



Professionally Managed By:



220 Blackstone St., Providence, RI 02905

Telephone: (401) 327-9971 Fax: (401) 574-2974

Email:theflynn@appletoncorporation.com

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# APPLICATION



Completed applications may be mailed or delivered to: 220 Blackstone Street in Providence, RI. They may also be faxed to (401) 574-2974 or emailed to theflynn@appletoncorporation.com

Please print clearly and complete all questions. Fill in all sections completely. Failure to do so will result in processing delays or rejection of your application. Should you need help in completing this application, please contact the property's Management Office.

## 1. Household Information (List each household member who will be residing in the apartment.)

First Name	MI	Last Name	Social Security Number	Date of Birth (mm/dd/yyyy)	Relationship to Head of Household (Co-Head, Spouse, Dependent, Other, Live-In Aid, Foster, None of the Above)	Sex (Response is Optional)	Full or Part Time Student (Yes or No)
			- -	/ /	Head of Household		Select
			- -	/ /			Select
			- -	/ /			Select
			- -	/ /			Select
			- -	/ /			Select
			- -	/ /			Select

Will all listed minors be living in the unit at least 50% of the time?  Yes  No  
If no, explain custody agreement (proof of custody may be required)

## 2. Apartment Features

Number of Bedrooms in current units: \_\_\_\_\_ Do you  RENT or  OWN (check one)

Size of Apartment Requested  1 Bedroom  2 Bedroom  3 Bedrooms

Wheelchair Adapted Unit  Yes  No Hearing Adapted Unit  Yes  No Visual Adapted Unit  Yes  No

Does any member of the household have any accessibility or reasonable accommodation requests or changes in a unit or development or alternate ways we need to communicate with you?  Yes  No

If yes, please explain:

## 3. Contact Information

Present Address: \_\_\_\_\_ Email Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Best Telephone Number to Contact You (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Mailing Address (if different than Present address): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

#### 4. Household Composition & Student Information

1. Have there been any changes in household composition in the last twelve (12) months?  Yes  No
2. Do you anticipate any changes in household composition in the next twelve (12) months?  Yes  No
3. Is there someone not listed above who would normally be living with the household?  Yes  No
4. Are you living with anyone now who will not be moving into this unit with you?  Yes  No

If you answered yes to question 1, 2, 3 or 4 please explain: \_\_\_\_\_

5. Will all of the persons in the household be or have been full-time students during five calendar months of this year or plan to be in the next calendar year at an educational institution (other than a correspondence school) with regular faculty and students?  Yes  No

**IF you answered YES to question 5, answer questions 6 to 10:**

6. Are any full-time student(s) married and filing a joint tax return?  Yes  No
7. Are any student(s) enrolled in a job-training program receiving assistance under the Job Training Partnership Act?  Yes  No
8. Are any full-time student(s) a TANF or a Title IV recipient?  Yes  No
9. Are any full-time student(s) a single parent living with his/her child(ren) who is not a Dependent on another's tax return whose children are not dependents of anyone other than a parent?  Yes  No
10. Is any student a person who was previously under the care and placement of a foster care program (under Part B or E of Title IV of the Social Security Act)?  Yes  No

#### 5. Ethnicity, race and disability status of household members

(Optional information - your answers will not affect your application)

NAME	ETHNICITY (Hispanic / Non-Hispanic / Decline to Report)	RACE (White / Black / Asian / American Indian / Native Hawaiian / Other / Decline to Report)	Disabled (Yes or No)
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No

#### 6. References

Applicants must provide the contact information for all addresses at which they have resided over the last five (5) years, include shelters and family. Please attach additional sheets if more space is needed.

Name & Address of Present Landlord: \_\_\_\_\_

Landlord's Telephone #: \_\_\_\_\_ Landlord's Fax #: \_\_\_\_\_ Email: \_\_\_\_\_

Rental Address: \_\_\_\_\_

Rent: \$ \_\_\_\_\_ per month      Move In Date: \_\_\_\_\_      Does your rent include utilities?  Yes  No

What is your reasons for moving? \_\_\_\_\_

Name & Address of Previous Landlord: \_\_\_\_\_

Landlord's Telephone #: \_\_\_\_\_ Landlord's Fax #: \_\_\_\_\_ Email: \_\_\_\_\_

Rental Address: \_\_\_\_\_

Rent: \$ \_\_\_\_\_ per month      Move In Date: \_\_\_\_\_      Move Out Date: \_\_\_\_\_      What was

your reasons for moving? \_\_\_\_\_

Name & Address of Previous Landlord: \_\_\_\_\_

Landlord's Telephone #: \_\_\_\_\_ Landlord's Fax #: \_\_\_\_\_ Email: \_\_\_\_\_

Rental Address: \_\_\_\_\_

Rent: \$ \_\_\_\_\_ per month      Move In Date: \_\_\_\_\_      Move Out Date: \_\_\_\_\_      What was

your reasons for moving? \_\_\_\_\_

Does the household have a Federal or State mobile housing voucher?  Yes  No

Does the household have a voucher issued under the Alternative Housing Voucher Program?  Yes  No

*The Management Agent will not discriminate based on mobile voucher holder status. This question is asked for the sole purpose to: (1) determine an applicant household's ability to pay rent for a unit that does not have project based rental subsidy; or (2) advise applicant households who are applying for a unit with project-based rental subsidy that if they move into such a unit that already has subsidy with the unit, they will be required by their voucher agency to give up their mobile voucher.*

### 7. Priorities and Preferences

*Please respond to these questions if you wish to be considered for priorities or special deductions/considerations.* Refer to the properties Tenant Selection Plan for more information. The selection of priorities/preferences could impact where you are placed on the waitlist. **Preferences will be verified according to the properties tenant selection plan.**

- Do you have a history of involvement in the child welfare system
- Are you over age 65?

### 8. Income

List ALL sources of income received by each member of your household. If a sections does not apply, cross it out or write N/A.

Household Member Name	Source of Income	Gross Monthly
1	Social Security	\$
2	Social Security	\$
3	SSI Benefits	\$
4	SSI Benefits	\$
5	Pension - Source:	\$
6	Pension - Source:	\$
7	Veteran's Benefits (list claim #)	\$
8	Veteran's Benefits (list claim #)	\$
9	Unemployment Compensation	\$
10	Unemployment Compensation	\$
11	Public Assistance (Title IV / TANF etc..)	\$
12	Contributions to the household (montary or not)	\$
13	Full-Time Student Income (household members 18 & over only)	\$
14	Financial Aid (not including loans)	\$
15	Annuities - Source:	\$
16	Long Term Medical Care Insurance Payments in excess of \$180/day	\$
17	Scheduled Payments from Invesments	\$
18	Retirement Account Payments (including required minimum distributions)	\$
19	Income from Rental Property	\$
20	Wages - Gross Monthly Amount	\$
	Employer:	
	Address:	
21	Wages - Gross Monthly Amount	\$
	Employer:	
	Address:	
22	Are you legally entitled to receive Alimony? <input type="checkbox"/> Yes <input type="checkbox"/> No	\$
23	Are you legally entitled to receive Child Support? <input type="checkbox"/> Yes <input type="checkbox"/> No	\$
24	Other Income	\$
25	Other Income	\$
26	Total Gross Annual Income (Based on the monthly amounts listed above X 12)	\$
27	Total Gross Annual Income from the <b>PREVIOUS</b> year (do <b>NOT</b> leave this blank)	\$
28	Do you anticiapte any changes in your current income in the next 12 months?	<input type="checkbox"/> Yes <input type="checkbox"/> No
29	Is any member of the household legally entitled to receive income assistance?	<input type="checkbox"/> Yes <input type="checkbox"/> No
30	Is any member of the household likely to receive income or assistance (monetary or not) from someone who is not a member of the household?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes to any of the above, explain:		

### 9. Assets (even if jointly held)

*If your assets are too numerous to list here, please request an additional form. If a section doesn't apply, cross out or write NA.*

31. Checking Account	#	Bank	Balance \$
Checking Account	#	Bank	Balance \$
32. Savings Account	#	Bank	Balance \$
Savings Account	#	Bank	Balance \$

**9. Assets (even if jointly held) - Continued**

33. Trust Account	#	Bank	Balance \$
34. Debit Card ~ NOT associated with a checking account	#	Bank	Balance \$
	#	Bank	Balance \$
35. Direct Express	#	Bank	Balance \$
36. Certificate of Deposit (CD's)	#	Bank	Balance \$
	#	Bank	Balance \$
37. Money Market Acct	#	Bank	Balance \$
38. Savings Bonds	#	Bank	Balance \$
39. Life Insurance Policy	#	Bank	Balance \$
	#	Bank	Balance \$
40. Mutual Funds	Name:	# of Shares	Interest or Dividend \$ Value \$
41. Stocks	Name:	# of Shares	Interest or Dividend \$ Value \$
42. Bonds	Name:	# of Shares	Interest or Dividend \$ Value \$
43. Real estate: Do you own any property? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, type of property: _____ Location of property: _____ Appraised Market Value \$ _____ Mortgage/Loan balance: \$ _____			
44. Have you sold or disposed of any property or other asset(s) in the last two (2) years? If Yes, type of property: _____ Market Value when sold? \$ _____ Amount sold for: \$ _____ Date of transaction: _____			
45. Have you sold or disposed of any other asset(s) in the last two (2) years? (examples: given money away, setup an irrevocable trust,...) If Yes, describe the asset: _____ Amount sold for: \$ _____ Date of transaction: _____			
46. Do you have any other assets not listed above (excluding personal Property)? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list: _____			

**10. Additional Information**

1. Are you or any member of your household required to register as a sex offender under Rhode Island or any other state law?  
 Yes  No If yes, list the name of the person(s) and the registration requirements (i.e. place where registration needs to be filed, length of time for which registration is required). \_\_\_\_\_

2. List all states where all household member have lived: \_\_\_\_\_  
**NOTE : Failure to respond fully to the above questions may result in rejection or denial of this application.**

General Information

1. How did you hear about this housing development? \_\_\_\_\_

2. Do you have a pet?  Yes  No If yes, how many pets? \_\_\_\_\_ What type of pet? \_\_\_\_\_ Size? \_\_\_\_\_

3. Are you or any member of your household a U.S. Veteran? (Definition of veteran from 38 U.S.C. 101(2): The term "veteran" means a person who served in the active military, naval, or air service, and who was discharged or released therefrom under conditions other than dishonorable.)  
 Yes  No

**Applicant Certification** (All adult applicants, 18 or older, must sign the Application.)

**I understand that this form is not an offer of housing.** Based on this form, I understand that I should not make any plans to move or end my present tenancy. I understand that it is my responsibility to inform each property checked off on page 1, **in writing**, whenever there is a change in address, telephone number, income situation or household composition (if I need to add or remove a person from my application). I understand it is my responsibility to respond to any waiting list updates sent by the Management Agent.

I hereby certify that the information furnished on this application is true and complete, to the best of my knowledge and belief. I understand that any false statement or misrepresentations are criminal offenses punishable under state and federal laws. I also understand that providing false statements or information are grounds for rejection of my application or termination of tenancy or program participation.

**Inquiries may be made to verify the statements herein.** I hereby authorize the owner/manager/agent to make independent investigations to determine my credit, financial standing, criminal background, including sex offender registration history, and landlord history. No determination of actual suitability for housing will be made until my application comes to the top of the waiting list and screening is completed by the Agent and suitability for housing is determined.

I hereby release, remise and forever discharge, from any action whatsoever, in law and equity, and all owners, managers and employees or agents, both of landlord and their credit checking agencies in connection with processing, investigating, or credit checking this application, and I will hold harmless from any suit or reprisal whatsoever, except as otherwise limited by laws relating to the use of personal information, credit history or criminal background.

*Signed under the pains and penalties of perjury.*

Head of Household/Applicant	Date	Co-Head/Spouse	Date
Other Adult Applicant	Date	Other Adult Applicant	Date

**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 of improper use 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, for misusing the social security number as provided under 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).

**RIGHT TO REASONABLE ACCOMMODATION:** The Agent for this property provides persons with disabilities the opportunity to request a reasonable accommodation in order to apply to and participate in such programs and activities. The Agent for this property will consider a reasonable accommodation, upon request, for qualified people with disabilities when an accommodation is necessary to ensure equal access to the development, its amenities, services and programs. Reasonable accommodations may include changes to the building, grounds, or an individual unit; changes to policies, practices, and procedures; and mitigating circumstances.

**LIMITED ENGLISH PROFICIENCY:** The Agent provides people whose primary language is not English and as a result have limited English proficiency, the opportunity to request free language assistance in order to apply to or participate in its programs and activities.

**FAIR HOUSING/EQUAL OPPORTUNITY INFORMATION:** Appleton Corporation, acting as management agent for the Property, does not discriminate on the basis of race, color, religion, sex, national origin, ancestry, sexual orientation, gender identity, age, familial status, children, marital status, veteran status or membership in the armed services, the receiving of public assistance, or physical or mental disability in the access

**NO SMOKING POLICY:** The property you are applying to is a smoke-free community. Smoking is prohibited in any interior common areas, including but not limited to community rooms, community bathrooms, lobbies, reception areas, hallways, laundry rooms, stairways, offices, elevators, within all apartments, and within 25 feet of building(s) including entry ways, windows, porches, balconies and patios. This policy applies to all residents, guests, visitors, service personnel and employees. Please note: under Federal law the use and possession of marijuana is illegal. As the property you are applying for/residing in receives Federal funding, the possession or use of marijuana is strictly forbidden anywhere in or on the premises.

\*If you do not receive confirmation of receipt from the management agent within 30 calendar days of submitting this application, please contact the management agent directly.