

APPLICATION FOR TENANCY AND ELIGIBILITY OF AFFORDABLE PROGRAMS
SHALOM APARTMENTS / SHALOM II APARTMENTS

INTERNAL USE ONLY:
Date Received:
Time Received:
Initials:
Income Limit:

Please select all housing options for this application:

- Shalom Apartments Shalom II Apartments
One-Bedroom Two-Bedroom

HOUSEHOLD COMPOSITION

HEAD OF HOUSEHOLD	CO-HEAD / OTHER ADULT
I certify I am the sole applicant. YES <input type="checkbox"/> NO <input type="checkbox"/>	
Name:	Name:
Preferred Name:	Preferred Name:
Address:	Address:
Tel: Cell:	Tel: Cell:
Date of Birth:	Date of Birth:
Place of Birth:	Place of Birth:
YES <input type="checkbox"/> NO <input type="checkbox"/> I am a citizen, national, or resident of the United States.	YES <input type="checkbox"/> NO <input type="checkbox"/> I am a citizen, national, or resident of the United States.
Social Security Number: (Required for Tenancy)	Social Security Number: (Required for Tenancy)
Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/>	Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/>
Ethnicity: Decline to Report <input type="checkbox"/> Hispanic <input type="checkbox"/> Not Hispanic <input type="checkbox"/>	Ethnicity: Decline to Report <input type="checkbox"/> Hispanic <input type="checkbox"/> Not Hispanic <input type="checkbox"/>
Race: Decline to Report <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other <input type="checkbox"/>	Race: Decline to Report <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other <input type="checkbox"/>
Are you enrolled as a student at an institution of higher learning? YES <input type="checkbox"/> NO <input type="checkbox"/>	Are you enrolled as a student at an institution of higher learning? YES <input type="checkbox"/> NO <input type="checkbox"/>

If you are not providing a Social Security number, please answer the following question:

I am claiming exemption as I do not contend eligible immigration status, am 62 or older as of January 31, 2010, and my initial determination of eligibility was begun before January 31, 2010 : YES NO

RESIDENCE HISTORY

Select the following option that best describes your current housing:

- Sharing apartment Living with family/friends Homeless
Own Home Rent Apartment Single Room Occupancy Hotel
Other Please Describe: _____

Monthly Housing Expense: _____

Do you currently live in HUD Subsidized Housing? YES NO

Last 5 Years of Residence History	
Current Address:	Landlord Name:
	Landlord Phone:
OWN <input type="checkbox"/> RENT <input type="checkbox"/>	Landlord Address:
Move In: Move Out: Present	
Previous Address:	Landlord Name:
	Landlord Phone:
OWN <input type="checkbox"/> RENT <input type="checkbox"/>	Landlord Address:
Move In: Move Out:	
Previous Address:	Landlord Name:
	Landlord Phone:
OWN <input type="checkbox"/> RENT <input type="checkbox"/>	Landlord Address:
Move In: Move Out:	

Have you or any member of your household lived in any other State other than Rhode Island? YES NO
If yes, please list. _____

Have you or any member of your household been served with eviction papers, or 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 _____

Why are you applying for tenancy at Shalom Apartments?

How did you hear about Shalom Apartments?

Are you a U. S. Military Veteran, or have you been displaced due to a presidentially declared disaster? YES NO

CRIMINAL HISTORY:

Have you or any member of your household ever been convicted of a felony, or a misdemeanor other than a traffic violation? YES NO
If yes, please list. _____

Does any member of your household use an illegal drug or other illegal controlled substance(s) or was ever convicted of the illegal distribution or manufacture of an illegal drug or other illegal controlled substance? YES NO
If yes, please list. _____

Are you or any member of your household subject to a state lifetime sex offender registration in any state? YES NO
If yes, please list. _____

HEALTH:

Do you need an apartment that has been modified to accommodate physical disabilities? YES NO

Do you require a live-in attendant? YES NO

INCOME:

Applications are not complete without proof of all income sources.

YES NO

- I receive cash contributions or gifts on an ongoing basis from persons not living with me.
- I am self-employed. List the types of jobs you do: _____
- I have a job and receive money/wages, tips, or bonuses. List the businesses or companies that pay you: _____
- I receive unemployment benefits.
- I receive periodic payments from Workers' Compensation.
- I receive Veteran's Administration or GI Bill benefits.
- I receive military active-duty allotments.
- I receive payments from retirement funds or pensions.
If yes, list sources. _____
- I receive Social Security or Railroad Retirement Act Income.
- I receive unearned income from family members age 17 or under (example: Social Security).
- I receive Supplemental Security Income (SSI).
- I receive state Supplemental Security Income (SSP).
- I receive foster or adoption assistance payments.
- I receive disability or death benefits other than Social Security.
- I receive Public Assistance other than food stamps.
- I receive child support. If yes, from how many fathers do you receive support?
If yes, child support paid directly to whom? _____
- I have been awarded a judgment for Child Support but do not receive payments.
- I plan to take legal action on an unpaid Child Support claim within the next (12) months.
- I receive alimony.
If yes, alimony paid directly to whom? _____
- I receive periodic payments from a trust, annuity, or inheritance.
- I receive periodic payments from insurance policies.
If yes, list sources. _____
- I receive periodic payments from lottery winnings.
- I receive income from rental of real estate or personal property.
- I am a member of an Indian Tribe receiving gaming payments.
- I receive income from sources other than those listed above.
If yes, please list type: _____

ASSETS:

Applications are not complete without recent statement for all assets.

YES NO

- I have lump sum receipts or one-time receipts.
- I own real estate including mobile homes or hold a mortgage, deed of trust, or land contracts.
If yes, list source? _____
- I have personal property held for investment purposes (gems, jewelry, coin or stamp collections, etc.)
- I have a pre-paid debit account(s) at: _____
(List name(s) Ex. Direct Express, EBT, Child Support Key card, etc.)

- I have a savings account(s) at: _____
(List name(s) of banks, credit unions, savings & loans, etc.)
- I have a checking account(s) at: _____
(List name(s) of banks, credit unions, savings & loans, etc.)
- YES NO
- I have time certificate(s) at: _____
(List name(s) of banks, credit unions, savings & loans, etc.)
- I have certificates of deposit at: _____
(List name(s) of banks, credit unions, savings & loans, etc.)
- I have IRA's or Keogh account(s): _____
(List name(s) of banks, credit unions, savings & loans, etc.)
- I have life insurance policies.
If yes, list sources. _____
- I have revocable trusts.
If yes, list sources. _____
- I have savings bonds or treasury bills.
If yes, list sources. _____
- I have stocks, bonds, or mutual funds.
If yes, list sources. _____
- I have assets from sources other than those listed above.
If yes, please list type: _____

Annual Gross Income Including Income from Assets: _____

EMERGENCY CONTACT Complete HUD Form 92006		EMERGENCY CONTACT Complete HUD Form 92006	
Name:		Name:	
Relationship:		Relationship:	
Address:		Address:	
Tel:	Cell:	Tel:	Cell:

I certify to the best of my knowledge that all statements are true and accurate. When circumstances change, I will notify administration for possible re-certification. I understand that providing false information will result in denial or termination of benefits and may result in federal and or state penalties including fines and imprisonment. Please reference form HUD-1141.

Each Household member, excluding live-in aides, who is 18 or older must sign this form.

Signature

Date

Signature

Date