



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: _____

Full Name of other Household Members Age Relationship to Borrower

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.**

Type of Income:	Amount Received:	Type of Income:	Amount Received:
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 Svcs.	()
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

