



**INSTRUCTIONS FOR COMPLETING THE APPLICATION FOR
OCEAN MIST/SEABREEZE VILLAGE:**

Thank you for your interest in obtaining housing at Ocean Mist/Seabreeze Village. The following instructions, if followed properly, will ensure timely processing of your application and will prevent delays.

- 1) Please print clearly, in black or blue ink.
- 2) All questions must be answered. Incomplete applications will be returned.
- 3) Be sure that all household members sign both the Certification and Release of Information Authorization, located on the last page of the application.
- 4) Please bring the "Verification of Residency" form to the Seabrook Town Hall, where the tax collector must fill in and sign the form.
- 5) All household members are required to complete a criminal record form for the state of New Hampshire. Please complete one criminal record form for each household member. Please have the form(s) notarized, and then return with your application. We will process your criminal record with the state.

Please call our office at 603-641-2163 if you have any questions, or e-mail us at svachon@stewartproperty.net

***** PLEASE MAIL YOUR COMPLETED APPLICATION TO: *****

STEWART PROPERTY MANAGEMENT

P.O. BOX 10540

BEDFORD, NH 03110

Stewart Property Management Inc. Use Only:

Date Received _____
 Property Type _____
 Bedroom Size _____
 H/C Accessible _____
 Comments: Printed from SPM Website

Property Name Seabreeze Village & Ocean Mist
 Accepted _____
 Rejected _____

RENTAL APPLICATION

Please complete the following application and return it to SPM. All items must be completed in order to determine your eligibility. If an item does not apply to you, please mark N/A on that line. SPM does not discriminate on the basis of race, color, religion, marital status, familial status, age or disability. SPM will make every reasonable accommodation to persons with disabilities.



STEWART PROPERTY MANAGEMENT
 P.O. BOX 10540
 Bedford, NH 03110
 TELEPHONE (603) 641-2163 FAX (603) 641-1063



Property for which you are applying : Seabreeze Village/Ocean Mist Bedroom Size 1

A. **General Information** (Please Circle One) Mr. Mrs. Ms. Miss

Name of Head of Household _____
 Current Address _____
 Telephone Number at which you can be reached at _____

B. Household Composition:

List all persons, including yourself, who will be living in the apartment at time of move-in. List head of household first.

Name (First, Middle Initial, Last)	Relationship to head of household	M/F	Date of Birth	Place of Birth	Social Security #
1.	Head				
2.					

NOTE: You must be 62 years of age or older in order to apply unless you are a married couple, in which case one spouse must be at least 62 and the other at least 57.

C. **Residency Requirement:** In order to be eligible for this property one of the persons listed in section B (above) must qualify in one of the following categories. (check which one applies):

- ____ 1) Applicant is currently domiciled in Seabrook and has been for at least 24 months.
- ____ 2) Applicant is a former domicile of Seabrook (of at least 24 months) who now lives in federally subsidized housing, having moved from Seabrook for the purposes of obtaining such housing.

I qualify for the category checked above because: _____

D. Income Please circle Yes or No to each question and explain if needed.

Yes No Does anyone in your household receive Social Security or SSI benefits?
 Household Member Name of Agency Amount How Often

Yes No Does anyone in your household receive Pension, Retirement Benefits, VA Benefits etc.?
 Household Member Name of Agency Amount How Often

Yes No Does anyone in your household work?
 Household Member Name of Employer Rate of hourly Pay #of Hours

Yes No Does anyone in the household receive any Public Assistance, NHEP, RUFA, etc.?
 Household Member Name of Agency Amount of Grant How Often

Yes No Does anyone in your household receive any other source or type of income?
 (i.e.: Self-employment, unemployment, worker's comp, rental payments, alimony etc.)
 Household Member Source Amount How Often

Yes No Does anyone in your household expect any changes in income within the next 12 months?
 Name _____
 Explanation _____

E. Assets Please circle Yes or No to each question and explain if needed.

Yes No Does anyone in your household have a Checking, Savings Account or CD's?
 Household Member Name of Bank Account # Amount Type

Yes No Does anyone in your household have Stocks, Bonds or Trust Accounts, IRA's, Annuities, Mutual Funds, Whole Life Insurance Policies or any other investments?
 Household Member Source Account # Amount Type

Yes No Does anyone in your household own any Property? (Attach real estate appraisal)
 If YES, Type: _____
 Location: _____
 Market Value _____
 Outstanding Due (ex: mortgage) _____

Yes No **Has any member of your household sold or disposed of any asset(s) within the last two years?**
 If YES, Type: _____
 Market value when sold/disposed: _____
 Amount sold/disposed for: \$ _____
 Date of transaction: _____

F. Program Information Please circle Yes or No to each question and explain if needed.

Yes No **Do you require a barrier free unit?**
 If Yes, Explain: _____

Yes No **Have you ever resided in a federally- assisted housing complex?**
 If Yes, where: _____

Yes No **Have you ever been evicted?**
 If Yes, Explain: _____

Yes No **Are you legally capable of entering a lease agreement?**
 If No, Explain: _____

Yes No **Will you or anyone in your household require a live-in care attendant?**
 Name of Live-in Care Attendant: _____ Relationship (if any) _____

G. Housing References Fill in all information below

Current Address	Name/Address of Landlord	Landlord's Telephone	Rent Rate	Length of time at address

Previous Address	Name/Address of Landlord	Landlord's Telephone	Rent Rate	Length of time at address

H. Credit/ Personal References Fill in all information below

CREDIT REFERENCES: (Any bill in your name, example: Telephone Company, Cable Company, etc.)

Name _____	Name _____	Name _____
Address _____	Address _____	Address _____
Telephone _____	Telephone _____	Telephone _____

PERSONAL REFERENCES: (non-family)

Name _____ Name _____ Name _____
Address _____ Address _____ Address _____
Telephone _____ Telephone _____ Telephone _____

I. Other Information Fill in all information below

Yes No **Does anyone in your household own a vehicle?**
If Yes, type: _____ If Yes, type: _____
Color: _____ Color: _____
Year/Make: _____ Year/Make: _____
License Plate # _____ License Plate # _____

Yes No **Do you have any pets? (Dogs are not allowed)**
If Yes, describe: _____

Yes No **Have YOU or ANY MEMBER of your household ever been convicted of a felony, misdemeanor crime or any conviction involving drugs?**
If Yes, Explain: _____

Yes No **Do you or any member of your household have an alcohol or drug abuse problem?**
If Yes, Explain: _____

Yes No **Are you or any member of your household listed on any state sex offender registration program?**
If Yes, Explain: _____

J. Certification:

I/We certify that the information given in this application is true to the best of my/our knowledge. I/We understand that any false information is punishable by law, and could be grounds for cancellation of this application or termination of residency after occupancy.

Head of Household _____ Date _____

Co-Tenant _____ Date _____

Release of Information Authorization:

I/We do hereby authorize Stewart Property Management Inc., and its staff to attain any information or materials deemed necessary to determine my/our eligibility for housing, including contacting agencies, offices, groups or organizations, which may provide information that could substantiate or verify information given in this application; for example, local and state police departments, welfare agencies, landlords or senior service agencies.

Head of Household _____ Date _____

Co-Tenants _____ Date _____

Stewart
PROPERTY MANAGEMENT

P.O. BOX 10540
BEDFORD, NH 03110
603-641-2163

VERIFICATION OF RESIDENCY

I (WE) _____, OF _____
ADDRESS

HAVE RESIDED AT THE ABOVE ADDRESS SINCE _____.

TODAY'S DATE

SIGNATURE OF TAX COLLECTOR