



The Front Door Agency- Staff Use Only:

Date Received _____ Property Name: **Shattuck Place**
 Bedroom Size _____ Accepted _____
 H/C Accessible _____ Denied _____

Notes:

Instructions: ALL items must be completed to determine your eligibility. If an item does NOT apply to you, mark N/A on that line. **Only families are eligible. There are no single units.**

The Front Door Agency does not discriminate on the basis of race, color, national origin, religion, sex, familial status, age, and disability. The Front Door Agency will make every reasonable accommodation to persons with disabilities.



Return completed application to
 The Front Door Agency
 7 Concord St
 Nashua, NH, 03064
 Telephone: 603-886-2866 Fax: 603-886-9214



Property for which you are applying: **Shattuck Place** Bedroom Size _____

A. General Information:

(Please circle one) Mr. Mrs. Ms. Miss

Head of Household _____

Current Address _____

Telephone _____

Email _____

Emergency Contact Name & Phone Number: _____

B. Household Composition:

List all persons, including yourself, who will be living in the apartment. Include children who will be living in the apartment at least 50% of the time. 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)					
2)					
3)					
4)					
5)					
6)					
7)					

Circle either YES or NO to each question.

Yes No Do you expect any additions to the household within the next 12 months?
 Name & Relationship: _____
 Explanation: _____

Yes No Do you have full custody of all children listed in Household composition?
 Explanation: _____

Yes No Are there any absent household members not listed in Household composition?
 Name & Relationship: _____
 Explanation: _____

C. Income: Please Circle YES or NO to each question and explain if needed.

Yes No Does anyone 18 or older in your household work?

Household Member	Name of Employer	Hourly Pay Rate	# of hours/week
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Yes No Does anyone in the household receive any Public Assistance, NHEP, TANF, etc?

Household Member	Name of Agency	Amount of Grant	How Often
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Yes No Does anyone in your household receive Child Support or Alimony?

Household Member	Name of Agency	Amount	How Often
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Yes No Does anyone in your household receive Social Security of SSI benefits etc?

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 receive any other source or type of income?
(i.e.: Self employment, unemployment, worker's comp, rental payments, etc.)

Household Member	Source	Amount	How Often
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Yes No Does anyone in your household receive food stamps?

Household Member	Amount
_____	_____
_____	_____

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

Name: _____

Explanation: _____

D. 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 (savings/checking)
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

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: _____

Balance Due (eg: 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 disposed: _____

Amount sold/disposed for: \$ _____

Date of transaction: _____

E. Program Information

Yes No Has everyone in your household (including children) been a full time Student for at least 5 months in the current calendar year, or is everyone in your household (including children) currently a full time student, or planning to be one within the next 12 months? If yes, please check the applicable status from the list below:

- Married and actually file a joint return
- Receiving Social Security Title IV, IE: NHEP, RUFA payments
- Participating in a job training program with assistance
- The full-time student is a single parent with minor children and the children and the children are claimed as dependents on their tax return
- None of the above

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 be applying for or receiving Section 8 or other rental assistance at time of move-in or within the next 12 months?

Name of Agency: _____

Contact Person: _____ Phone #: _____

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

Name of Live-in Care Attendant: _____

Relationship (if any): _____

Fill in all information below:

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

Yes No Does your current rent rate include utilities?

If Yes, list utilities included: _____

Please list any utility bills that you are currently responsible for:

Utility	Bill Amount (per month)
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

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

E. Credit/Personal References

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

Name _____	Name _____	Name _____
Address _____	Address _____	Address _____
Phone # _____	Phone# _____	Phone _____

PERSONAL REFERENCES: (non-family)

Name _____	Name _____	Name _____
Address _____	Address _____	Address _____
Phone # _____	Phone# _____	Phone _____

F. Other Information

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? If Yes, describe: _____

Yes No Is your pet a certified therapy pet?

Yes No Is your pet medically necessary?

Yes No Have YOU or ANY MEMBER of you 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 a history of substance use disorder?

If Yes, Explain: _____

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 _____

Co-Tenant _____ Date _____

Co-Tenant _____ Date _____

Release of Information Authorization

I/We do hereby authorize The Front Door Agency, Inc., and its staff to obtain any information or materials deemed necessary to determine my/our eligibility for housing, including but not limited to, contacting agencies, offices, groups or organizations, which may provide information that could substantiate or verify information given this application; for example, local and state police departments, welfare agencies, landlords, or senior service agencies.

Head of Household _____ Date _____

Co-Tenant _____ Date _____

Co-Tenant _____ Date _____

Co-Tenant _____ Date _____

*****Please submit this completed application with balances of all Checking and Savings accounts & proof of income to:**

**Shattuck Place Property Manager
7 Concord St. Nashua, NH 03064
(603) 886-2866**