Keene Housing

831 Court Street, Keene, NH 03431
PHONE & TTD – 603.352.6161
FAX – 603.352.6845

Safety Net Application

Household information

Applicant's Full Name: Today's Date:

Address: Phone:

Additional Household Members and Ages:

Application Reason

□ Unemployed/lost job □ Decrease in household income

□ Increase in rent □ Other: (please explain):_____

Additional Information

Do you owe money to your landlord, or are you under eviction? □ Yes □ No

If yes, what is the balance? _____

Are you in good standing with KH? □ Yes □ No

Are you in compliance with the RSR program? □ Yes □ No

Are you currently receiving Safety Net? □ Yes □ No

Are you current with your payment arrangement/work hours/**conditions** of your current Safety Net Amendment?
□ Yes □ No If no, please explain:

Please indicate your current Step Rent Level, amount of subsidy and total tenant rent:

Current rent to landlord _____ Step level _____ HCV Subsidy Amount _____

Do you have your rent automatically withdrawn from your account? □ Yes* □ No
If YES, It is YOUR responsibility to contact the accounting department to stop the automatic withdrawal for the month.

Has someone left the household? □ Yes □ No
Name: _____ When: _____

Do any adults attend school? □ Yes □ No If yes, □ Full time or □ Part time?

Name: _____ Where: _____

List all income:

Where does it come from?	Gross Payment	Hours Per Wk	How often?	Who receives the money?	Who will verify?

If zero income:
Are you taking action to receive child support? □ Yes □ No

Explain why you are in need of Safety Net:

Are you currently receiving or applying for rental assistance from the City Welfare or other agency? □ Yes □ No
Please explain:

Do you have transportation? □ Yes □ No

Describe your work related job skills:

Is there any type of work you are unable to perform?

What days and hours are you available to volunteer?

Monday	Tuesday	Wednesday	Thursday	Friday

Please note: If you or anyone in your family is a person with disabilities, and you require a specific accommodation in order to fully utilize our programs and services, please contact Keene Housing main office.

Required:

I have completed this application and confirm the information is accurate.

I have included with my application:

- ☐ Current Pay stubs
- ☐ Complete copy of bank statements for all accounts
- ☐ Back up documentation, for example, doctor's note, termination notice etc.
- ☐ Completed current financial plan
- ☐ Written plan for increasing income and/or reducing expenses

I understand that this application is due by the 20th of the month to be considered for the first of the following month. Incomplete or late applications may not be considered for Safety Net.

Applicant's Signature:_____ **Date:**_____

OFFICE USE ONLY:

Recommendation of RSC:

Final decision:

☐ Approved ☐ Denied

Reason of denial:

☐ **Applicant has been accepted for participation in the Safety Net program.**

Terms of Agreement:

Subsidy Adjustment (income-based): ☐ Yes ☐ No

Recommended conditions:

☐ **Applicant does not meet eligibility criteria and has been denied participation in the Safety Net Program**

☐ Not in good standing with KH

☐ Does not meet income eligibility

☐ Other:_____