



DATE/TIME RECEIVED

NAME OF DEVELOPMENT: \_\_\_\_\_ LOCATION: \_\_\_\_\_  
 HOW DID YOU HEAR ABOUT THIS APARTMENT COMMUNITY? \_\_\_\_\_  
 NUMBER OF BEDROOMS DESIRED: \_\_\_\_\_

NAME: \_\_\_\_\_ APT. #: \_\_\_\_\_  
 PRESENT ADDRESS: STREET: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
 HOME PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_ ALTERNATE PHONE: \_\_\_\_\_  
 E-MAIL ADDRESS: \_\_\_\_\_  
 DRIVER'S LICENSE #: \_\_\_\_\_ STATE: \_\_\_\_\_  
 DO YOU OWN A VEHICLE? YES \_\_\_\_\_ NO \_\_\_\_\_ REGISTRATION #: \_\_\_\_\_ STATE: \_\_\_\_\_

THE FOLLOWING INFORMATION IS REQUIRED BY HUD FOR ALL THOSE WHO WOULD LIVE IN THE APARTMENT, INCLUDING YOURSELF:

NAME	SEX	RELATIONSHIP	DATE OF BIRTH	PLACE OF BIRTH	SOC. SEC. #
		HEAD			

PRESENT LANDLORD: \_\_\_\_\_ LANDLORD'S ADDRESS: \_\_\_\_\_  
 LANDLORD'S PHONE: \_\_\_\_\_ HOW LONG HAVE YOU LIVED THERE? \_\_\_\_\_  
 PRESENT MONTHLY RENT: \$ \_\_\_\_\_ FUEL & ELECTRIC COST PER MONTH: \$ \_\_\_\_\_

PREVIOUS ADDRESS: \_\_\_\_\_  
 PREVIOUS LANDLORD: \_\_\_\_\_ PREVIOUS LANDLORD'S ADDRESS: \_\_\_\_\_  
 PREVIOUS LANDLORD'S PHONE #: \_\_\_\_\_ FUEL & ELECTRIC COST PER MONTH: \$ \_\_\_\_\_  
 MONTHLY RENT \$ \_\_\_\_\_ REASON FOR MOVING: \_\_\_\_\_  
 HOW LONG DID YOU LIVE THERE? \_\_\_\_\_

**EMPLOYMENT DATA for all household members**

CURRENT EMPLOYER: \_\_\_\_\_ PHONE: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_ GROSS ANNUAL WAGE: \$ \_\_\_\_\_  
 LENGTH OF EMPLOYMENT WITH THIS COMPANY: \_\_\_\_\_  
 CURRENT EMPLOYER: \_\_\_\_\_ PHONE: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_ GROSS ANNUAL WAGE: \$ \_\_\_\_\_  
 LENGTH OF EMPLOYMENT WITH THIS COMPANY: \_\_\_\_\_

**OTHER SOURCES OF INCOME for all household members**

HEAD OF HOUSEHOLD GROSS MONTHLY SOCIAL SECURITY AMOUNT \$ \_\_\_\_\_  
 SPOUSE/OTHER GROSS MONTHLY SOCIAL SECURITY AMOUNT \$ \_\_\_\_\_  
 SSI / SSDI GROSS MONTHLY AMOUNT \$ \_\_\_\_\_  
 PENSION AMOUNT (GROSS) PER MONTH \$ \_\_\_\_\_ NAME OF RECIPIENT \_\_\_\_\_  
 PENSION FUND NAME & ADDRESS \_\_\_\_\_  
 PENSION AMOUNT (GROSS) PER MONTH \$ \_\_\_\_\_ NAME OF RECIPIENT \_\_\_\_\_  
 PENSION FUND NAME & ADDRESS \_\_\_\_\_

VETERAN'S BENEFITS: AMOUNT PER MONTH \$ \_\_\_\_\_ VA FILE # \_\_\_\_\_  
 PUBLIC ASSISTANCE PER MONTH \$ \_\_\_\_\_

OTHER INCOME (CHILD SUPPORT, TDI, UNEMPLOYMENT OR OTHER) \_\_\_\_\_

DO YOU RECEIVE REGULAR RECURRING CASH GIFTS FROM ANYONE? \_\_\_\_\_



## ASSETS

### CHECKING ACCOUNTS:

BANK: \_\_\_\_\_ BALANCE: \$ \_\_\_\_\_  
BANK: \_\_\_\_\_ BALANCE: \$ \_\_\_\_\_  
BANK: \_\_\_\_\_ BALANCE: \$ \_\_\_\_\_  
BANK: \_\_\_\_\_ BALANCE: \$ \_\_\_\_\_

### SAVINGS/CERTIFICATES OF DEPOSIT ACCOUNTS (CDS)

BANK: \_\_\_\_\_ BALANCE: \$ \_\_\_\_\_  
BANK: \_\_\_\_\_ BALANCE: \$ \_\_\_\_\_  
BANK: \_\_\_\_\_ BALANCE: \$ \_\_\_\_\_  
BANK: \_\_\_\_\_ BALANCE: \$ \_\_\_\_\_

### STOCKS, BONDS, MUTUAL FUNDS, TRUST FUNDS, WHOLE LIFE INSURANCE

NAME OF STOCK: \_\_\_\_\_ VALUE: \$ \_\_\_\_\_ ANNUAL INCOME: \$ \_\_\_\_\_  
NAME OF STOCK: \_\_\_\_\_ VALUE: \$ \_\_\_\_\_ ANNUAL INCOME: \$ \_\_\_\_\_

### REAL ESTATE/MOBILE HOMES:

DESCRIPTION / ADDRESS: \_\_\_\_\_  
ESTIMATED VALUE: \$ \_\_\_\_\_ BALANCE DUE ON MORTGAGE \$ \_\_\_\_\_

DURING THE PAST 2 YEARS, HAVE YOU GIVEN AWAY MORE THAN \$1000 OR DISPOSED OF OTHER ASSETS FOR LESS THAN THEIR FAIR MARKET VALUE?  
YES \_\_\_\_\_ NO \_\_\_\_\_ IF YES, PLEASE EXPLAIN: \_\_\_\_\_  
\_\_\_\_\_

## MISCELLANEOUS INFORMATION

IS ANY HOUSEHOLD MEMBER ENROLLED IN AN INSTITUTION OF HIGHER LEARNING? YES \_\_\_\_\_ NO \_\_\_\_\_

WILL ALL HOUSEHOLD MEMBERS BE, OR HAVE THEY BEEN, FULL-TIME STUDENTS DURING FIVE-CALENDAR MONTHS OF THE  
CURRENT YEAR? YES \_\_\_\_\_ NO \_\_\_\_\_

WHAT ADAPTIONS, IF ANY, WILL YOU NEED IN YOUR APARTMENT FOR ACCESSIBILITY REASONS? \_\_\_\_\_  
\_\_\_\_\_  
WERE YOU EVER THE SUBJECT OF ANY EVICTION COMPLAINT? YES \_\_\_\_\_ NO \_\_\_\_\_  
IF YES, PLEASE EXPLAIN: \_\_\_\_\_  
\_\_\_\_\_

THE FOLLOWING INFORMATION WILL BE REQUIRED BY THE FEDERAL GOVERNMENT TO MONITOR THIS OWNER'S COMPLIANCE WITH  
EQUAL HOUSING OPPORTUNITY AND FAIR HOUSING LAWS. THE LAW PROVIDES THAT AN APPLICANT MAY NOT BE DISCRIMINATED  
AGAINST ON THE BASIS OF THE INFORMATION SUPPLIED BELOW OR WHETHER OR NOT THE INFORMATION IS FURNISHED.

### RACE/NATIONAL ORIGIN

WHITE/NOT HISPANIC ORIGIN  BLACK/NOT OF HISPANIC ORIGIN  AMERICAN INDIAN OR ALASKAN NATIVE  
 HISPANIC  ASIAN OR PACIFIC ISLANDER

I DO NOT WISH TO FURNISH THE ABOVE INFORMATION

### AN AGGRIEVED PERSON MAY FILE A COMPLAINT OF A HOUSING DISCRIMINATION ACT WITH:

RHODE ISLAND HOUSING  
44 WASHINGTON STREET  
PROVIDENCE, RHODE ISLAND 02903  
TEL: (401) 751-5566

U.S. DEPT. OF HOUSING AND URBAN DEVELOPMENT  
121 SOUTH MAIN STREET  
PROVIDENCE, RHODE ISLAND 02903  
TEL: (401) 277-8300

THIS IS TO INFORM YOU THAT, AS PART OF OUR PROCEDURE FOR PROCESSING YOUR APPLICATION, WE WILL  
CONDUCT AT A MINIMUM A CREDIT CHECK, A LANDLORD CHECK AND A CRIMINAL BACKGROUND CHECK. YOU HAVE  
THE RIGHT TO MAKE A WRITTEN REQUEST WITHIN A REASONABLE PERIOD OF TIME FOR INFORMATION CONCERNING  
THE RESULTS OF THIS.

PLEASE NOTE THAT THIS IS A PRELIMINARY APPLICATION AND IN NO WAY INSURES OCCUPANCY. ADDITIONAL INFORMATION MAY BE  
REQUESTED TO COMPLETE PROCESSING OF YOUR APPLICATION. YOUR SIGNATURE GIVES WRITTEN CONSENT TO THE MANAGEMENT  
TO VERIFY INFORMATION IN THIS APPLICATION. A FALSE STATEMENT OR MISREPRESENTATION ON YOUR APPLICATION WILL AFFECT  
APPROVAL OF RESIDENCY.

DATE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

