



## Southwestern Community Services

People helping people in Cheshire and Sullivan Counties since 1965

### Subsidized Senior Housing

The complexes below are non-smoking units that include heat, hot water, electricity, trash removal, and snow removal. To qualify for residency, eligible applicants must be 62 years of age or older and meet Federal low-income guidelines.

Charlestown Senior Housing – Charlestown, NH

Meadow Road Senior Housing – Newport, NH

Page Homestead Senior Housing – Swanzey, NH

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

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 SCS Housing, Inc. at 603-719-4288.



63 Community Way  
PO Box 603  
Keene, NH 03431  
Phone: (603) 352-7512  
Fax: (603) 352-3618



Call Toll Free: (800) 529-0005  
TTY-NH: (800) 735-2964

96-102 Main Street  
PO Box 1338  
Claremont, NH 03743  
Phone: (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: \_\_\_\_\_

Current Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Current Phone Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Sex: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Co-Applicant (if any): \_\_\_\_\_

Current Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Current Phone Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Sex: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Vehicle:

Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_

License Plate Number \_\_\_\_\_ State of Registration \_\_\_\_\_

Do you own a pet? \_\_\_\_\_  Dog  Cat

Will the pet be staying with you? \_\_\_\_\_

How were you referred to SCS Housing? \_\_\_\_\_

Has any household member ever lived in another state?  Yes  No

If yes, where? \_\_\_\_\_

Would anyone in the household benefit from an accessible unit?  Yes  No

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

Yes  No

Explanation: \_\_\_\_\_

Has any household member ever been convicted of a felony?

Yes  No

Explanation: \_\_\_\_\_

Does any household member have any other criminal convictions?

Yes  No

Explanation: \_\_\_\_\_

Have you or your co-applicant ever been evicted or otherwise involuntarily removed from rental housing?

Yes  No

Explanation: \_\_\_\_\_

For statistical purposes only, please identify race and ethnic background (*optional*).

Race

White  Black/African American  American Indian/Alaskan Native

Asian  Native Hawaiian/Pacific Islander

Ethnicity

Hispanic/Latino  Not Hispanic/Latino



### References

**HOUSING REFERENCES (List your three most recent landlords.)**

**Current**

Landlord's Name and Address: \_\_\_\_\_

Landlord's Phone Number: \_\_\_\_\_

Your Address: \_\_\_\_\_

Own/Rent Dates: \_\_\_\_\_

**Past**

Landlord's Name and Address: \_\_\_\_\_

Landlord's Phone Number: \_\_\_\_\_

Your Address: \_\_\_\_\_

Own/Rent Dates: \_\_\_\_\_

**Past**

Landlord's Name and Address: \_\_\_\_\_

Landlord's Phone Number: \_\_\_\_\_

Your Address: \_\_\_\_\_

Own/Rent Dates: \_\_\_\_\_

**PERSONAL REFERENCE (List a personal reference that is not a relative.)**

Name/Address of Acquaintance: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Relationship: \_\_\_\_\_ Years Known: \_\_\_\_\_

**EMERGENCY CONTACT**

Name/Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Relationship: \_\_\_\_\_



Income Information

Please use gross monthly amount before deductions.

Yes No Check either YES or NO to each question.

- 1. Will any household member be receiving income from employment over the next 12 months? (Include wages, salaries, tips, overtime, bonuses commissions, and payments received in cash.)

Table with 3 columns: Name of Company/Address/Phone/Fax, Household Member, Monthly Gross. Includes three rows for data entry with dollar signs.

- 2. Will any household member be receiving income over the next 12 months from a family-operated business or be otherwise self-employed? If yes, previous year's tax return is required.

Table with 3 columns: Source, Household Member, Monthly Gross. Includes two rows for data entry with dollar signs.

- 3. Will any household member be receiving regular pay over the next 12 months as a member of the Armed Forces?

Table with 3 columns: Source, Household Member, Monthly Gross. Includes two rows for data entry with dollar signs.

- 4. Will any household member be receiving income from unemployment benefits, disability compensation, death benefits, severance pay, or worker's compensation over the next 12 months?

Table with 3 columns: Source, Household Member, Monthly Gross. Includes two rows for data entry with dollar signs.

- 5. Will any household member be receiving Public Assistance benefits such as TANF, APTD, or OAA over the next 12 months?

Table with 3 columns: Source, Household Member, Monthly Gross. Includes two rows for data entry with dollar signs.

Income Information (continued)

Yes No

6. Will any household member be receiving child support or alimony payments over the next 12 months (any awarded amounts—collected or uncollected)?

<u>Source</u>	<u>Household Member</u>	<u>Monthly Gross</u>
_____	_____	\$ _____
_____	_____	\$ _____

- 6a. If you are not receiving child support, do you have a divorce decree?

6b. How is support received? (Check all that apply)

- Child support agency (state agency name) : \_\_\_\_\_
- Court of law (include name): \_\_\_\_\_
- Directly from individual (state name): \_\_\_\_\_
- Other (explain): \_\_\_\_\_

- 6c. If support is court-ordered but not actually received, are you taking legal action to remedy?

Explanation: \_\_\_\_\_

7. Will any household member be receiving Social Security, SSI, or any other payments from the Social Security Administration over the next 12 months?

<u>Source</u>	<u>Household Member</u>	<u>Monthly Gross</u>
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

8. Will any household member be receiving pensions, retirement benefits, annuities, or Veteran's benefits over the next 12 months?

<u>Source</u>	<u>Household Member</u>	<u>Monthly Gross</u>
_____	_____	\$ _____
_____	_____	\$ _____

9. Will any household member be receiving severance payments over the next 12 months?

<u>Source</u>	<u>Household Member</u>	<u>Monthly Gross</u>
_____	_____	\$ _____
_____	_____	\$ _____

Income Information (continued)

Yes No

10. Will any household member be receiving payments from any type of settlement over the next 12 months (such as insurance settlements)?

<u>Source</u>	<u>Household Member</u>	<u>Monthly Gross</u>
_____	_____	\$
_____	_____	\$

11. Will any household member be receiving disability payments or death benefits over the next 12 months?

<u>Source</u>	<u>Household Member</u>	<u>Monthly Gross</u>
_____	_____	\$
_____	_____	\$

12. Will any household member be receiving regular, recurring gifts or payments from anyone outside of the household over the next 12 months?

<u>Source</u>	<u>Household Member</u>	<u>Monthly Gross</u>
_____	_____	\$
_____	_____	\$

13. Will any household member be receiving any educational grants, scholarships, or other student benefits over the next 12 months?

<u>Source</u>	<u>Household Member</u>	<u>Monthly Gross</u>
_____	_____	\$
_____	_____	\$

14. Will any household member be receiving lottery winnings or inheritances (lump sum or periodically) over the next 12 months?

<u>Source</u>	<u>Household Member</u>	<u>Monthly Gross</u>
_____	_____	\$
_____	_____	\$

15. Will any household member be receiving payments from rental property or other types of real estate transactions over the next 12 months?

<u>Source</u>	<u>Household Member</u>	<u>Monthly Gross</u>
_____	_____	\$
_____	_____	\$

Income Information (continued)

Yes No

16. Will any household member be working for someone who pays in cash over the next 12 months?

<u>Source</u>	<u>Household Member</u>	<u>Monthly Gross</u>
_____	_____	\$ _____
_____	_____	\$ _____

17. Will anyone outside of your family be paying for any of your bills (including rent) or expenses over the next 12 months? (this includes municipalities, organizations, and/or agencies)

<u>Source</u>	<u>Household Member</u>	<u>Monthly Gross</u>
_____	_____	\$ _____
_____	_____	\$ _____

18. Will any household member be receiving income from any other sources not listed over the next 12 months?

<u>Source</u>	<u>Household Member</u>	<u>Monthly Gross</u>
_____	_____	\$ _____
_____	_____	\$ _____

- 19a. Did any household member file a Federal income tax return last year?

<u>Household Member</u>	<u>Amount of Refund</u>
_____	\$ _____
_____	\$ _____

19b. If you did not file a return please explain why? \_\_\_\_\_

\_\_\_\_\_

20. Do any adult household members have zero income?

<u>Household Member</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.

1. Does any household member have checking accounts?

Table with 4 columns: Name of Bank, Household Member, Account Number, Amount. Includes three rows for data entry with dollar signs.

2. Does any household member have savings accounts, e-payment, direct express, or a debit card accounts?

Table with 4 columns: Name of Bank, Household Member, Account Number, Amount. Includes three rows for data entry with dollar signs.

3. Does any household member have CDs, money market accounts, treasury bills, stocks, bonds, or securities?

Table with 4 columns: Name of Bank, Household Member, Account Number, Amount. Includes three rows for data entry with dollar signs.

4. Does any household member have trust funds available to them?

Table with 4 columns: Name of Bank, Household Member, Account Number, Amount. Includes three rows for data entry with dollar signs.

Asset Information (continued)

Yes No

5. Does any household member have 401Ks, IRAs, KEOGH, or other retirement accounts?

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

6. Does any household member have a whole life insurance policy or other type of cash value insurance?

<u>Company Name</u>	<u>Household Member</u>	<u>Cash Surrender Value</u>	<u>Last Year's Dividends</u>
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____

7. Does any household member have cash on hand (i.e., in a safe deposit box, wallet, purse, or under the mattress, etc.)?

<u>Location</u>	<u>Household Member</u>	<u>Amount</u>
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

8. Does any household member own real estate, land, a home, or other real estate holdings?

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

- 8a. Is the mortgage current?
- 8b. Are property taxes current?
- 8c. Is homeowner's insurance in effect?
- 8d. Is the mortgage in default, moratorium, forbearance, or is payment assistance being received from the lender or a third party?
- 8e. Do you receive rental income? If yes, amount: \$ \_\_\_\_\_

Asset Information (continued)

Yes No

9. Does any household member own personal property as an investment (for example paintings, coin or stamp collections, artwork, collector or show cars, or antiques)?

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

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

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



Expenses

MEDICAL INSURANCE (bring your most recent statement)

Blue Cross/Blue Shield	Account Number: _____	Amount: _____
AARP – Medical Premium	Account Number: _____	Amount: _____
AARP – RX Premium	Account Number: _____	Amount: _____
Bankers Life/Casualty	Account Number: _____	Amount: _____
Medicare	Account Number: _____	Amount: _____
Medicare Part D	Account Number: _____	Amount: _____
Other _____	Account Number: _____	Amount: _____

PHARMACY

Head of Household

Pharmacy Name: \_\_\_\_\_ Pharmacy Phone No.: \_\_\_\_\_

Pharmacy Address: \_\_\_\_\_

Prescription Number: _____	How Often Filled: _____
Prescription Number: _____	How Often Filled: _____
Prescription Number: _____	How Often Filled: _____
Prescription Number: _____	How Often Filled: _____

Spouse/Partner

Pharmacy Name: \_\_\_\_\_ Pharmacy Phone No.: \_\_\_\_\_

Pharmacy Address: \_\_\_\_\_

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 and a doctor's written verification.

Item: _____	Cost: _____	Quantity: _____	How Often Used: _____
Item: _____	Cost: _____	Quantity: _____	How Often Used: _____
Item: _____	Cost: _____	Quantity: _____	How Often Used: _____
Item: _____	Cost: _____	Quantity: _____	How Often Used: _____

MEDICAL BILLS

If you have outstanding medical bills you are paying, please write the name and address of the doctor, hospital, or clinic. Please bring your most recent statement to interview.

1. Name & Address of Provider: \_\_\_\_\_

Account Number: \_\_\_\_\_ Bill Amount: \_\_\_\_\_ Monthly Payment: \_\_\_\_\_

2. Name & Address of Provider: \_\_\_\_\_

Account Number: \_\_\_\_\_ Bill Amount: \_\_\_\_\_ Monthly Payment: \_\_\_\_\_

3. Name & Address of Provider: \_\_\_\_\_

Account Number: \_\_\_\_\_ Bill Amount: \_\_\_\_\_ Monthly Payment: \_\_\_\_\_

Do you see a doctor (including eye, foot, or dentist) on a regular basis?  Yes  No  
If yes, please list the name and address of each doctor.

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Do you have home health care?  Yes  No

If yes, how often do they visit your home? \_\_\_\_\_ What is the cost to you? \_\_\_\_\_

Name of home health organization: \_\_\_\_\_

Address of home health organization: \_\_\_\_\_

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

Name of Live-In Care Attendant: \_\_\_\_\_

Relationship (if applicable): \_\_\_\_\_



### 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.

---

Head of Household Signature

---

Date

---

Signature

---

Date

---

Signature

---

Date



# Southwestern Community Services

People helping people in Cheshire and Sullivan Counties since 1965

OMB Control # 2502-0581  
Exp. (02/28/2019)

## Supplemental and Optional 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.

<b>Applicant Name:</b>
<b>Mailing Address:</b>
<b>Telephone No:</b> <b>Cell Phone No:</b>
<b>Name of Additional Contact Person or Organization:</b>
<b>Address:</b>
<b>Telephone No:</b> <b>Cell Phone No:</b>
<b>E-Mail Address (if applicable):</b>
<b>Relationship to Applicant:</b>
<b>Reason for Contact:</b> (Check all that apply)
<input type="checkbox"/> Emergency
<input type="checkbox"/> Unable to contact you
<input type="checkbox"/> Termination of rental assistance
<input type="checkbox"/> Eviction from unit
<input type="checkbox"/> Late payment of rent
<input type="checkbox"/> Assist with Recertification Process
<input type="checkbox"/> Change in lease terms
<input type="checkbox"/> Change in house rules
<input type="checkbox"/> Other: _____
<b>Commitment of Housing Authority or Owner:</b> 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.
<b>Confidentiality Statement:</b> The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.
<b>Legal Notification:</b> 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.

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

--	--

**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. 3501-3526). 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.



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 and information to and/or receive any relevant records and 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 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 of any information provided to SCS Housing, Inc. or its successors to any third parties.

Signature

Date





Southwestern Community Services

People helping people in Cheshire and Sullivan Counties since 1965

### 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 and information to and/or receive any relevant records and 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 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 of any information provided to SCS Housing, Inc. or its successors to any third parties.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



### 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 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.

\_\_\_\_\_  
Head of Household (Print)

\_\_\_\_\_  
Other Adult (Print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Maiden Name

\_\_\_\_\_  
Maiden Name

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Social Security Name

\_\_\_\_\_  
Birth Date

\_\_\_\_\_  
Birth Date

\_\_\_\_\_  
Current Address

\_\_\_\_\_  
Current Address

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date



Southwestern Community Services

People helping people in Cheshire and Sullivan Counties since 1965

### 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 numbers.

\* Please provide a copy of your Social Security card(s) and your drivers' license(s) along with this application.