\_\_ M or F

Physical Address: \_\_\_\_\_  
Street City/Town Zip

Mailing Address \_\_\_\_\_  
Street City/Town Zip

Telephone Number \_\_\_\_\_ Marital Status: \_\_\_\_\_

<u>Full Name of other Household Members</u>	<u>Age</u>	<u>Relationship to Borrower</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Residential History:**

Present address \_\_\_\_\_  
Landlord's Name \_\_\_\_\_ Tel # \_\_\_\_\_  
How long at this address? Years \_\_\_\_\_ Months \_\_\_\_\_

**REFERENCE  
CHECKED**

Previous Address \_\_\_\_\_  
Landlord's Name \_\_\_\_\_ Tel # \_\_\_\_\_  
How long did you stay? \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
Reason for moving \_\_\_\_\_

**REFERENCE  
CHECKED**

\_\_\_\_\_  
Signature Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature Applicant

\_\_\_\_\_  
Date

*Office Locations:*

*69-Z Island Street  
P.O. Box 603  
Keene, NH 03431-0603  
Services: (603) 352-7512  
1-800-529-0005 ~Fax: (603) 352-3618*

*96-102 Main Street  
P.O. Box 1338  
Claremont, NH 03743  
Services: (603) 542-9528~Fax: (603) 542-3140  
TTY-NH Relay 1-800-735-2964*

**Program Monthly Budget Questionnaire**

Total household income: **List source for ALL adults in the household.**

<i>Type of Income:</i>	<i>Amount Received:</i>	<i>Type of Income:</i>	<i>Amount Received:</i>
TANF		APTD	
Soc Sec / SSI		Child Support(not Collected by the State)	
SSDI		Employment/Unemployment	
Pensions:		Other:	

TOTAL HOUSEHOLD INCOME           \$ \_\_\_\_\_  
 OTHER HOUSEHOLD RESOURCES   \$ \_\_\_\_\_ Explain: \_\_\_\_\_  
  
**TOTAL**                               \$ \_\_\_\_\_

**HOUSING**

Rent/Mortgage           \$ \_\_\_\_\_  
 Electricity               \$ \_\_\_\_\_  
 Gas/Oil/Heat            \$ \_\_\_\_\_  
 Telephone                \$ \_\_\_\_\_  
 Cable                     \$ \_\_\_\_\_  
 Other                     \$ \_\_\_\_\_

**Have you applied for fuel assistance?**    Yes or No  
**Have you applied for electric assistance?** Yes or No  
**Do you have subsidized housing?**        Yes or No

**FOOD AND HOUSEHOLD**

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

**Do you receive food stamps?**    Yes or No  
**If Yes, How much a month?** \_\_\_\_\_

**Are you on the WIC Program?** Yes or No

**TRANSPORTATION**

Auto Payment            \$ \_\_\_\_\_  
 Gas                        \$ \_\_\_\_\_  
 Bus/Taxi                 \$ \_\_\_\_\_

**PERSONAL**

Doctor/Dentist           \$ \_\_\_\_\_  
 Medications             \$ \_\_\_\_\_  
 Cigarettes                \$ \_\_\_\_\_  
 Meals Out/Delivered    \$ \_\_\_\_\_

**Do you receive Medicaid/Medicare?** Yes or No

**OTHER**

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

**TOTAL**                               \$ \_\_\_\_\_

**INCOME LESS EXPENSES**        \$ \_\_\_\_\_

**PAST DUE BILLS**

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

**TOTAL**                               \$ \_\_\_\_\_

SULLIVAN COUNTY & MONADNOCK AREA HOUSING COALITIONS  
A program of Southwestern Community Services, Inc.

AUTHORIZATION FOR RELEASE OF/REQUEST FOR INFORMATION

I, \_\_\_\_\_, with a birth date of \_\_\_\_\_,

Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_, authorize Southwestern Community Services, Inc MAHC/SCHC to release/obtain information regarding any and all pertinent information needed for my/our case.

To/From: { ALL THAT APPLY }

Welfare Dept	( )	NH Div of Human Svs.	( )
Attorney/Legal Aide	( )	Landlords	( )
Relatives	( )	Probation/Parole/Police	( )
Mental Health Provider	( )	Doctor/Hospital	( )
Veterans Services	( )	Employer	( )
Churches	( )	Dept. Employment Sec.	( )
Outreach Workers	( )	Other	( )
Social Security Admin.	( )	Other	( )

**I understand the following:**

- This release is only valid for purposes stated above. A photocopy shall be considered effective and valid as the original.
- Information will be shared within the organization of Southwestern Community Services, Inc. on an as need basis.
- Re-disclosure of information released to persons and agencies outside of SCS/MAHC/SCHC is prohibited. However, such disclosure is out of the control of SCS/MAHC/SCHC.
- Release of information directly to a client or former client shall be under the supervision of an appropriate member of the professional staff.

I further understand that I may cancel this authorization at any time, (except while I'm in the shelter programs), and if not cancelled earlier, this authorization will automatically expire in one year.

\_\_\_\_\_  
**Signature of Applicant**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature of Applicant**

\_\_\_\_\_  
**Date**

CANCELLATIONS OF THIS REQUEST MUST BE IN WRITING

