

Mailing Address:
7 Church Street
Greenville, RI 02828

GEORGIAVILLE VILLAGE GREEN
29 Whipple Avenue, Smithfield, RI 02917
Smoke-Free Housing Development



WAITING LIST APPLICATION FOR AFFORDABLE HOUSING
(PLEASE PRINT)

The information collected below will be used to determine whether or not you qualify for housing. It will not be disclosed without your consent except to your employer or employers for verification of income and employment and to financial institutions for verification of assets and as required and permitted by law. You do not have to provide the information, but if you do not your application may be delayed or rejected.

1. Applicant's Name (Head of Household)		Soc. Sec. #		Home & Cell Phone #s
2. Present Street Address	City	State	Zip Code	# years at current address
3. Prior Address (If at present address for less than 2 years)	City	State	Zip Code	# years at prior address
4. Co-Applicant		Soc. Sec. #		Home & Cell Phone #s
5. Present Street Address	City	State	Zip Code	# years at current address
Prior Address (If at present address for less than 2 years)	City	State	Zip Code	# years at prior address
6. Name of Current Landlord & Address		Telephone #		
7. In Case of Emergency, Notify: Name		Tel#	Relationship	

HOUSEHOLD COMPOSITION - All sections must be completed for each household member.

List the head of your household and all members who live in your home. Give the relationship of each member to the head.

Please provide copy of birth certificates and social security cards.

Member #	Full Name	Sex (M/F)	Relationship	Age and Birthdate	Social Security No.	F/T Student Yes/No	US Citizen Yes/No
Head of household		<input type="checkbox"/> Male <input type="checkbox"/> Female		/ /		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
2		<input type="checkbox"/> Male <input type="checkbox"/> Female		/ /		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
3		<input type="checkbox"/> Male <input type="checkbox"/> Female		/ /		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
4		<input type="checkbox"/> Male <input type="checkbox"/> Female		/ /		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
5		<input type="checkbox"/> Male <input type="checkbox"/> Female		/ /		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
6		<input type="checkbox"/> Male <input type="checkbox"/> Female		/ /		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
7		<input type="checkbox"/> Male <input type="checkbox"/> Female		/ /		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

7. If any family member is not a US Citizen please list name and immigration status.

7 (a) Do you anticipate any additions to the household in the next 12 months? Yes No

7 (b) Do you require a handicap accessible unit? Yes No

8. 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 correspondence school) with regular faculty and students? Yes No

IF YES, ANSWER THE FOLLOWING QUESTIONS:

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 minor child who is not a Dependent on another's tax return? Yes No

9. Have you or any member of the applicant's household ever been convicted of a felony or misdemeanor? Yes No

Please explain _____

10. Have you ever filed for bankruptcy? Yes No

11. Current monthly rent or mortgage payment _____ Utilities? _____

The following information is voluntary and for statistical purposes only for the United States Department of Housing & Urban Development. It will have no affect on your eligibility.

White Black Hispanic Non-Hispanic American Indian or Alaskan Native Asian or Pacific Islander

INCOME

List all monthly income in \$\$ for each household member **and provide copies of your last 4 pay stubs or recent award letters.**

Source	Applicant	Co-applicant	Other household member	Total
Salary/Wages/Overtime Pay				
Commissions/Fees/Tips/Bonuses				
Social Security/SSI/SSP				
Pensions, Other Retirement Funds				
Unemployment Insurance/TDI				
Interest and/or Dividends				
Net Income from Business				
Workers' Compensation				
Alimony/Child Support				
RIW/FIP/GPA				

Real Estate Owned? Yes No If Yes, Address

Have You Disposed of Any Assets in the Last 2 Years? Yes No

OTHER:

List all asset accounts family currently maintains, **and provide a current statement for each account.**

TOTAL: _____

Assets	Cash Value	Income from Assets	Bank Name	Account Number
Checking Account	\$	\$		
	\$	\$		
Savings	\$	\$		
	\$	\$		
Credit Union	\$	\$		
	\$	\$		
Stocks/Bonds/IRAs	\$	\$		
	\$	\$		
Other	\$	\$		



CERTIFICATION/CONSENT

The information provided above is true and complete to the best of my/our knowledge and belief. I/we understand that any false statement made on this application will cause me/us to be disqualified for admission. I/we consent to the disclosure of income and financial information from my/our employer and financial references for the purposes of income and asset verification related to my/our application for tenancy. All household members over the age of 18 are required to sign this application.

YOU ARE REQUIRED TO NOTIFY THIS AGENCY IN WRITING OF ANY ADDRESS CHANGES IN ORDER TO MAINTAIN YOUR STATUS ON THE WAITING LIST.

I/We hereby certify that I/We Do/ Will Not maintain a separate subsidized rental unit in another location. I/We further certify that this will be my/our permanent residence. 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, a review of my/our consumer report, 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 of information are punishable by law and will lead to cancellation of this application or termination of tenancy after occupancy. All adult household members, 18 or older, must sign application.

Applicant Date

Co-Applicant/Other Adult Date

Other Adult Date

Other Adult Date

WARNING: 18 U.S.C. 1001 provides, among other things, that whoever knowingly and willfully makes or uses a document or writing contains false, fictitious, or fraudulent statement or entry in any matter within the jurisdiction of a department or agency of the United States shall be fined not more than \$10,000 or shall be imprisoned for not more than five years or both.