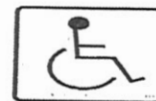




SAINT ELIZABETH
APARTMENTS FOR SENIORS AND MOBILITY-IMPAIRED
Formerly Saint Elizabeth Place



Housing Application

Property Name

Saint Elizabeth Place
700 Westminster St.
Providence, RI 02903

Telephone:

401-273-1090

Reference# _____

Applicant Name _____

Interviewer _____

Date Received _____

Time Received _____

Date Interviewed _____

Action _____

Preference _____

Bedroom _____

Office use only

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.

- ☐ Please check here if English is not your primary language and you need language assistance completing the application process. Language: _____

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

Work Phone _____

No Message/Emergency Phone _____

Cell _____

- 3) If English is not your primary language and you need assistance applying for housing at our community, please list the language in which you need communication here:: _____

- 4) Do you have any pets? _____ Yes _____ No

If Yes, What kind? _____ Weight _____ Height _____

- 5) 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? _____

- 6) How many vehicles does the family own? _____

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

- 7) 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

- 8) 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

- 9) 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 _____

- 10) 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
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

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

- 12) 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 _____

- 13) 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	Other (specify)	\$ _____	per _____

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 I, 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.

Saint Elizabeth Place is an Equal Housing Opportunity provider. Saint Elizabeth Place does not discriminate on the basis of disability status in the admission or access to, or treatment or employment in, its federally assisted programs and activities. Kenneth Cote has been designated to coordinate compliance with the nondiscrimination requirements contained in the Department of Housing and Urban Development's regulations implementing Section 504 (24 CFR, part 8 dated June 2, 1988). Kenneth Cote can be reached at 700 Westminster St, Providence, RI. (401) 273-1090, FAX (401) 453-0173, TDD #711 and EMAIL kcote@stelizabethcommunity.org.

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)	Handicap/ Disabled (Y/N)
			Head							

****If the member was 62 years of age or older on January 31, 2010, does not have a Social Security Number, AND was receiving HUD rental assistance at another location on January 31, 2010, please mark this column as EXEMPT. Staff will verify the exemption as part of the eligibility review.**

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

(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.)

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 Yes 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 any 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 these 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 _____, init. the upper right-hand corner of the page and proceed to the next page. **Note:** Persons with a disability are entitled to Reasonable Accommodations which are changes, exceptions or adjustments to rules policies, practices, or services that may be necessary for a person with a disability to have an equal opportunity to use and enjoy a dwelling including public and common use spaces. Please see the Reasonable Accommodations Policy attached.

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)	

Explanation:

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.		

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.)

Type of Expense			Est. Total Expense (Circle one)	Name and Address of Doctor or Provider who can Verify Information
Name (Last, First, Initial)	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.	
		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) _____

Reasonable Accommodation Policy

Saint Elizabeth Place

Management recognizes its obligations to reasonably accommodate individuals with disabilities in all phases of its operations. This includes employees, applicants for housing and residents currently living at the Village the Bluffs (VATB).

The Reasonable Accommodations requirements are expressed in the Fair Housing Act Amendment of 1988 (24 CFR Parts 14 et seq.) and Section 504 of the Rehabilitation Act (24 CFR Part 8 et seq.) as promulgated by the Department of Housing and Urban Development with respect to applicants for occupancy in our housing and current residents at our property.

In accordance with these regulations, and in recognition of our obligations, VATB hereby put forth this Reasonable Accommodations Policy as follows:

1. Management will make reasonable accommodations, which are changes, expectations, or adjustments to a program, service, building, dwelling unit, or workplace that will allow a qualified person with a disability to participate fully in a program, take advantage of a service, live in a dwelling, or perform a job.
2. Management will make accommodations that are both reasonable and necessary to afford an individual with disabilities equal opportunity.
3. Management will determine whether a request for accommodation is reasonable and may propose an alternative that is equally as effective in affording equal opportunity.
4. In order to be eligible for reasonable accommodation, an individual must be considered disabled as defined by Federal Law. *A person with disabilities is defined as someone who has a physical or mental impairment that substantially limits one or more major life activities; is regarded as having such an impairment; or has a record of such an impairment.*
5. Normally a reasonable accommodations request should be submitted in writing, but whenever a resident, applicant, or employee makes it clear that a request is being made for an exception, change, or adjustment to a rule, policy, practice, service, or physical structure because of his or her disability, management will consider the request. Reasonable Accommodation request can be made by the person with the disability, a family member, or someone else acting on the individual's behalf.

It is usually helpful for both the individual with the disability and management if request is reduced to writing. If the individual with the disability requires assistance in providing written reasonable accommodation request, management will assist the individual with disabilities with this request.

6. Upon receiving the request, management will determine whether the person's disability and disability-related need is obvious or otherwise known to management. If the person's disability or disability-related need is not obvious or readily apparent/already known to management, we will attempt to verify that the applicant/resident/employee meets the definition of a person with disabilities listed above and needs the accommodation in order to benefit from the programs, or services ordered at this community.

7. Management will respond in writing, and in a manner deemed most understandable to the applicant/resident/employee, within 30 days of the reasonable accommodation request unless the third-party delays verification.
8. Management does not, by law, have to honor a reasonable accommodation request that would result in:
 - a. a fundamental alteration in the nature of the program. This means that management does not have to provide services that are not presently being provided. In such case, the individual may obtain the service(s) on his/her own.
 - b. an undue financial and administrative burden. This determination will be made on a case-by-case basis, involving various factors, such as the cost of the reasonable accommodation, the financial resources of the property, the ability to accomplish the accommodation with existing staff without a reduction in services to other residents, the benefits the accommodation would provide the requester and the availability of alternative accommodations that would adequately meet the requestor's disability-related need.
9. If an accommodation request falls into one of the categories in (8) above, management will endeavor to identify an equally effective means of meeting the individual's needs. Reasonable accommodations are based on need, not a preference. Management may also, where request is denied for reasons permitted by law, allow the individual to make modifications at their own expense. In those cases, management may require the individual to escrow money so that any modifications made can be restored at the conclusion of an individual's tenancy.
10. Management will allow assistance and companion animals. Management will verify the need for the assistance or companion animals (unless the need is readily apparent or already known), and the resident is responsible for the conduct of the animal at all times in a manner consistent with the lease.
11. This reasonable accommodation policy also applies to employees with disabilities who meet the definition of disabled contained in this policy. Employees with disabilities shall, subject to the limitation described in (8) above, be eligible for the reasonable accommodations that will permit them to perform the essential functions of the job.
12. Consideration of all accommodation requests shall be made on a case-by-case basis.
13. Individuals who believe they have been discriminated against in connection with this policy should contact the owner who is:

**Mathew Trimble CEO
2364 Post Rd. Suite 100
Warwick, RI 02886
(401) 773-7400**

14. Individuals who believe they have been discriminated against also have the right to file a complaint with the U.S. Department of Housing and Urban Development (HUD). These individuals should send a letter specifying their complaint to the following address:

Assistant Secretary for Fair Housing and Equal Opportunity
U.S. Department of Housing and Urban Development
451 Seventh St, S.W., Room 5100
Washington, D.C. 20410



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) 273-1090** 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 _____

Member of Saint Elizabeth Community

**Adult Day Centers | Assisted Living | Elder Justice | GREEN HOUSE® Homes | Home Care
Long Term Nursing Care | Memory Care | Rehabilitation | Senior Apartments**

700 Westminster Street, Providence, RI 02903 | 401-273-1090 | Fax 401-453-0173 | stelizabethcommunity.org

A non-profit, nonsectarian 501 (c)(3) charitable organization and a CareLink Partner

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 bed bugs, insects/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. Does your facility have an elevator to accommodate the applicant if he/she is mobility impaired? ____ Yes ____ No

J. 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 _____

Signature of Applicant

Date



STATE OF RHODE ISLAND
OFFICE OF THE ATTORNEY GENERAL

4 Howard Avenue • Cranston, RI 02920
(401) 274-4400 • www.riag.ri.gov

Peter F. Neronha
Attorney General

Full Name of Applicant: _____

Maiden Name / other names used: _____

Date of Birth: _____

Address of Applicant: _____

Purpose: _____

(*Example: employment, housing, expungement, internship, apostille, name change, weapons permit or purchase, etc..*)

AUTHORIZATION TO RELEASE INFORMATION

I _____ (print full name) hereby direct and authorize the Bureau of Criminal Identification and Investigation of the Rhode Island Department of the Attorney General to make available to _____ (name of entity) any State of Rhode Island criminal record, including a record of any State or local arrest, conviction, warrant, or a record of sexual offender registration, accessible by the Bureau of Criminal Identification and Investigation in reference to me.

I hereby waive and release any and all manner of actions, cause of actions, and demands of every kind, nature and description whatsoever, arising from any release of criminal records and requests therefrom, against the State of Rhode Island, Bureau of Criminal Identification and Investigation, the Attorney General, and employees of the Department of Attorney General in both law and equity which I may have now or in the future.

Signature of Applicant

Sworn to before me in the City of _____ State of _____

this _____ day of _____, 20____.

Notary Public

Commission Expires

**Note: A copy of photo identification with date of birth must accompany this Release.
If the Record request is to be MAILED, please provide an addressed, stamped envelope.**

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) <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> Emergency <input type="checkbox"/> Unable to contact you <input type="checkbox"/> Termination of rental assistance <input type="checkbox"/> Eviction from unit <input type="checkbox"/> Late payment of rent </div> <div style="width: 45%;"> <input type="checkbox"/> Assist with Recertification Process <input type="checkbox"/> Change in lease terms <input type="checkbox"/> Change in house rules <input type="checkbox"/> Other: _____ </div> </div>	
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 not 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.

STUDENT QUESTIONNAIRE

Applicant/Resident _____ Date _____

Saint Elizabeth Place

TO BE COMPLETED BY APPLICANT / RESIDENT

Yes No

Are you student at an institution of higher education?

☐ ☐

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



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 _____



SECTION 202/8, SECTION 202
PAC, SECTION 202 PRAC,
AND SECTION 811 PRAC

U.S. Department of Housing
and Urban Development
Office of Housing
Federal Housing Commissioner

OMB Approval No. 2502-0204
(Exp. 06/30/2017)

**Verification of
Disability**

APPENDIX 6-B: SAMPLE VERIFICATION OF DISABILITY WHEN ELIGIBILITY FOR ADMISSION
OR QUALIFICATION FOR CERTAIN INCOME DEDUCTIONS IS BASED ON DISABILITY

FOR USE WITH SECTION 202/8, SECTION 202 PAC, Section 202 PRAC,
AND SECTION 811 PRAC

DATE:

TO:

FROM:

**Saint Elizabeth Place
700 Westminster Street
Providence, RI 02903**

RETURN THIS VERIFICATION TO THE PERSON LISTED ABOVE (or other instructions to the third party to ensure that the verification is returned to the right person. This is important because owners have a responsibility to treat this information confidentially.)

SUBJECT: Verification of Disability

NAME _____

ADDRESS _____

This person has applied for housing assistance under a program of the U.S. Department of Housing and Urban Development (HUD). HUD requires the housing owner to verify all information that is used in determining this person's eligibility or level of benefits.

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

INFORMATION BEING REQUESTED

For each numbered item below, mark an "X" in the applicable box that accurately describes the person listed above.

Sample Verification of Disability

r

1. ☐ YES ☐ NO

Has a physical, mental, or emotional impairment that is expected to be of long-continued and indefinite duration, substantially impedes his or her ability to live independently, and is of a nature that such ability could be improved by more suitable housing conditions.

2. ☐ YES ☐ NO

Is a person with a developmental disability, as defined in Section 102(7) of the Developmental Disabilities Assistance and Bill of Rights Act (42 U.S.C. 6001(8)), i.e., a person with a severe chronic disability that:

- a. Is attributable to a mental or physical impairment or combination of mental and physical impairments;
- b. Is manifested before the person attains age 22;
- c. Is likely to continue indefinitely;
- d. Results in substantial functional limitation in three or more of the following areas of major life activity;
 - (1) Self-care,
 - (2) Receptive and expressive language,
 - (3) Learning,
 - (4) Mobility,
 - (5) Self-direction,
 - (6) Capacity for independent living, and
 - (7) Economic self-sufficiency; and
- e. Reflects the person's need for a combination and sequence of special, interdisciplinary, or generic care, treatment, or other services that are of lifelong or extended duration and are individually planned and coordinated.

3. ☐ YES ☐ NO

Is a person with a chronic mental illness, i.e., he or she has a severe and persistent mental or emotional impairment that seriously limits his or her ability to live independently, and whose impairment could be improved by more suitable housing conditions.

Sample Verification of Disability

4. ☐ YES ☐ NO Is a person whose sole impairment is alcoholism or drug addiction.

NAME AND TITLE OF PERSON
SUPPLYING THE INFORMATION

FIRM/ORGANIZATION

SIGNATURE

DATE

Public reporting burden for this collection is estimated to average 12 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. This information is required to obtain benefits and is voluntary. HUD may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number. Owners/management agents must obtain third party verification that a disabled individual meets the definition for persons with disabilities for the program governing the housing where the individual is applying to live. The definitions for persons with disabilities for programs covered under the United States Housing Act of 1937 are in 24 CFR 403 and for the Section 202 and Section 811 Supportive Housing for the Elderly and Persons with Disabilities in 24 CFR 891.305 and 891.505. No assurance of confidentiality is provided.

The Department of Housing and Urban Development (HUD) is authorized to collect this information by the U.S. Housing Act of 1937, as amended (42 U.S.C. 1437 et. seq.); the Housing and Urban-Rural Recovery Act of 1983 (P.L. 98-181); the Housing and Community Development Technical Amendments of 1984 (P.L. 98-479); and by the Housing and Community Development Act of 1987 (42 U.S.C. 3543).

RELEASE: I hereby authorize the release of the requested information. Information obtained under this consent is limited to information that is no older than 12 months. There are circumstances that would require the owner to verify information that is up to 5 years old, which would be authorized by me on a separate consent attached to a copy of this consent.

Signature

Date

Note to Applicant/Tenant: You do not have to sign this form if either the requesting organization or the organization supplying the information is left blank.

Sample Verification of Disability

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 and any owner (or any employee of HUD 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 willingly 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 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). Violations of these provisions are cited as violations of 42 USC 408 (a) (6), (7) and (8).



Citizenship Declaration

Property Name: Saint Elizabeth Place

Contract Number: RI43T811006

SECTION 3

Alien Registration #: _____ Admission #: _____
(11-digit number found on DHS Form I-94, Departure Record)

Save Verification #: _____
(To be entered by owner if and when received)

- ☐ **3. A NONCITIZEN WITH ELIGIBLE IMMIGRATION STATUS** as evidenced by one of the documents listed below.
If this section is checked, sign and date below and submit the documentation required below with this declaration and a verification consent form to the name and address specified in the attached notification. If this section is checked on behalf of a child, the adult who will reside in the assisted unit and who is responsible for the child should sign and date below.

☐ **Check box if adult is signing for child** _____
Signature Date

NOTE: If you checked the above section and you are 62 years of age or older, you need only submit a proof of age document together with this form.

If you checked the above section and you are less than 62 years of age, you should submit the following documents:

- a. Verification Consent Form

AND

- b. One of the following documents:

- (1) Form I-551, *Permanent Resident Card*
- (2) Form I-94, *Arrival-Departure Record*, with one of the following annotations:
 - (a) "Admitted as Refugee Pursuant to section 207";
 - (b) "Section 208" or "Asylum";
 - (c) "Section 243(h)" or "Deportation stayed by Attorney General"; or
 - (d) "Paroled Pursuant to Sec. 212(d)(5) of the INA."
- (3) If Form I-94, *Arrival-Departure Record*, is not annotated, it must be accompanied by one of the following documents:
 - (a) A final court decision granting asylum (but only if no appeal is taken);
 - (b) A letter from a DHS asylum officer granting asylum (if application was filed on or after October 1, 1990) or from an DHS district director granting asylum (if application was filed before October 1, 1990);
 - (c) A court decision granting withholding or deportation; or
 - (d) A letter from a DHS asylum officer granting withholding of deportation (if application was filed on or after October 1, 1990).
- (4) A receipt issued by the DHS indicating that an application for issuance of a replacement document in one of the above-listed categories has been made and that the applicant's entitlement to the document has been verified.
- (5) Other acceptable evidence. If other documents are determined by the DHS to constitute acceptable evidence of eligible immigration status, they will be announced by notice published in the *Federal Register*.

If for any reason, the documents shown in section 3.b. above are not currently available; complete the Request for Extension section below.

REQUEST FOR EXTENSION

I hereby certify that I am a noncitizen with eligible immigration status, as noted in section 3 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 undertaken to obtain this evidence.

☐ **Check box if adult is signing for child** _____
Signature Date

Citizenship Declaration

Property Name: Saint Elizabeth Place Contract Number: RI43T811006

Instructions: Complete this Declaration for each member of the household listed on the Family Summary Sheet

Name: _____

Unit #: _____ Head of Household Name: _____

Relationship to Head of Household: _____ Date of Birth: _____

Sex: Male / Female / No Answer (Circle One) Social Security #: _____ (If Applicable)

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

INSTRUCTIONS: Complete the Declaration below by printing or typing each household members first name, middle initial, and last name in the space provided (if completing for child, use child's name). Then review the sections shown below and complete either section number 1, 2, or 3:

DECLARATION

I, _____ hereby declare, under penalty of perjury, that I am
(print or type first name, middle initial, last name)

(print or type first name, middle initial, last name)

SECTION 1

☐ **1. A CITIZEN OR NATIONAL** of the United States.

Sign and date below and return to the name and address specified in the attached notification letter. If this section is checked on behalf of a child, the adult who will reside in the assisted unit and who is responsible for the child should sign and date below.

☐ Check box if adult is signing for child _____
Signature Date

SECTION 2

☐ **2. I AM NOT CONTENDING ELIGIBLE IMMIGRATION STATUS** and I understand that I am not eligible for financial assistance.

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

☐ Check box if adult is signing for child _____
Signature Date