



# Housing Application



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

## 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.  No  
 Work Phone \_\_\_\_\_ 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 the make, color, year, license plate number and state for each:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

Name and address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

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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: \_\_\_\_\_

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13) Are you or anyone of the household subject to a lifetime state sex offender registration in any state? \_\_\_ Yes \_\_\_ No

14) Please list any states where the applicant or members of the applicant's household have ever resided:

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15) Do you or any member of your household use an illegal drug or other illegal substance? \_\_\_ Yes \_\_\_ No

If yes, please explain:

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16) 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: \_\_\_\_\_

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17) Have you or your spouse/co-applicant ever used different names from the names given in this application? \_\_\_ Yes \_\_\_ No If yes, please explain: \_\_\_\_\_

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18) 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 \_\_\_\_\_

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19) 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: \_\_\_\_\_

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

\_\_\_\_\_

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

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

22) 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 Terrace is an Equal Housing Opportunity provider. Saint Elizabeth Terrace 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 150 Warwick Neck Avenue, Warwick, RI. (401) 739-7700, FAX (401) 773-7832, 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:*

<p><b>Member's Name:</b> Enter the last name, first name, and then the middle initial.</p> <p><b>Social Security Number:</b> 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.</p> <p><b>Date of Birth:</b> Enter the month, day and year. Example: 6/13/55</p> <p><b>Relationship to Head:</b> Indicate how this member is related to the Head. Examples: Spouse, Co-head, Son, Daughter, Foster-child.</p> <p><b>Sex:</b> Enter M for male or F for female or R for Refuse to answer.</p> <p><b>Race:</b> Enter one of the following:</p> <table style="margin-left: 20px;"> <tr> <td>1. White</td> <td>3. Asian/Pacific Islander</td> </tr> <tr> <td>2. Black</td> <td>4. American Indian/Alaskan Native</td> </tr> </table> <p>(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.)</p> <p><b>Hispanic:</b> 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.)</p>	1. White	3. Asian/Pacific Islander	2. Black	4. American Indian/Alaskan Native	<p><b>Occupation:</b> 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 <i>N/A</i>.</p> <p><b>Full-Time Student:</b> 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.</p> <p><b>Pregnant/Adopting/Legal Guardianship:</b> 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.</p> <p><b>Handicapped/Disabled:</b> 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.</p>
1. White	3. Asian/Pacific Islander				
2. Black	4. American Indian/Alaskan Native				

# 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. **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"/> Unit for vision Impaired <input type="checkbox"/> Barrier-free apartment <input type="checkbox"/> Unit for hearing-Impaired <input type="checkbox"/> One-level unit <input type="checkbox"/> Unit for mobility Impaired <input type="checkbox"/> BR/Bath on 1 <sup>st</sup> Fl. <input type="checkbox"/> Other (please specify)	

Explanation:

<p>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.</p> <p>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.</p>	<p>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.</p> <p>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.</p>
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## 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 your 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.	
		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) \_\_\_\_\_

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## Reasonable Accommodation Policy

### Saint Elizabeth Terrace

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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



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: \_\_\_\_\_

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