



### Affordable Housing Application

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.

ALL UNITS ARE NON-SMOKING.

FAMILY APARTMENTS				
Swanzey	Keene			Winchester
SENIOR APARTMENTS				
Keene	Marlborough	Troy	Rindge	Winchester
SUBSIDIZED APARTMENTS (Requires separate application.)				
Charlestown (Senior)	Newport (Senior)	Swanzey (Senior)	Winchester (Family)	

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. accepts 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 checks, criminal checks, and landlord references. The average application processing time is two to three weeks.

If you are interested in applying for an apartment, please submit a **completed** application either by mail or in person to our Keene Office. Incomplete applications will be returned to the applicant.

When we receive your application, we will review it to see if you qualify. Upon application review, you will be contacted.

Please note all persons 18+ that will reside in the apartment must attend the in-person interview. The application fee(s) will be due at this interview.

Thank you!



## Processing Fees

Southwestern Community Services will have the following processing fees (fees will be accepted during the interview):

- Single tenant, credit check      \$ 30.00
- Couple tenant, credit check      \$ 60.00

These fees are non-refundable.

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

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



Low Income Housing Tax Credit Program/Home Program  
Applicant Questionnaire

HOUSEHOLD INFORMATION

Towns you are interested in: \_\_\_\_\_

Number of bedrooms you are interested in: \_\_\_\_\_

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	Gender M/F	Social Security Number	Birth date <i>Month, Date, Year</i>
	Head			

Has any household member gone by any other name, nickname, alias, or other name given at birth?  Yes  No

Explain: \_\_\_\_\_

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

Mailing Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

Daytime Phone: ( ) \_\_\_\_\_ Evening Phone: ( ) \_\_\_\_\_

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

Have you ever lived in another state?  Yes  No

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

Do you have any pet(s) or service animal(s)?  Yes  No

If yes, what animal(s) do you have? \_\_\_\_\_

GENERAL INFORMATION

Yes No Check either yes or no to each question.

- 1. Have you ever served in the military?
- 2. Would you benefit from the special features of a barrier-free unit (wheelchair accessible)?
- 3. Do you expect any additions or changes to the household within the next twelve (12) months?

Name and Relationship: \_\_\_\_\_

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

- 4. Do you have full custody of your child(ren)?
- 5. Do you have joint physical custody of your child(ren)? \_\_\_\_\_ % of the time.

Explanation of custody arrangement: \_\_\_\_\_

- 6. Have you ever filed for bankruptcy?

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

- 7. Have you ever been convicted of a felony?

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

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

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

- 9. Do you have any other criminal conviction(s) and/or any pending?

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

- 10. Has any member of the household committed any fraud in a Federally assisted program?

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

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

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

- 12. Do you or anyone in your household owe money to any Federal or public housing authority?

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

Landlord Information

Each adult needs to list their landlords if different.

List your last three (3) landlords. If less than 5 years, please explain (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: (     ) \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

---

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: (     ) \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

---

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: (     ) \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

---

Personal Reference

List a personal reference other than a relative.

Name and Address of Reference:

\_\_\_\_\_ Phone: (     ) \_\_\_\_\_  
 \_\_\_\_\_ Relationship: \_\_\_\_\_  
 \_\_\_\_\_ Years known: \_\_\_\_\_

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

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.)

<u>Name of Company/Address/Phone/Fax</u>	<u>Household Member</u>	<u>Monthly Gross</u>
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

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.

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

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

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

Income Information (continued)

Yes No

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?

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

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

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

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>
_____	_____	\$ _____
_____	_____	\$ _____

Income Information (continued)

Yes No

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 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>
_____	_____	\$ _____
_____	_____	\$ _____

10. 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>
_____	_____	\$ _____
_____	_____	\$ _____

11. 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>
_____	_____	\$ _____
_____	_____	\$ _____

12. 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>
_____	_____	\$ _____
_____	_____	\$ _____

13. 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

14. 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>
_____	_____	\$ _____
_____	_____	\$ _____

15. 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>
_____	_____	\$ _____
_____	_____	\$ _____

16. 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>
_____	_____	\$ _____
_____	_____	\$ _____

- 17a. Did any household member file a Federal income tax return last year?

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

17b. If you did not file a return please explain why? \_\_\_\_\_

\_\_\_\_\_

18. 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?

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

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

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

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

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

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

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

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?

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

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 Check either YES or NO to each question.

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: \_\_\_\_\_

Resident Information

Yes No Check either YES or NO to each question.

- 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?
- 3a. 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 (i.e., 12 credit hours per semester or enrolled 5 months a year as a full-time student)?
- 3b. Are you married and currently filing a joint return?
- 3c. Are you receiving TANF (Temporary Aid to Needy Families)?
- 3d. Is there 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 Social Security Act (foster care)?
- 3e. Are you enrolled in the Job Training Partnership Act (JPTA) or another similar local, county, or state program?
- 3f. Are you a single parent with child(ren) and neither you nor the child(ren) is/are dependents on anyone else's tax return?
- 3g. Will you be living with someone who is not a full-time student?

If so, who? \_\_\_\_\_



# Southwestern Community Services

People helping people in Cheshire and Sullivan Counties since 1965

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/Home 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: _____

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

31 Pleasant Street, PMB 4  
PO Box 1338  
Claremont, NH 03743  
Phone: (603) 542-9528  
Fax: (603) 542-3140

**Total Household Income**

Please list all sources of income for all household members.

Type of Income	Amount
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
<b>TOTAL MONTHLY INCOME:</b>	<b>\$</b>

- Have you applied for fuel assistance?  
 Yes  No
- Benefit amount for last year: \$ \_\_\_\_\_
- Have you applied for electric assistance?  
 Yes  No  
 Discount amount: \_\_\_\_\_ %
- Do you receive food stamps?  
 Yes  No  
 If yes, how much? \$ \_\_\_\_\_  
 Please provide documentation.
- Do you receive WIC?  
 Yes  No
- Do you receive Medicaid/Medicare?  
 Yes  No

**Monthly Expenses**

Please list all regular monthly expenses. For the housing section please use figures from your current apartment. Fill in all blanks. Put -0- or N/A if it does not apply to you.

<b>HOUSING</b>	
Rent/Mortgage	\$ _____
Electricity	\$ _____
Gas/Oil/Heat	\$ _____
Telephone/Cell Phone	\$ _____
Cable	\$ _____
Internet	\$ _____
<b>FOOD AND HOUSEHOLD</b>	
Food	\$ _____
Non-Food Grocery	\$ _____
Diapers	\$ _____
Laundry/Clothing	\$ _____
Childcare	\$ _____
<b>TRANSPORTATION</b>	
Auto Payment	\$ _____
Gas	\$ _____
Auto Insurance	\$ _____
<b>PERSONAL</b>	
Doctor/Dentist	\$ _____
Medications	\$ _____
Meals Out/Delivered	\$ _____
<b>OTHER</b>	
Rent-to-own	\$ _____
Loans/Credit Cards/School	_____
Loans/Garnishments	\$ _____
Other	\$ _____
<b>TOTAL: \$ _____</b>	
<b>PAST DUE BILLS</b>	
Rent	\$ _____
Electricity	\$ _____
Gas/Oil/Heat	\$ _____
Telephone	\$ _____
Cable	\$ _____
Other	\$ _____
<b>TOTAL: \$ _____</b>	



# Southwestern Community Services

People helping people in Cheshire and Sullivan Counties since 1965

## 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 Full Name (print)

\_\_\_\_\_  
Client's Full 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:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone: (     ) \_\_\_\_\_

Phone: (     ) \_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

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

31 Pleasant Street, PMB 4  
PO Box 1338  
Claremont, NH 03743  
Phone: (603) 542-9528  
Fax: (603) 542-3140





# Southwestern Community Services

People helping people in Cheshire and Sullivan Counties since 1965

## AUTHORIZATION TO RELEASE INFORMATION

Head of Household: \_\_\_\_\_ 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 of any information provided to SCS Housing, Inc. or its successors to any third parties.

\_\_\_\_\_  
Client's Signature Phone Date

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

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

31 Pleasant Street, PMB 4  
PO Box 1338  
Claremont, NH 03743  
Phone: (603) 542-9528  
Fax: (603) 542-3140



AUTHORIZATION TO RELEASE INFORMATION

Spouse/Other Adult: \_\_\_\_\_ Date: \_\_\_\_\_

The undersigned (client or guardian) authorizes the Housing Managers 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 of any information provided to SCS Housing, Inc. or its successors to any third parties.

\_\_\_\_\_  
Client's Signature Phone Date

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

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

31 Pleasant Street, PMB 4  
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 or photo ID for all adult members of household who are 18 years or older (this is for identification only)
2. Copy of Social Security cards for everyone in the household, including children
3. Name, address, phone, and 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 under which benefits are collected
6. Social Security: Most recent award letter
7. Unemployment: Most recent award letter
8. Child support: If it is a court order, we need a copy of the order
9. Pension: Name, address, phone, and fax number of the company, and the most recent award letter
10. Any other income sources
11. Banks: Name, address, phone, and fax number of the banks you do business with. We will need the numbers of your accounts (checking, savings, CD, money markets, etc.)
12. Stocks: Name, address, phone, and fax number of the company, and most recent statement
13. Property: We will give you a realtors statement (to get fair market value) to be completed



## Violence Against Women Act (VAWA)

Violence Against Women Act (VAWA) was reauthorized by Congress and signed by the President in 2013, it stated a new requirement that a VAWA notice must be given to occupants in HOME-assisted units. This notice informs residents of their rights and protections under VAWA, one of which includes protection from eviction if a person is a victim of domestic violence and the reason for the eviction is based on the actions of an abuse.

HUD's VAWA lease addendum and Certification of Domestic Violence will be utilized for advising occupants in HOME designated units of these protections.

An SCS notice representing the owner as management agent to applicants, tenants, and participants outlining the following will be provided:

### Protections for Victims

SCS cannot refuse to rent to an applicant solely because he or she is a victim of domestic violence, dating violence, or stalking.

SCS cannot evict a tenant who is the victim of domestic violence, dating violence, or stalking based on acts or threats or violence committed against the victim. Also, criminal acts directly related to the domestic violence, dating violence, or stalking that are caused by a household member or guest cannot be cause for evicting the victim of the abuse.

### Permissible Evictions

SCS can evict a victim of domestic violence, dating violence, or stalking if SCS can demonstrate that there is an actual or imminent (immediate) threat to other tenants or employees at the property if the victim is not evicted. Also, SCS may evict a victim for serious or repeated lease violations that are not related to the domestic violence, dating violence, or stalking. SCS cannot hold a victim of domestic violence, dating violence, or stalking to a more demanding standard than tenants who are not victims.

### Removing the Abuser from the Household

SCS may split the lease to evict a tenant who has committed criminal acts of violence against family members or others, while allowing the victim and other household members to stay in the unit. If SCS chooses to remove the abuser, SCS may not take away the remaining tenants' rights to the unit or otherwise punish the remaining tenants. In removing the abuser from the household, SCS must follow Federal, state, and local eviction procedures.

### Certification of Domestic Violence, Dating Violence, or Stalking

If a tenant asserts VAWA's protection, SCS can ask the tenant to certify that he or she is a victim of domestic violence, dating violence, or stalking. SCS is not required to demand official documentation and may rely upon the victim's statement alone. If SCS chooses to request certification, SCS must do so in writing and give the tenant at least 14 business days to provide documentation. SCS is free to extend this deadline. A tenant can certify that he or she is a victim by providing any one of the following three documents:

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

31 Pleasant Street, PMB 4  
PO Box 1338  
Claremont, NH 03743  
Phone: (603) 542-9528  
Fax: (603) 542-3140

- By completing a HUD-approved certification form. The most recent form is HUD-50066. This form is available at the SCS or online at <http://www.hud.gov/offices/adm/hudclips/>.
- By providing a statement from the victim service provider, attorney, or medical professional who has helped the victim address incidents of domestic violence, dating violence, or stalking. The professional must state that he or she believes that the incidents of abuse are real. Both the victim and professional must sign the statement under penalty of perjury.
- By providing a police or court record, such as a protection order.

If the tenant fails to provide one of these documents within 14 business days, SCS may evict the tenant if authorized by otherwise applicable law and lease provisions.

### **Confidentiality**

SCS must keep confidential any information a tenant provides to certify that he or she is a victim of domestic violence, dating violence, or stalking. SCS cannot enter the information into a shared database or reveal it to outside entities unless:

- The tenant provides written permission releasing the information.
- The information is required for use in an eviction proceeding, such as to evict the abuser.
- Release of the information is otherwise required by law.

The victim should inform SCS if the release of the information would put his or her safety at risk.

### **VAWA and Other Laws**

VAWA does not limit SCS's obligation to honor court orders regarding access to or control of the property. This includes orders issued to protect the victim and orders dividing property among household members in cases where the family breaks up.

VAWA does not replace any Federal, state, or local law that provides greater protection for victims of domestic violence, dating violence, or stalking.