

The Apartments at South Main Street

Managed by Concord Housing & Redevelopment
23 Green Street, Concord, NH 03301
603-224-4059



APPLICATION FORM

Each adult member of the household age 18 and older MUST sign the application

HEAD OF HOUSEHOLD

Name: _____ Date of Birth: _____ SS#: _____

Mailing Address: _____

Phone Number: () _____ Bedroom size: ☐ 1 ☐ 2

Do you own a vehicle? ☐ Yes* ☐ No *Year/Make/Model: _____

Are you legally capable of entering into a lease agreement? ☐ Yes ☐ No

Email Address: _____

OTHER HOUSEHOLD MEMBERS

Please note that you must fill in information for all persons who will be residing in the unit. Please use the back of the page if more room is needed.

Last Name	First Name	Relationship to HOH
Social Security #	DOB/Birthplace	Sex:

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OCCUPATION & REFERENCES

Head of Household: ☐ Employed* ☐ Not Employed

* Employer's Name & Phone Number: _____

Title/Position: _____ Gross Amount per Week: \$ _____ Supervisor's Name: _____

Other Household Member: ☐ Employed* ☐ Not Employed

* Employer's Name & Phone Number: _____

Title/Position: _____ Gross Amount per Week: \$ _____ Supervisor's Name: _____

Please list any other sources of income. Include type, amount and frequency of payment:

Name, Address and Phone Number of a Personal Reference (non-relative): _____

_____ Length of Acquaintance: _____

OVER ----->

HOUSING HISTORY

Your Current Physical Address: _____ How long have you lived here? _____
Landlord/Agent & Phone Number: _____ Cost Per Month: \$ _____

Previous Address: _____ Lived here from _____ to _____
Landlord/Agent & Phone Number: _____ Cost Per Month: \$ _____
Reason for leaving? _____

Has any member of your household ever been evicted from an apartment for any reason? ☐ Yes ☐ No

Are you currently receiving subsidized housing assistance (i.e. Housing Choice Voucher/Section 8)? ☐ Yes ☐ No

Have you or any member of your household ever committed, been arrested for and/or convicted of a misdemeanor or felony crime? ☐ Yes* ☐ No * If yes, please explain: _____

Are you or any member of your household listed on any local or state sex offender registries? ☐ Yes ☐ No

Do you own any pets? ☐ Yes ☐ No If yes, breed _____ Height/Weight _____

Does any member of your household smoke? ☐ Yes ☐ No

APPLICANT CERTIFICATION

Giving True and Complete Information

I/We certify that all the information provided on household composition, income and family assets, is accurate and complete to the best of my/our knowledge. I/We have reviewed this Application Form and certify that the information shown is true and correct.

I/We understand that each adult member of the household must provide a criminal background check for every state he/she has resided in over the last seven (7) years at our own expense. Only original documents will be accepted.

Release of Information

I/We do hereby consent and authorize the release of any and all information to Concord Housing & Redevelopment from the sources listed on this application for the purpose of verifying my/our eligibility. I/We do hereby release, remise, and forever discharge, from any action whatsoever, in law and equity, all Concord Housing & Redevelopment employees and agents in connection to the processing, investigation or credit checking of this application and will hold harmless from any suit or reprisal whatsoever.

By signing below, I/We attest that all the information contained in this application is true and accurate to the best of my/our knowledge. I/We have read and understand all sections of this application.

ALL ADULT HOUSEHOLD MEMBERS 18 YEARS & OLDER MUST SIGN BELOW

Signature of Head of Household

Date

Signature of Spouse or Co-Head

Date