

PLEASE USE BLUE INK

No white-out allowed

APPLICATION FOR HOUSING

LIHTC Housing

I N S T R U C T I O N S

PLEASE READ CAREFULLY. INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED.

1. **COMPLETE ALL AREAS.** If an item does not apply to you, answer "NO" on that question or mark with a "0" if it is a dollar amount line or section.
2. **SIGNATURES** are required by all adult applicants (18 and older).
3. **COPIES OF SOCIAL SECURITY CARD(S)** are required for everyone on the application.
4. **COPIES OF BIRTH CERTIFICATE(S)** are required for everyone on the application.
5. **COPIES OF PHOTO IDENTIFICATION** are required for everyone 18 AND OVER on the application.
6. **PROOF OF CITIZENSHIP** is required for everyone on the application.
7. **PROOF OF INCOME:** Employment – Copies of 9 recent and consecutive pay stubs
All Other Income – Copies of recent documents verifying income
(examples: Child Support printout, Unemployment, TDI, Worker's Comp. letter, Social Security, SSI and SSDI letter, FIP letter, etc.)

RETURN YOUR COMPLETED, SIGNED APPLICATION TO:

**Pinnacle Property Management LLC
1029 Mendon Road
Cumberland, RI 02864**

NO Copies are made in our office

Phone Number: (401) 334-2802

Your application is being returned because:

- ☐ **You did not complete all areas or you did not sign the application.**

- ☐ **OTHER**



Application

Page 1



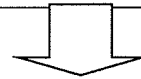
B. HOUSEHOLD COMPOSITION

List ALL persons who will live in the apartment. List the head of household first.

	Name	Relationship to head		Birth Date	Age	SS#	Student Y/N
1.		HEAD					
2.							
3.							
4.							
5.							
6.							
7.							

Do you anticipate any additions to the household in the next twelve months? ☐ Yes ☐ No**If yes, explain**Do you anticipate any changes in household composition in the next twelve months? ☐ Yes ☐ No**If yes, explain**

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 YES, ANSWER THE FOLLOWING QUESTIONS:**

circle answer(s)

Are any full-time student(s) married and filing a joint tax return?	Yes	No
Are any student(s) enrolled in a job-training program receiving assistance under the Job Training Partnership Act?	Yes	No
Are any full-time student(s) a TANF or a title IV recipient?	Yes	No
Are any full-time student(s) a single parent living with his/her child(ren) who is not a Dependant on another's tax return and whose children are not dependents of anyone other than a parent?	Yes	No
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 Socials Security Act?	Yes	No

C. INCOME

List ALL sources of income as requested below. If a section doesn't apply, write **NO** or **\$0.00**.

Household Member Name	Source of Income	Gross Monthly Amount
	Social Security	\$
	Social Security	\$
	Social Security	\$
	SSI Benefits	\$
	SSI Benefits	\$
	SSI Benefits	\$
	Pension (list source)	\$
	Pension (list source)	\$
	Pension (list source)	\$
	Veteran's Benefits (list claim #)	\$
	Veteran's Benefits (list claim #)	\$
		\$
	Unemployment Compensation	\$
	Unemployment Compensation	\$
	Worker's Compensation	\$
		\$
	Public Assistance Title IV/TANF etc. (Welfare)	\$
	TDI (Temporary Disability Insurance-State)	\$
		\$
	Contributions to the Household (monetary or not)	
		\$
	Full Time Student Income (18 & Over Only)	\$
	Financial Aid (excluding loans)	\$
		\$
	Annuities (list sources)	
		\$
	Scheduled Payments from Investments	\$

Household Member Name	Source of Income	Monthly Amount
	Employment amount	\$
	Employer:	
	Position Held	
	How long employed:	
	Employment amount	\$
	Employer:	
	Position Held	
	How long employed:	
	Employment amount	\$
	Employer:	
	Position Held	
	How long employed:	
	Employment amount	\$
	Employer:	
	Position Held	
	How long employed:	
	Alimony	(Circle one)
	Are you <i>entitled</i> to receive alimony?	Yes No
	If yes, list the amount you are <i>entitled</i> to receive.	\$
	Do you receive alimony?	Yes No
	If yes list amount you receive.	\$
	Child Support	(Circle one)
	Are you <i>entitled</i> to receive child support?	Yes No
	If yes list the amount you are <i>entitled</i> to receive.	\$
	Do you receive child support?	Yes No
	If yes, list the amount you receive.	\$
	Regular recurring cash gifts	\$
	Regular recurring non-cash gifts	\$
	Other Income	\$
TOTAL GROSS ANNUAL INCOME (Based on the monthly amounts listed above x 12)		\$
TOTAL GROSS ANNUAL INCOME FROM PREVIOUS YEAR		\$
Do you anticipate any changes in this income in the next 12 months? (circle one) <input type="checkbox"/> Yes <input type="checkbox"/> No		
Is any member of the household legally entitled to receive income assistance? <input type="checkbox"/> Yes <input type="checkbox"/> No		
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 as listed on Page 2 etc.)? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes to any of the above, explain:		

D. ASSETS

If your assets are too numerous to list here, please request an additional form.

If a section doesn't apply, write **NO** or **\$0.00**

Checking Accounts	Bank/Credit Union Name		Balance \$	
	Bank/Credit Union Name		Balance \$	
	Bank/Credit Union Name		Balance \$	
			Balance \$	
Savings Accounts	Bank/Credit Union Name		Balance \$	
	Bank/Credit Union Name		Balance \$	
	Bank/Credit Union Name		Balance \$	
Trust Account	Bank/Credit Union Name		Balance \$	
Certificates of Deposits	Bank/Credit Union Name		Balance \$	
	Bank/Credit Union Name		Balance \$	
	Bank/Credit Union Name		Balance \$	
	Bank/Credit Union Name		Balance \$	
IRA/401k	Bank/Credit Union Name		Balance \$	
	Bank/Credit Union Name		Balance \$	
Savings Bonds	Type/Series	Maturity Date	Value \$	
	Type/Series	Maturity Date	Value \$	
	Type/Series	Maturity Date	Value \$	
Express Debit Card			Balance \$	
Whole Life Insurance	Policy Number(s)		Cash Value \$	
Whole Life Insurance	Policy number(s)		Cash Value \$	
Mutual Funds	Name:	#Shares:	Interest or Dividend \$	Value \$
	Name:	#Shares:	Interest or Dividend \$	Value \$
	Name:	#Shares:	Interest or Dividend \$	Value \$
Stocks	Name:	#Shares:	Dividend Paid \$	Value \$
	Name:	#Shares:	Dividend Paid \$	Value \$
	Name:	#Shares:	Dividend Paid \$	Value \$
Bonds	Name:	#Shares	Interest or Dividend \$	Value \$
	Name:	#Shares	Interest or Dividend \$	Value \$
Investment Property				Appraised Value \$

Real Estate Property: <i>Do you own any property?</i> (Circle one)	Yes	No
<i>If yes</i> , Type of property		
Location of property		
Appraised Market Value	\$	
Mortgage or outstanding loans balance due	\$	
Amount of annual insurance premium	\$	
Amount of most recent tax bill	\$	

Does any member of the household have an asset(s) owned jointly with a person who is NOT a member of the household as listed on Page 2? (Circle one)	Yes	No
<i>If yes</i> , describe:		
Do they have access to the assets(s)?	Yes	No
Have you sold/dispensed of any property in the last 2 years? (Circle one)	Yes	No
<i>If yes</i> , Type of property		
Market value when sold/dispensed	\$	
Amount sold/dispensed for	\$	
Date of transaction		

Have you disposed of any other assets in the last 2 years (Example: Given away money to relatives, set up Irrevocable Trust Accounts)?	(Circle one)	Yes	No
<i>If yes</i> , describe the asset			
Date of disposition			
Amount disposed		\$	

Do you have any other assets not listed above (excluding personal property)? (Circle one)	Yes	No
<i>If yes, please list:</i>		

E. ADDITIONAL INFORMATION		
(Circle one)		
Are you or any member of your household currently using an illegal substance?	Yes	No
Have you or any member of your household ever been convicted of a felony?	Yes	No
<i>If yes, describe</i>		
Have you or any member of your household ever been evicted from any housing?	Yes	No
<i>If yes, describe</i>		

Are you or any member of your household subject to a lifetime state sex offender registration program in any state?	(Circle one)	Yes	No
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Have you ever filed for bankruptcy?	(Circle one)	Yes	No
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If yes, describe

Will you take an apartment when one is available?	(Circle one)	Yes	No
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Briefly describe your reasons for applying: _____

F. REFERENCE INFORMATION (Attach sheet(s) if necessary)
THIS SECTION MUST BE COMPLETE FOR AT LEAST THE PAST 5 YEARS

Current Landlord	Name:	
	Landlord's Address:	
	Phone Number(s):	
	Dates Rented:	From ____ - ____ - ____ TO PRESENT
	Current lease term:	From ____ - ____ - ____ TO ____ - ____ - ____
Prior Landlord	Name:	
	Landlord's Address:	
	Phone Number(s):	
	Dates Rented:	From ____ - ____ - ____ TO ____ - ____ - ____
	Apartment address:	
Prior Landlord	Name:	
	Landlord's Address:	
	Phone Number(s):	
	Dates Rented:	From ____ - ____ - ____ TO ____ - ____ - ____
	Apartment address:	
Prior Landlord	Name:	
	Landlord's Address:	
	Phone Number(s):	
	Dates Rented:	From ____ - ____ - ____ TO ____ - ____ - ____
	Apartment address:	
Prior Landlord	Name:	
	Landlord's Address:	
	Phone Number(s):	
	Dates Rented:	From ____ - ____ - ____ TO ____ - ____ - ____
	Apartment address:	

G. VEHICLE INFORMATION (if applicable)

List any cars, trucks, or other vehicles owned (If none, write NONE)

Type of Vehicle:

License Plate #:

Year/Make:

Color:

Type of Vehicle:

License Plate #:

Year/Make:

Color:

In case of emergency, notify: _____ Relationship to you: _____

Address: _____ Phone Number: _____

How did you hear about our apartment communities? _____

CERTIFICATION

I/We understand I/We must pay a security deposit for this apartment prior to occupancy. I/We understand that my eligibility for housing will be based on applicable income limits and by management's selection criteria. I/We certify that all information in this application is true to the best of my/our knowledge and I/We understand that false statements or information are punishable by law and will lead to cancellation of this application or termination of tenancy after occupancy.

All adult applicants, 18 or older, must sign application. By signing below you authorize the management agent and its employees to run criminal background checks including the sex offender registry, credit reports and contact landlords.

SIGNATURE (S):

(Signature of Applicant)

Date

(Signature of Co-Applicant)

Date

(Signature of Other Adult)

Date

(Signature of Other Adult)

Date



You may ask for a reasonable accommodation, if you have a disability which causes you to need

- A change in the rule or policies or services or how we do things that would give you an equal chance to live here and use the facilities or take part in programs on site,
- A change in your apartment or a special type of apartment that would give you an equal chance to live here and use the facilities or take part in programs on site,
- A change to some other part of the housing site that would give you an equal chance for you to live here and use the facilities or take part in programs on site,
- A change in the way we communicate with you or give you information.

If you know that you have a disability or you can show that you have a disability and if your request is reasonable (does not pose “an undue financial and administrative burden,” and does not require a fundamental change in the nature of the program), we will try to make the changes you request.

If you need help filling out a REASONABLE ACCOMMODATION REQUEST FORM OR IF YOU WANT TO GIVE US YOUR REQUEST IN SOME OTHER WAY, WE WILL HELP YOU. You can obtain a reasonable accommodation form by contacting the property manager.

Note: All information you provide will be kept confidential and be used only to help you have an equal opportunity to enjoy your housing and the common areas.

Limited English Proficient (LEP)

Pinnacle Property Management is committed to complying with all civil rights laws, including Title VI of the Civil Rights Act of 1964 (Title VI), which requires us to make sure individuals with LEP have meaningful access to our housing programs and activities. In order to be able to provide language assistance, we need to identify who needs the assistance. All applicants will be asked if they need language assistance. Language Identification Flashcard is used to help identify specific language needs.

VAWA (Violence Against Women Act)

VAWA provides protections for victims of domestic violence, dating violence, sexual assault, or stalking. VAWA protections are not only available for women, but are available equally to all individuals regardless of sex, gender identity, or sexual orientation. If you otherwise qualify for assistance, you cannot be denied admission or denied assistance because you are or have been a victim of domestic violence, dating violence, sexual assault, or stalking. VAWA protections are also provided to affiliated persons which includes

- A spouse, parent, brother, sister, or child of the victim, or a person to whom the victim stands in the place of a parent or guardian (for example, the affiliated individual is a person in the care, custody, or control of the victim); or
- Any individual, resident/applicant, or lawful occupant living in the household of that individual.

VAWA protections are not provided to guests, unauthorized residents or service providers (including live-in aides) hired by the resident.

If you wish to exercise your rights under VAWA, please contact the property manager.

Pinnacle Property Management 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.

The person named below has been designated to coordinate compliance with the nondiscrimination requirements contained in the Dept. of HUD's regulations implementing Section 504 (24 CFR, part 8 dated June 2, 1988.)
Executive Director, 1029 Mendon Rd. Cumberland, RI 0401-334-2802

