



Application Process

1. Review Application Criteria
2. Complete Application
3. Submit Application AND the following:
 - Photo ID-copy
 - Birth Certificate-copy
 - SS Card-copy
 - Income Verification (Award letter, employment pay stubs)
 - BCI Form- You MUST notarize the BCI form- form is located in this packet of information.

Mail to: (pre-addressed envelope enclosed)

Saint Elizabeth Terrace
150 Warwick Neck Ave.
Warwick, RI 02889
Attn: Ken Cote
Saint Elizabeth Terrace

Saint Elizabeth Place and Saint Elizabeth Terrace are both members of Saint Elizabeth Community. Ken Cote is the Administrator of both residences.



Housing Application



Property Name Saint Elizabeth Terrace 150 Warwick Neck Ave. Warwick, RI 02889	Reference# _____ Applicant Name _____ Interviewer _____ Date Received _____ Time Received _____ Date Interviewed _____
Telephone: 401-739-7700	Action _____ Preference _____ Bedroom _____
<i>Office use only</i>	

Instructions for Head of Household

Answer all questions on this application. Enter "None" or "N/A" for those questions which do not apply to you or which you choose not to answer. Applications will not be considered unless they are fully completed.

For financial information, please use pages 8 and 9 to write the names and addresses of people who can verify the information you provide. (For example, for employment income, write your employer's address; for a medical expense, write the address of your doctor). Please use the backs of the pages to record additional information if there isn't enough room for an entry.

Before we offer you a unit we will give you a consent form ("Authorization for Release of Information"); this lets us check the information you give us. Have each adult family member sign this form and return it to us as soon as possible. Until you return the Consent Form to us, we cannot offer you a unit.

General Family Information

Complete this information once for the entire family.

- 1) Name of Head of Household _____
- 2) What is your present address? _____

Telephone Number _____ Is this your phone? Yes No

Work Phone _____ Message/Emergency Phone _____

Cell _____

- 3) Do you have any pets? Yes No
If Yes, What kind? _____ Weight _____ Height _____

- 4) Do you live or have you ever lived in subsidized housing? Yes No
If Yes, where? _____

When? From _____ To _____

Were you evicted? Yes No If Yes, did you owe rent? Yes No

If Yes, How much did you owe? _____

5) How many vehicles does the family own? _____

List make, color, year, license plate number and state for each:

6) If a live-in attendant is required for an elderly, handicapped, or disabled member, please enter the name of the attendant and the name and address of a doctor who can verify the need for the attendant:

Name and address of doctor _____

7) How many people live in your household now? _____

Will any of these people live anywhere except the unit you are applying for ___ Yes ___ No

If Yes, please explain _____

Will anyone else live in the apartment on either a full-time or part-time basis? ___ Yes ___ No

If Yes, please explain _____

Do you expect any of the above to change in the future? ___ Yes ___ No

If Yes, Please explain _____

8) If you are now renting, who is your landlord?

Name _____

Address _____

Telephone number _____

Current rent \$ _____ Security Deposit \$ _____

If you are not renting, please explain your current living arrangements _____

9) If you have moved within the past five years, give the name, address, and phone number of your previous landlords and the dates you lived there. Use the back of the page if you need more space.

Name of Landlord	Address	Phone	Dates you lived there	
			From	To

10) Are you or any member of your household a U.S. military veteran? Yes No

11) Have you or any member of the household ever been convicted of a felony, or a misdemeanor other than a traffic violation? Yes No If Yes, please explain _____

12) Are you or anyone of the household subject to a lifetime state sex offender registration in any state? Yes No. If yes what state(s) did you live in? _____

List all of the states that applicants have resided in for HUD State Lifetime Sex Offender requirements.

13) Do you or any member of your household use an illegal drug or other illegal controlled substance? Yes No If Yes, please explain _____

14) Have you or any member of your household ever been convicted of the illegal distribution or manufacture of an illegal drug or other illegal controlled substance? Yes No

If yes, please explain _____

15) Have you or your spouse/co-applicant ever used different names from the names given in this application? Yes No If Yes, please explain _____

16) Have you or any members of your household ever used social security numbers different from those listed in this application? Yes No If Yes, please explain _____

17) Have you, or your spouse/co-applicant, ever been evicted or otherwise involuntarily removed from rental housing due to fraud, non-payment of rent, failure to cooperate with recertification procedures, or for any other reason? Yes No If Yes, please explain _____

18) How did you hear about this rental property, e.g., newspaper, word of mouth, etc.?

19) Please give three (3) references (other than family). Use the back of this page if you need more space.

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

20) Please check any categories below that apply to you and your family. If you check any of the categories, you must include verification with this application, e.g., three cancelled rent checks, a letter from the landlord denying a lease renewal, or a letter from a government agency indicating unfit housing. Without this information, you will not be able to qualify for a Federal Preference.

Our current dwelling is substandard because:

- it is dilapidated.
- it doesn't have indoor plumbing that works.
- it doesn't have a usable flush toilet inside the unit that is only for the use of our family.
- it doesn't have a usable bathtub or shower inside the unit that is only for the use of our family
- it doesn't have electricity.
- the electrical service is unsafe or inadequate.
- it doesn't have a safe or adequate source of heat.
- it doesn't have a kitchen.
- it has been declared unfit for habitation by a government agency.

We are homeless and don't have a fixed, regular, or adequate nighttime residence. We currently live in:

- a supervised public or private shelter.
- an institution that provides a temporary residence for individuals intended to be institutionalized
- a place not designed for, or normally used for sleeping.

We have been forced to leave our home because of:

- a disaster such as a fire or flood.
- a government action.
- action by a private owner that I, the tenant, could not control or prevent. (does not include a rent increase).
- actual or threatened physical violence.
- the landlord did not renew the lease.

We are paying more than 50 percent of our gross family income for rent and utilities.

Yes No If Yes, please enter your current housing expenses:

Rent	\$ _____ per month	Taxes	\$ _____ per _____
Heat	\$ _____ per month	Insurance	\$ _____ per _____
Gas	\$ _____ per month	Water/Sewer	\$ _____ per _____
Electric	\$ _____ per month		

Applicant Signature and Certification

We understand the information in this application will be used to determine eligibility for a unit and that this information will be checked. We understand that any false information may make us ineligible for a unit.

We certify that all information given in this application and in the attached member, financial, and verification forms is true, complete and accurate. We understand that if any of this information is false, misleading or incomplete, management may decline our application or, if move-in has occurred, terminate our Rental Agreement.

We authorize management to make any and all inquiries to verify this information, directly or through information exchanged now or later with rental and credit screening services, and to contact previous and current landlords or other sources for credit and verification information which may be released to appropriate Federal, State or Local agencies.

If our application is approved, and move-in occurs, we certify that only those persons listed in this application will occupy the apartment that they will maintain no other place of residence, and that there are no other persons for whom we have, or expect to have, responsibility to provide housing.

We agree to notify management in writing regarding any changes in household address, telephone numbers, income, and household composition.

We have read and understand the information in this application, in particular the information in the Instructions for *Head of Household* on page 1, and we agree to comply with such information.

We authorize management to obtain one or more "consumer reports" as defined in the Fair Credit Reporting Act, 15 U.S.C. Section 1681a (d), seeking information on our credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living.

If this application is for a household of more than one person, we consider ourselves a stable household, and all of our income is available to the household for its needs.

We also understand that all adult members of the household must sign the HUD required Consent Form ("Authorization for Release of Information") before we can be offered a unit.

WARNING: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentation of any material fact involving the use of or obtaining federal funds.

I would like to request a complete copy of the owner/agents resident selection criteria.

_____ No _____ Yes _____ Paper Copy _____ Electric Copy

Signature of Head of Household Date

Signature of Co-applicant Date

Signature of Spouse or Co-applicant Date

Signature of Co-applicant Date

Signature of Co-applicant Date

Signature of Co-applicant Date

Member Information

Please list each member who will live in the unit. The bottom of the page explains what to put in each column.

Member Name (Last, First, Initial)	Social Security Number	Date of Birth	Relationship to Head	Sex M/F/R	Race (See Below)	Hispanic (Y/N)	Occupation	Full- Time Student (Y/N)	Pregnant/Adopting/ Legal Guardianship (Y/N)	Handica Disabled (Y/N)
			Head							

Explanation of columns:

Member's Name: Enter the last name, first name, and then the middle initial.
Social Security Number: If a member has a social security number you must enter it if the member is age 6 or older or if the member has any income. If a member does not have a social security number, but has an alien number, enter the alien number. If a member has neither a social security number nor an alien number, write None.
Date of Birth: Enter the month, day and year. Example: 6/13/55
Relationship to Head: Indicate how this member is related to the Head. Examples: Spouse, Co-head, Son, Daughter, Foster-child.
Sex: Enter M for male or F for female or R for Refuse to answer.
Race: Enter one of the following:
 1. White
 2. Black
 3. Asian/Pacific Islander
 4. American Indian/Alaskan Native
Hispanic: Enter Yes or No. (This information is for statistical purposes only; you are not required to answer, nor does your answer affect your position on our waiting lists or your chances of getting a unit.)
Occupation: Enter the occupations of the Head, Spouse, and all members over age 18. Examples: Clerk, Nurse, Truck driver. If an adult member does not work, enter N/A
Full-Time Student: Answer this only for members who are ages 18 and older. Enter Yes if the member is a full-time student and No if the member is not. If you answer provide the required information on the Verification Information sheet.
Pregnant/Adopting/Legal Guardianship: If a member is pregnant or in the legal process of adopting or becoming a legal guardian, enter the number of additional members expected because of the pregnancy or adopting; you would answer 1; you would answer 2 if a person were pregnant with twins or if 2 children were being adopted. Leave this entry blank if it doesn't apply to this member. If you do enter a number, complete the corresponding information on the Verification Information sheet.
Handicapped/Disabled: you don't have to claim handicapped/disabled status for a member, but doing so may place you in a higher position on some waiting lists or give you a lower rent if you are accepted as a tenant. If you wish to be considered for the preferences and you indicate that a member is handicapped or disabled, please complete the corresponding information on the Verification Information sheet.

Verification Information

Complete this page for each individual who will live in the unit who is a full-time student, handicapped, disabled, pregnant, or in the legal process of adopting or becoming a legal guardian. If none of the categories on this page applies to any Household Member, it is not necessary to complete this page. Simply enter N/A here _____, initial the upper right-hand corner of the page, and proceed to the next page.

Full-Time Student Information

Pregnancy or Adoption Information

Member Name (Last, First, Initial)	Name and Address of the School Or Vocational Facility	Member Name	Name and Address of Doctor or Organization who can Verify Information

Handicap or Disability Information: This information is voluntary. However, there are certain program benefits which are available to applicants and residents who are handicapped or disabled. If you do not wish to be considered for these benefits, or they do not apply to you, please enter N/A here _____ initial the upper right-hand corner of the page, and proceed to the next page.

Member Name (Last, First, Initial)	Handicap or Disability (optional) (if claiming, select definition from below)	Does any member have special housing needs which require any of the following? (check applicable items)	Name and address of doctor or organization which can verify information
		<input type="checkbox"/> Separate Bedroom <input type="checkbox"/> Barrier-free apartment <input type="checkbox"/> One-level unit <input type="checkbox"/> BR/Bath on 1 st Fl.	<input type="checkbox"/> Unit for vision Impaired <input type="checkbox"/> Unit for hearing-Impaired <input type="checkbox"/> Unit for mobility Impaired <input type="checkbox"/> Other (please specify)

Explanations:

Handicapped: A physical, mental, or emotional impairment that is expected to be of long-continued and indefinite duration; substantially impedes the person's ability to live independently; and is such that the person's ability to live independently could be improved by more suitable housing conditions.

Chronic Mental Illness: A severe and persistent mental or emotional impairment that seriously limits ability to live independently and that could be improved by more suitable housing conditions.

Disabled, USC: A physical or mental impairment that manifested itself before age 22 and that results in functional living limitations and that requires some type of individually planned care or special services.

Disabled, SSA: A physical or mental impairment that makes the person unable to participate in a substantially gainful activity that he or she was able to do before. If the disability is blindness, the person must be 55 years old or older to qualify under this definition.

Financial Information

Complete these pages for each member who will live in the unit who has any income or assets, or who causes any medical, handicap, or child-care expenses. You do not need to complete these pages for a live-in attendant. You may photocopy these pages if necessary.
 Income: List all employment and non-employment income for all household members. Include Salary and Wages (Gross Amount), Social Security (Green Check), Supplemental Security Income (Gold Check), IRA, Keough, V.A. Pension, other pensions or annuities, General Assistance (Welfare), ANFC, Child Support, and any other source of income. List below if you receive retirement benefits as periodic payments, and if so, from what type of retirement account. Please list below claim numbers if receiving Dual Entitlement benefits.

Member Name (Last, First, Initial)	Type of Income and Who Pays It	Est. Total Income (Circle one)	
		\$ _____ Per wk. mo.	
		\$ _____ Per wk. mo.	
		\$ _____ Per wk. mo.	
		\$ _____ Per wk. mo.	
		\$ _____ Per wk. mo.	
		\$ _____ Per wk. mo.	

Assets: List assets of all household members, including savings and checking accounts, certificates of deposit, stocks, bonds, mutual funds, credit union shares, land, real estate (including you home, if you own it), and any other assets.

Member Name (Last, First, Initial)	Account Number	Description of Asset	Current Value of Asset	Interest Rate or Annual Income	Bank/Credit Union/Appraiser	Address

Financial Information (continued)

Expenses: List any medical, handicap, or child-care expenses that are paid because of this household member. (For example, list child-care expenses for the child who needs the care, not for the person who pays for the care.)

Name (Last, First, Initial)	Type of Expense		Est. Total Expense (Circle one)	Name and Address of Doctor or Provider who can Verify Information
	M (Medical) H (Handicap)	C (Child-care) (circle one)		
		1 Working 2 Looking for work 3 School	\$ _____ Per wk. mo.	
		1 Working 2 Looking for work 3 School	\$ _____ Per wk. mo.	
		1 Working 2 Looking for work 3 School	\$ _____ Per wk. mo.	
		1 Working 2 Looking for work 3 School	\$ _____ Per wk. mo.	

List any assets that you have disposed of, transformed, given away, or sold for less than the market value during the last 2 years, e.g., a house, car, or cash.

Description of Asset	Date Disposed of	Fair Market Value	Divestiture Costs (e.g., realtor, CD Penalty)	Amount Received	Name and Address of Bank, Institution, Real Estate Agent or Appraiser who can Verify

Do you expect any changes in your income, assets, or expenses during the next twelve months? Yes _____ No _____
If Yes, Please explain (use the back if necessary).

Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING
This form is to be provided to each applicant for federally assisted housing

Instructions: Optional Contact Person or Organization: You have the right by law to include as part of your application for housing, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. You may update, remove, or change the information you provide on this form at any time. You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form.

Applicant Name:	
Mailing Address:	
Telephone No:	Cell Phone No:
Name of Additional Contact Person or Organization:	
Address:	
Telephone No:	Cell Phone No:
E-Mail Address (if applicable):	
Relationship to Applicant:	
Reason for Contact: (Check all that apply)	
<input type="checkbox"/> Emergency	<input type="checkbox"/> Assist with Recertification Process
<input type="checkbox"/> Unable to contact you	<input type="checkbox"/> Change in lease terms
<input type="checkbox"/> Termination of rental assistance	<input type="checkbox"/> Change in house rules
<input type="checkbox"/> Eviction from unit	<input type="checkbox"/> Other:
<input type="checkbox"/> Late payment of rent	
Commitment of Housing Authority or Owner: If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.	
Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
Legal Notification: Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.	

Check this box if you choose no to provide the contact information.

Signature of Applicant	Date

The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). The public reporting burden is estimated at 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Section 644 of the Housing and Community Development Act of 1992 (42 U.S.C. 13604) imposed on HUD the obligation to require housing providers participating in HUD's assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend, or person associated with a social, health, advocacy, or similar organization. The objective of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any delivery of services or special care to the tenant and assist with resolving any tenancy issues arising during the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and maintained as confidential information. Providing the information is basic to the operations of the HUD Assisted-Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fraud, waste, and mismanagement. In accordance with the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless the collection displays a currently valid OMB control number.

Privacy Statement: Public Law 102-550, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions.

Form HUD-92006 (05/09)

STUDENT QUESTIONS

Applicant/Resident _____ Date _____

Saint Elizabeth Terrace

TO BE COMPLETED BY APPLICANT / RESIDENT

Yes No

Are you student at an institution of higher education? Yes No

**Institutes of higher education include post-secondary vocational institutions; "proprietary institutions of higher education" which prepare students for "gainful employment in a recognized occupation", and accredited post-secondary colleges and universities. If you are not sure, please mark "yes" and we will verify it.*

If you have answered no, please skip the following questions and sign below.

If you answered yes, the owner agent is required to determine your eligibility as a student. Please complete the following questions:

Yes No

- | | | |
|--|--------------------------|--------------------------|
| 1. Are you a full-time student? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Will you be living with your parents? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. If no: | | |
| a. Are your parents receiving or eligible to receive Section 8 assistance? | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Are you claimed as a dependent on your parent's tax return? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Are you a graduate or professional student? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Are you at least 24 years of age? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Are you a veteran of the United States military? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Are you married? | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Do you have a dependent child? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Do you have dependents other than a child or spouse? | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Have you been independent of your parents for at least one year? | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Are you disabled? | <input type="checkbox"/> | <input type="checkbox"/> |
| a. If yes, were you receiving housing assistance as of 11/30/2005? | <input type="checkbox"/> | <input type="checkbox"/> |



STUDENT QUESTIONNAIRE

12. Are you receiving any financial assistance to pay for your education?

If so – Please list all sources of financial assistance including the school, any providers of scholarships or grants, parents, associations, etc.

PENALTIES FOR MISUSING THIS FORM

Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government, HUD, the PHA and any owner (or any employee of HUD, the PHA or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD, the PHA or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at 208 (a) (6), (7) and (8). Violation of these provisions are cited as violations of 42 U.S.C. 408 (a) (6), (7) and (8).

Print Name _____

Signature _____

Date _____



SAINT ELIZABETH TERRACE
150 WARWICK NECK AVE.
WARWICK, RI 02889
(401) 739-7700

BCI REQUEST

DATE _____

TO: Attorney General's Office
50 South Main Street
Providence, RI 02903

FROM: Kenneth Cote, Administrator
Saint Elizabeth Terrace
150 Warwick Neck Ave.
Warwick, RI 02889

SUBJECT: BCI FOR AN APPLICANT TO FEDERALLY SUBSIDIZED ELDERLY HOUSING

Name _____

Current Address _____

Social Security Number _____

Date of Birth _____

This person has applied for housing assistance under a program of the U. S. Department of Housing & Urban Development (HUD). R. I. Law requires that a BCI be conducted by the Attorney General's office for all applicants to federally subsidized elderly housing.

We ask your cooperation in providing the BCI for this individual and returning it to the person listed at the top of the page. Your prompt return of this information will help to assure timely processing of the application for assistance. Enclosed is a self-addressed stamped envelope for this purpose. The applicant has consented to this release of information, as shown.

HOUSEHOLD MEMBER RELEASE

YOU DO NOT HAVE TO SIGN THIS FORM IF EITHER THE REQUESTING ORGANIZATION OR THE ORGANIZATION SUPPLYING THE INFORMATION IS LEFT BLANK.

RELEASE: As part of my application to rent an apartment at this federally subsidized elderly housing development, I hereby give my permission to Saint Elizabeth Terrace to obtain BCI report and any other criminal reports which may exist.

SIGNATURE

DATE

MANAGEMENT CERTIFICATION

I certify that this development is housing for the elderly, for the elderly, for purposes of R.I.G.L. Section 45-25-18.12 (no fee BCI check).

SIGNATURE

Date

NOTE: BCI FORM MUST BE SIGNED AND NOTARIZED INCLUDING A PHOTO COPY OF IDENTIFICATION WHEN RETURNED TO SAINT ELIZABETH TERRACE.

PENALTIES FOR MISUSING THIS CONSENT

Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD, the PHA and any owner (or any employee of HUD, the PHA or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willfully requests, obtains or discloses any information under false pretenses, concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD, the PHA or the owner responsible for the unauthorized disclosure or improper use.



150 Warwick Neck Avenue
Warwick, Rhode Island 02889

phone: 401. 739. 7700
fax: 401. 773. 7832

www.stelizabethcommunity.org

LANDLORD VERIFICATION FORM
WITH APPLICANT RELEASE

Our tenant selection policy requires us to verify certain information about all members of family applying for admission to our facility. To comply with this requirement, we ask your cooperation in supplying information on the rental history for the below-named family. This information will be used only in determining whether the family can be accepted for admission. You will note that the family has authorized you to provide this information to us by signing the release at the bottom of the form.

Your prompt return of this information will be appreciated. A stamped self-addressed return envelop is enclosed for your convenience.

Thank you for your cooperation. If you have any questions, please call (401) 739-7700 at our facility.

- ❖ Name of Applicant: _____
- ❖ Current Address: _____
- ❖ Landlord Address: _____
- ❖ Name of Landlord: _____
- ❖ Landlord Contact #: _____

Are you a relative or friend of the applicant? ____ Yes ____ No

If yes, please describe that relationship: _____

Are you this applicant's ____ Current Landlord ____ Previous Landlord ____ other?

Dates of applicant's tenancy in your facility: From _____ To _____

1. Applicant's Rent Payment History

A. Amount of monthly rent: _____

B. Does (did) applicant pay rent on time? ___ Yes ___ No

C. Has (had) applicant ever paid late? ___ Yes ___ No

How late? _____

How often _____

D. Have (had) you ever begun/completed eviction proceedings for non-payment? ___ Yes ___ No

E. Do you provide any of the utilities for the unit? ___ Yes ___ No

F. Have tenant-paid utilities ever been disconnected? ___ Yes ___ No

2. Caring for the Unit

A. Does (did) the applicant keep the unit clean, safe and sanitary?
___ Yes ___ No

B. Has (had) the applicant damaged the unit? ___ Yes ___ No

Describe: _____

Cost of repairs: _____

How often did the applicant damage the unit? _____

C. If the applicant damaged the unit, has (had) the applicant paid for the damage? ___ Yes ___ No

D. Will (did) you keep any security deposit? ___ Yes ___ No

E. Does (did) the applicant have problems with insect/rodent infestation?
___ Yes ___ No

F. Does (did) the applicant's housekeeping contribute to the infestation?
___ Yes ___ No

3. General

A. Is (was) the applicant listed on the lease for the unit? ___ Yes ___ No

- B. Does (did) the applicant permit persons other than those on the lease to live in the unit on a regular basis? Yes No
- C. Has (had) the applicant, family members or guests damaged or vandalized the common areas? Yes No
- D. Does (did) the applicant, family members or guests create any physical hazards to the project or other residents? Yes No
- E. Does (did) the applicant, family members or guests interfere with the rights and quiet enjoyment of other tenants? Yes No

Describe: _____

- F. Have (has) the applicant, family members or guests engaged in any criminal activity, including drug-related criminal activity in the unit or building? Yes No
- G. Has (had) the applicant given you any false information? Yes No

Describe: _____

- H. Has (had) the applicant, family members or guests acted in a physically violent and/or verbally abusive manner toward neighbors, landlord or landlord's staff? Yes No
- I. Would you readmit this applicant? Yes No

Signature of Landlord

Date

Telephone Number

(Name of authorized staff: if telephone verification)

Date

APPLICANT RELEASE

I hereby authorize _____ to release the requested information to Saint Elizabeth Terrace.

Signature of Applicant

Date

SAINT ELIZABETH TERRACE
150 WARWICK NECK AVE.
WARWICK, RI 02889
401-739-7700

APPLICANT
DECLARATION

INSTRUCTIONS: Complete this format for each of the family listed on the family summary sheet

LAST NAME _____

FIRST NAME _____

RELATIONSHIP TO HEAD OF HOUSEHOLD _____ SEX _____ DATE OF BIRTH _____

SOCIAL SECURITY NO. _____ ALIEN REGISTRATION NO. _____

ADMISSION NUMBER _____ if applicable, (this is an 11-digit number found on INS Form I-94, Departure record)

NATIONALITY _____ (Enter the foreign nation or country to which you owe legal allegiance. This is normally, but not always the country of birth.)

SAVE VERIFICATION NO. _____
(TO BE ENTERED BY OWNER IF AND WHEN RECEIVED)

DECLARATION

I _____ hereby
(print or type first name, middle initial, last name)

Declare, under penalty of perjury, that I am:

_____ 1. a citizen or national of the United States

If you check this block, no further information is required. Sign and date below and forward this form to the name and address specified in the attached notification. If this block is checked on behalf of child, the adult who resides in the assisted unit and who is responsible for the child should sign and date below.

Signature

Date

Check here if adult signed for a child: _____

_____ 2. A noncitizen with eligible immigrations status in the category checked below:

_____ (i) A noncitizen lawfully admitted for permanent residence, as defined by section 101 (a) (20) of the Immigration and Nationality Act (INA) as an immigrant, as defined by section 101 (a) (15) of the INA (8 U.S.C. 1001 (a) (20) and 1101 (a) (15), respectively. [immigrants] (This category includes a noncitizen admitted under section 210 or 210A of the INA (8 U.S.C. 1160 or 1161), [special agricultural worker], who has been granted lawful resident status);

_____ (ii) A noncitizen who entered the United States before January 1, 1972, or such later date as enacted by law, and has continuously maintained residence in the United States since then, and who is not eligible for citizenship, but who is deemed to be lawfully admitted for permanent residence as a result of an exercise of discretion by the Attorney General under section 249 of the INA (8 U.S.C. 1259);

_____ (iii) A noncitizen who is lawfully present in the United States pursuant to an admission under section 207 of the INA (8 U.S.C. 1157) [refugee status]; pursuant to the granting of asylum (which has not been terminated) under section 208 of the INA (8 U.S.C. 1158) [asylum status]; or as a result of being granted conditional entry under section (iii) "Section 243 (h)" or Deportation stayed by Attorney General";

(iv) "Paroled Pursuant to sec. 212 (d) (5) of the INA";

- (3) If Form I - 94, Arrival - Departure Record, is not annotated, then accompanied by one of the following documents:
- (i) A final court decision granting asylum (but only if no appeal is taken);
 - (ii) A letter from an INS asylum officer granting asylum (if application is filed on or after October 1, 1990) or from an INS district director grant asylum (if application filed before October 1, 1990);
 - (iv) A letter from an INS asylum officer granting withholding of deportation (if application filed on or after October 1, 1990)
- (4) Form I-688, Temporary Resident Card, which must be annotated "section 245A" or "Section 210";
- (5) Form I-688B, Employment Authorization Card, which must be annotated "Provision of Law 274a. 12 (11)" or "Provision of Law 274a. 12"
- (6) A receipt issued by the INS indicating that an application for issuance of a replacement document is one of the above - listed categories has been made and the applicant's entitlement to the document has been verified.

If this block is checked, sign and date below and submit the documentation required above with this format to the name and address specified in the attached notification. If this block is checked on behalf of a child, the adult residing in the unit and responsible for the child should sign and date the format.

If for any reason, the documents shown in paragraph b. above are not currently available, complete the request for extension block below.

Signature

Date

Check here if adult signed for a child: _____

REQUEST FOR EXTENSION

I hereby certify that I am a noncitizen with eligible immigration status, as noted in block 2 above, but the evidence needed to support my claim is temporarily unavailable. Therefore, I am requesting additional time to obtain the necessary evidence. I further certify that diligent and prompt efforts will be under taken to obtain this evidence.

Signature _____

Date _____

Check if adult signed for a child: _____

3. Not contending eligible immigration status and I understand that I am not eligible for financial assistance.

If you checked this block, no further information is required and the person named above is not eligible for assistance. Sign and date below and forward this format to the name and address specified in the attached notification. If this block is checked on behalf of a child, the adult who is responsible for the child should sign and date below.

Signature _____

Date _____

Check here if adult signed for a child: _____

RESIDENT SELECTION POLICY FOR HUD SECTION 202 PRAC HOUSING

The Saint Elizabeth Community Board views resident selection as critical to the successful management of Saint Elizabeth Terrace.

Applicants are carefully screened to select only those applicants who meet HUD eligibility requirements for elderly who will be responsible residents. It is a very important to know that careless selections have an impact on staff, residents relations, safety, high repair costs, and costly evictions. To avoid such problems, the following resident selection procedures have been developed.

Saint Elizabeth Terrace admits all eligible applicants unless there is good cause not to. Federal laws forbid discrimination based on race, color, creed, religion, sex, national origin, age, handicap or sexual orientation. Selections will be made with emphasis on an on-going marketing practice which will meet the objectives of the Affirmative Fair Housing Marketing Plan.

Essentially, those meeting the basic requirements for admission to Saint Elizabeth Terrace must also be capable of fulfilling the requirements of the lease by themselves or with the assistance of others.

Saint Elizabeth Terrace has made its programs as a whole, accessible to persons with disabilities. It will pay for reasonable structural modifications to units and/or common areas that are needed by applicants and tenants with disabilities, unless these modifications would change the fundamental nature of the project or result in undue financial and administrative burdens. We will not segregate housing based upon a disability or type of disability, unless authorized by federal statute or executive order.

We will provide auxiliary aids and services necessary for effective communication with persons with disabilities. Developing a transition plan to ensure that structural changes are properly implemented to meet program accessibility requirements, and perform a self-evaluation program and policies to be sure they do not discriminate based on disability, while operating our programs in the most integrated setting appropriate to the needs of qualified individuals with disabilities.

To be considered for occupancy at Saint Elizabeth Terrace, one of the following criteria must be met:

1. Elderly families eligible for the program are:
 - a. Families of two, one of whom is 62 years of age or older.
 - b. The surviving member or members of any family living in an assisted unit with the deceased member of the family at the time of his or her death.
 - c. A single person who is 62 years of age or older.
 - d. (Emergency Situations) A perspective applicant who is deemed to be in an emergency situation will be given priority status on the waiting list. An emergency situation is defined as:
 - Any perspective applicant who is deemed mobility impaired and is currently living in an environment that is not handicap accessible.

- A perspective applicant who is currently a victim of abuse and that abuse has forced the individual to find immediate alternate housing.

2. As of 1/31/2010 HUD is requiring the use of Employment Income Verification (EIV) system to be used to verify every member of the applicant's family prior to Move-In. An existing tenant search will be ran to determine if you are currently in a subsidized facility in order to coordinate move-in and move-out dates. It will also be used on an annual basis during the recertification process. The EIV system will determine the household's total income. Therefore it is important to provide all income necessary to determine rent. The household's annual income must not exceed HUD established income limits for Section 202 PRAC of the Rental Assistance Program. Income guidelines are changed by the Regulatory Agency. Currently, the established limits for Low income are \$48,750 for one person and \$55,700 for a two persons.

3. Applicants must agree to pay the rent and security deposit required and must have adequate income or available resources to fulfill basic living needs beyond food and shelter

4. The applicant must be sufficiently competent to enter and comply with a lease agreement.

5. The applicant must be able to perform the activities of daily living at a level required by the facility's design and scope of supportive services and without the intervention of the facility staff. This must not be confused with the "assistance of others". Activities of daily living include but are not limited to the following:

- a. Residents must demonstrate adequate housekeeping habits, to avoid creating health/safety risks. This includes being able to remove trash, garbage, and others waste material, separated to comply with applicable regulations from the unit to designated collection areas in a clean and safe manner.
- b. Resident must be capable of managing and/or arranging for management of his/her own affairs.
- c. Resident must be capable of following instructions and responding appropriately in emergency situations.

- d. Resident must be able to self-administer or arrange for the administration his/her own medications.
- e. Resident must be able to understand, abide by, and meet the requirements of the lease and house rules.
- f. Resident must be capable of safely operating, with or without assistive measures typical apartment and building equipment
Such as stove, shower, elevator, washing machine or air conditioner.

The facility's design and scope of services are custom tailored to meet the needs of elderly and elderly with mobility impairment and are not designed to meet the needs of the developmentally disabled and chronically mentally ill. If assistance is required, the individual with handicaps must be able to arrange for it by him/herself.

All applicants need to have a responsible local family member, case worker, or friends (non-resident) sign their personal care sponsor form. The designated person must exhibit ability and willingness to assume responsibility for the resident in the event of an illness or if deteriorating health conditions exist. This form will be signed after he/she has been aware of this responsibility.

6. Saint Elizabeth Terrace stipulates that residents not vacate their apartment for more than 90 consecutive days. Extenuating circumstances will be evaluated by the administrator.

7. The applicant must intend that the unit will be his/her only place of residence.

8. Pets will be accepted when specific policies set forth in the resident handbook can be met. A pet lease addendum will also be signed.

Applicants will be required to a reference from a former landlord which will include past rental history, cooperation with applicable recertification procedures, violation of house rules, violations of lease,

history of disruptive behavior, housekeeping habits, and/or termination of assistance fraud.

Credit checks may be useful when no rent payment history is available. However, lack of credit history is not sufficient justification to reject an applicant. Applicants being seriously considered for occupancy will also be required to submit to Bureau of Criminal Investigation reports (BCI). An applicant will be denied if evicted from another federally assisted site for drug related criminal activity within the last three years. Use of illegal drugs, abuse alcohol, or are classified as a sex offender. A copy of your Social Security card is required, which is legible.

Summary of Revised SSN Disclosure and Verification Requirements: Tenants – As of January 31, 2010, all individuals, including those under the age of six, must now disclose a valid SSN. The only exceptions to this requirement and for tenants age 62 or older as of January 31, 2010, whose initial determination of eligibility was begun prior to January 31, 2010. The exemption for persons 62 and older does not apply to new applicants coming into your property unless they were already receiving federal housing assistance somewhere else on January 31, 2010. Individuals who have already disclosed a valid SSN do not have to re-disclose their SSN. Affected tenants must provide verification of SSNs at the time of their next interim or annual recertification if the following criteria apply:

- They have not previously disclosed a SSN;
- They previously disclosed a SSN that HUD or SSA determined was invalid; or
- They have been issued a new SSN.

If there is no Social Security number, it must be requested for, at the Social Security Administration. Sixty days will be allotted to provide proof of Social Security numbers.

Once you have met the necessary requirements, (A letter will be sent notifying you.) You will be placed on the waiting list according to the date and time the completed application was received. Once an apartment becomes available, management will review the waiting list, depending on the accessibility features of the available apartment, management will appropriately place the next senior applicant.

The waiting list may be closed when the average wait is excessive (over one year). At that time no applications will be accepted, when this occurs a notice will be published in a local publication. When the waiting list is opened again, it will also be published in the same local publication, giving specifics as to where and when to apply.

In the event an applicant is denied, he/she will be notified in writing, and given the reason of denial. All denied applicants are given the right to a third party hearing, if requested within fourteen days. Persons with disabilities have the right to request reasonable accommodations to participate in the informal hearing process.

Attached is addendum VAWA 2013 for the rights of victims of domestic violence, dating violence, sexual assault, and stalking. By increasing opportunities for all individuals to live in a safe housing, this will reduce the risk of homelessness and further HUD's mission of utilizing housing to improve quality of life.

Updated September 14, 2020