



PRE-APPLICATION/APPLICATION UPDATE FORM

Applicants are responsible for notifying Keene Housing (KH), in writing of any information changes related to household composition, contact information, and/or property choice. Pre-Application/Application Update Forms may be submitted in person or mailed to:

**Keene Housing, Intake Department
831 Court Street, Keene, NH 03431**

If you need assistance completing this application or have questions about the application process, please contact Keene Housing at 603-352-6161 or info@keenehousing.org.

Complete this section so that KH will be able to identify the information that has changed. Check all boxes that apply.

- New Address
 New Telephone Number
 Change in Email
 Adding or Removing Household Members
 Change in Property Choice
 Other
 Living in Ashbrook or a Cheshire Housing Trust property

PART A: YOU MUST COMPLETE THE FOLLOWING:

1. HEAD OF HOUSEHOLD (You must complete this section)				
Last Name:	First Name:	Middle Initial:	Social Security Number (SSN):	

STOP PART B: ENTER INFORMATION BELOW ONLY IF IT REPRESENTS A CHANGE FROM YOUR LAST APPLICATION OR UPDATE. PLEASE NOTE THAT CHANGES THAT LEAD TO A CHANGE IN REQUIRED BEDROOM SIZE MAY AFFECT YOUR PLACEMENT ON THE WAITING LIST.

2. CONTACT INFORMATION (Complete only if there is a change)		
Address (include Apt. # (best place for KH to reach you by mail):		
City:	State:	Zip:
Best Phone Number to Contact You : (_____) _____ - _____		
Area Code		
Email address:		

Add (A) Or Re-move (R)	First Name	Mid Initial	Last Name	SSN ###-##-####	Relationship to Head of Household	Date of Birth mm/dd/yyyy

3. OTHER CHANGES, please explain



Name of Head of Household: _____

4. PROPERTY CHOICE (Complete this section only if you wish to change your property choice(s))

If you wish to change your property choice(s), place an "x" in the "ADD" column if you wish to add a property choice and/or place an "x" in the remove column if you no longer wish to be considered for housing at that property.

Family Housing					
Add	Remove	Property Name	Features	City/Town	Bedroom (BR)
<input type="checkbox"/>	<input type="checkbox"/>	Bennett Block	Elec not included, Laundry on-site, No Parking	Keene	Studio – 2 BRs
<input type="checkbox"/>	<input type="checkbox"/>	Brookbend East	Elec not included, Laundry hook-ups	Keene	2-3 BRs
<input type="checkbox"/>	<input type="checkbox"/>	Brookbend West	Elec not included, Laundry hook-ups	Keene	2-3 BRs
<input type="checkbox"/>	<input type="checkbox"/>	Evergreen Knoll	Util included, Laundry on-site	Swanzey	2-3 BRs
<input type="checkbox"/>	<input type="checkbox"/>	Forest View	Util included, Laundry hook-ups, Community Room	Keene	2-3 BRs
<input type="checkbox"/>	<input type="checkbox"/>	Harper Acres	Util included, Laundry on-site	Keene	Studio- 2BRs
<input type="checkbox"/>	<input type="checkbox"/>	Meadow Road	Elec not included, Laundry hook-ups	Keene	2-3 BRs
<input type="checkbox"/>	<input type="checkbox"/>	North & Gilsum St.	Util included, Laundry hook-ups, Community Room	Keene	3-4
<input type="checkbox"/>	<input type="checkbox"/>	Riverbend	Elec not included, Laundry hook-ups	Swanzey	2-3 BRs
<input type="checkbox"/>	<input type="checkbox"/>	Scattered Sites	Varies	Keene	1-3
<input type="checkbox"/>	<input type="checkbox"/>	Stone Arch Village-Family	Elec not included, Laundry on-site	Keene	2-3 BRs
Senior and Disabled Housing					
Add	Remove	Property Name	Features	City/Town	Bedroom (BR)
<input type="checkbox"/>	<input type="checkbox"/>	Central Sq. Terrace (CST) Age 62 & Older	Util included, Laundry on-site, Limited Parking, Community Room, Elevator	Keene	Studio & 1 BR
<input type="checkbox"/>	<input type="checkbox"/>	Stone Arch Village – Senior Age 55 & Older	Util included, Laundry on-site, Community Room, Elevator	Keene	1-2 BRs
Housing Choice Voucher Programs (formerly Section 8)					
Add	Remove	Program Name	Features	City/Town	City/Town
<input type="checkbox"/>	<input type="checkbox"/>	Housing Choice Voucher	N/A	Cheshire County	All BR Sizes
<input type="checkbox"/>	<input type="checkbox"/>	Mainstream HCV (disabled households only)	N/A	Cheshire County	All BR Sizes

5. APPLICATION CERTIFICATION

I hereby certify that the information I have provided in this application update is true and accurate. I understand if I make property selections for which I am not eligible, my name may not be added to that waiting list. I understand that my having provided any false information will result in my application being cancelled or denied or in the termination of my housing assistance. I understand that at the time I rise to the top of a waiting list, I will be required to verify the information I have provided here. I accept responsibility for keeping Keene Housing informed of my current address and family composition, and I understand that my application may be cancelled if I fail to do so.

Applicant Signature: _____ **Date:** _____

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 the Keene Housing main office.

