

PLEASE USE BLUE INK

APPLICATION FOR HOUSING
LIHTC Properties

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

PLEASE READ CAREFULLY. INCOMPLETED APPLICATION **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 6 recent and consecutive pay-stubs
All Other Income - Copies of recent documents verifying income
(examples: Child Support printout, Unemployment, TDI, Workers' Comp. letter, Social Security, SSI and SSDI letter, FIP letter, etc.)

RETURN YOUR COMPLETED, SIGNED APPLICATION TO:

Newport Heights Phase IV
115 Hillside Avenue
Newport, RI 02840

Phone Number: (401) 619-3710

Your application is being returned because:

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

OTHER



Application



OFFICE USE ONLY:

RECEIVED BY: _____
DATE RECEIVED: _____
TIME RECEIVED: _____
GROSS INCOME: \$ _____
WAITING LIST : _____

APPLICATION FOR HOUSING

Please Print Clearly

Please complete this application and return to:	Newport Heights Phase IV 115 Hillside Avenue Newport, RI 02840

Applications are placed in order of date and time received. An applicant may be interviewed only after the receipt of this tenant application.

A. GENERAL INFORMATION

Applicant Name(s): _____

Address: _____
Street Apt.# City State ZIP

Daytime Phone: _____ Evening Phone: _____

No. of BR's in current unit: _____ Do you RENT or OWN (circle one)

Amount of current monthly rental or mortgage payment: \$ _____

If owned, do you receive monthly rental income from property? Yes No (circle one)

Check utilities paid by you: Heat Electricity Gas Other (specify)

Approximate monthly cost of utilities paid by you (excluding phone and cable TV): \$ _____

Bedroom size requested: One BR Two BR Three BR Four BR (Check only one box)

Do you have a Section 8 Voucher or any other type of voucher? Yes No

Application

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.							

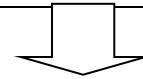
Do you anticipate any additions to the household in the next twelve months? Yes No

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 Social 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

Have you ever filed for bankruptcy? (Circle one) Yes No

If yes, describe

Will you take an apartment when one is available? (Circle one) Yes No

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.

SIGNATURE (S):

_____	_____
(Signature of Applicant)	Date
_____	_____
(Signature of Co-Applicant)	Date
_____	_____
(Signature of Other Adult)	Date
_____	_____
(Signature of Other Adult)	Date

