

PRELIMINARY APPLICATION

PLEASE COMPLETE THIS FORM AND RETURN TO:

Smithfield HA- Public Housing
 Smithfield Housing Authority
 7 Church Street
 Greenville, RI 02828

		Office Use Only							
Received/ Revised	Unit Size	Preference							
_____	_____	T	P1	P2	P3	P4	P5	P6	P7
_____	_____	T	P1	P2	P3	P4	P5	P6	P7
_____	_____	T	P1	P2	P3	P4	P5	P6	P7

Legal address if different from mailing address

FULL NAME:
FULL ADDRESS:

Note: If your legal or mailing address changes, you must notify this office to maintain your waiting list status.

Evidence of legal address claimed at time of application must accompany this form when returned. Acceptable evidence includes copy of driver's license or other official document listing head of household, spouse or co-head at claimed legal address. Preliminary Applications returned without evidence of legal address cannot be accepted.

Part 1: Head of Household

Social Security Number	_____	Ethnicity (Check One Box)	<input type="checkbox"/> Hispanic/Latino
Date of Birth	_____		<input type="checkbox"/> Not Hispanic/Latino
Sex	<input type="checkbox"/> Female <input type="checkbox"/> Male	OR	
Home Telephone	_____	Race (Check All That Apply)	<input type="checkbox"/> White
Other Telephone	_____		<input type="checkbox"/> Black/African American
Other Telephone Type	<input type="checkbox"/> Work <input type="checkbox"/> Other Specify: _____		<input type="checkbox"/> American Indian/ Alaska Native
E-mail Address	_____		<input type="checkbox"/> Asian
			<input type="checkbox"/> Native Hawaiian/Other Pacific Islander
			<small>Racial and ethnic data for statistical purposes only.</small>
<input type="checkbox"/> I would like to receive correspondence via e-mail.			
Do you qualify for a reasonable accommodation due to a disability? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Part 2: Household Information

List information for adults first, then children under age 18. Use "F" or "M" to indicate sex. If a household member qualifies for a reasonable accommodation due to a disability select "Y", if not, select "N." List relationship of each person to the Head of Household. Attach additional sheet if family has more than ten members.

First Name	MI	Last Name	Social Security #	Date of Birth	Sex	Disabled	Relationship
_____	_____	_____	_____	_____	_____	<input type="checkbox"/> Y <input type="checkbox"/> N	_____
_____	_____	_____	_____	_____	_____	<input type="checkbox"/> Y <input type="checkbox"/> N	_____
_____	_____	_____	_____	_____	_____	<input type="checkbox"/> Y <input type="checkbox"/> N	_____
_____	_____	_____	_____	_____	_____	<input type="checkbox"/> Y <input type="checkbox"/> N	_____
_____	_____	_____	_____	_____	_____	<input type="checkbox"/> Y <input type="checkbox"/> N	_____
_____	_____	_____	_____	_____	_____	<input type="checkbox"/> Y <input type="checkbox"/> N	_____
_____	_____	_____	_____	_____	_____	<input type="checkbox"/> Y <input type="checkbox"/> N	_____
_____	_____	_____	_____	_____	_____	<input type="checkbox"/> Y <input type="checkbox"/> N	_____
_____	_____	_____	_____	_____	_____	<input type="checkbox"/> Y <input type="checkbox"/> N	_____
_____	_____	_____	_____	_____	_____	<input type="checkbox"/> Y <input type="checkbox"/> N	_____

Please Continue to Part 3

PRELIMINARY APPLICATION

Part 3: Family Income and Assets

List total gross income (before taxes) and payments received by each family member age 18 and older for wages, military pay, pensions, social security, SSI, welfare, child support, unemployment, business, profession or any other source. Include payments made to family members 18 or older on behalf of other family members under age 18.

First Name	Gross Income	How Often	If Income is from Wages List Address of Employer
_____	\$ _____	<input type="checkbox"/> Weekly <input type="checkbox"/> Every 2 Weeks <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly	_____
_____	\$ _____	<input type="checkbox"/> Weekly <input type="checkbox"/> Every 2 Weeks <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly	_____
_____	\$ _____	<input type="checkbox"/> Weekly <input type="checkbox"/> Every 2 Weeks <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly	_____
_____	\$ _____	<input type="checkbox"/> Weekly <input type="checkbox"/> Every 2 Weeks <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly	_____
_____	\$ _____	<input type="checkbox"/> Weekly <input type="checkbox"/> Every 2 Weeks <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly	_____

List total cash value and total income received for assets owned by all family members.

Type of Asset	Cash Value of Asset	Income Received from Asset
Checking Accounts	\$ _____	\$ _____
Savings Accounts	\$ _____	\$ _____
Stocks, Bonds, CDs, Investment	\$ _____	\$ _____
Real Estate	\$ _____	\$ _____
Other	\$ _____	\$ _____

Part 4: Eligibility and Preferences

Your response to the following statements will help determine your eligibility for rental assistance and if you are entitled to a preference when placed on the program's waiting list. Select each item that applies to your current status.

THE GREENVILLE MANOR IS A NONSMOKING FACILITY

- Yes. I currently work or live in Smithfield.
- Yes. I am a United States veteran.
- Yes. I am a service connected disabled U.S. veteran. Claim # _____
- Yes. I or a family member is 62-year-old
- Yes. I need a first floor apartment because I can not climb stairs.
- You or any member of your household have been evicted from Public housing, Indian housing, Section 23 housing,
- You currently live in public housing, housing assisted by the Section 8 program, or any other type of federally

Part 5: U.S. Citizenship Notification and Certification

Housing may be contingent upon the submission and verification of evidence of citizenship or eligible immigration status prior to the time housing is made available. Based on the evidence submitted at that time, assistance may be prorated, denied or terminated following appeals and informal hearing processes.

I certify that the information on this form is true and complete to the best of my knowledge and belief. I understand that I can be fined up to \$10,000, or imprisoned up to five years if I furnish false or incomplete information.

X _____ Date _____

FULL NAME:

Date

Privacy Act Notice: For your protection, the data collected on this form will only be released in accordance with the Privacy Act of 1974.

Optional and Supplemental Contact Information for HUD-Assisted Housing Applicants
SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING
This form is to be provided to each applicant for federally assisted housing

Instructions: Optional Contact Person or Organization: You have the right by law to include as part of your application for housing, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. **You may update, remove, or change the information you provide on this form at any time.** You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form.

Applicant Name:	
Mailing Address:	
Name of Additional Contact Person or Organization:	
Address:	
Telephone No:	Cell Phone No:
E-Mail Address (if applicable):	
Relationship to Applicant:	
Reason to Contact: (Check all that apply)	
<input type="checkbox"/> Emergency	<input type="checkbox"/> Assist with Recertification Process
<input type="checkbox"/> Unable to contact you	<input type="checkbox"/> Change in lease terms
<input type="checkbox"/> Termination of rental assistance	<input type="checkbox"/> Change in house rules
<input type="checkbox"/> Eviction from unit	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Late payment of rent	
Commitment of Housing Authority or Owner: If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.	
Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
Legal Notification: Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.	

Check this box if you choose not to provide the contact information.

--	--

Signature of Applicant

Date

The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). The public reporting burden is estimated at 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Section 644 of the Housing and Community Development Act of 1992 (42 U.S.C. 13604) imposed on HUD the obligation to require housing providers participating in HUD's assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend, or person associated with a social, health, advocacy, or similar organization. The objective of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any delivery of services or special care to the tenant and assist with resolving any tenancy issues arising during the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and maintained as confidential information. Providing the information is basic to the operations of the HUD Assisted-Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fraud, waste and mismanagement. In accordance with the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless the collection displays a currently valid OMB control number.

Privacy Statement: Public Law 102-550, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions.