

Date and Time Stamp: _____

Riverside Village
1 Flat Street.
Cumberland, RI 02864
(401) 658-2030

Equal Housing Opportunity

The information provided in this application is used to determine your household eligibility for occupancy. Misrepresentation of information is grounds for immediate removal from the waiting list and/or will affect approval for residency.
Title 18, Section 1001 of the U.S. Code states that it is a felony to intentionally make false or fraudulent statements to any federal department or agency. As the information provided below may be shared with the U.S. Department of Housing and Urban Development, misrepresentation of information is a felony.

INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED. Upon submission of your completed application, you will be notified in writing within fourteen (14) days.

Please Print all Answers in a Legible Fashion
HOUSEHOLD INFORMATION – Please list all information for ALL household members. If additional space is needed, please attach a separate document.

Name	Relationship to Applicant	Date of Birth	Place of Birth	Social Security #
	Applicant			

Current Street Address _____ City _____ State _____ Zip _____

Phone _____ Business or cell phone \$ _____

Current Landlord Name _____ Address _____ Rental Amount _____

Landlord Phone # _____ # years at current address _____

Prior Address (if at current address for less than 5 years) _____ Prior Landlord Name & Address _____

► If you have no Social Security Number, you claim you are exempt because:
You are an ineligible non-citizen _____ You are 62 as of 1/31/10 and receiving HUD housing assistance as of 1/31/10

► Do you own a home? Yes No If Yes, what is Market Value? \$ _____ Mortgage Owed \$ _____

► Do you own a pet? Yes No Are you currently living in subsidized housing Yes No

► Are you currently enrolled in an Institute of Higher Education Yes No
If Yes, how many months during the last year have you been a full-time student? _____

► Are you or any member of your household subject to lifetime registration under any State Sex Offender Program? Yes No

► List all of the states that you and members of your household have resided: _____

- Do you know that this property is a smoke-free campus where smoking is prohibited in units and in common areas? Yes No
- Do you agree that you, your guests and service providers hired by you will abide by the Smoke Free Policy? Yes No
- Do you understand that failure to comply to do so will lead to termination (eviction)? Yes No



UNIT MODIFICATIONS

Is there a member of your Household who requires a physically modified unit to address a disability?

_____ No unit modifications required	_____ A wheelchair accessible unit
_____ A sensory-impaired accessible unit	_____ Other physical adaptations

ANNUAL INCOME

Include anticipated GROSS income from all sources for the next 12 months

Source	Applicant	Co-applicant	Other household member 18 or older	Total
Employment				
Social Security/SSI				
Pensions/Annuities				
IRA – Annual Required Minimum Distribution				
Alimony/Child Support				
Recurring Cash Gifts				
Interest/Dividend Income				
Other (specify)				
Total:				

ASSETS

DESCRIPTION: Checking, Savings, IRA, CDs, Stocks, Money Market, Whole Life Insurance Policies, etc.

DESCRIPTION	CASH VALUE OR DOLLAR AMOUNT	INTEREST % RATE OR DIVIDENDS

During the past two years, have you disposed of assets for less than fair market value totaling \$1000.00 or more? Yes No

If yes,, please explain: _____

RACE/NATIONAL ORIGIN

The following information could be provided to the Federal Government to determine compliance with Equal Housing Opportunity and Fair Housing Laws. An application may not be discriminated against on the basis of the information supplied below or whether or not the information is furnished at all.

White/Not of Hispanic Origin
 Hispanic
 American Indian/Alaskan
 Asian or Pacific Islander
 Black/Not of Hispanic Origin
 Other
 I do not wish to furnish the above information.

CERTIFICATION/CONSENT

The information provided above is true and complete to the best of my/our knowledge and belief under the pains and penalty of perjury. I/We consent to the disclosure of a criminal investigative report, financial credit report, current and prior landlord inquiries, income and financial information from all applicable source and all other information required as part of the application process. I/We understand that by completing this application it in no way ensures occupancy.

Applicant's Signature _____

Date _____

Applicant's Signature _____

Date _____