For Office Use:
Date: _____
App. #_____
BR. Size_____
Preference_____

CENTRAL FALLS HOUSING AUTHORITY

30 Washington Street, Central Falls, RI 02863
Main Office (401) 648-8298 Fax (401) 648-8298
TDD (800) 545-1833 ext. 404

Public Housing Rental Application

WAITLIST OPTIONS		
DEVELOPMENT SELECTION	**NAME**	**ADDRESS**
	Forand Manor and Wilfrid Manor Wait List:: ( ) **1 bed ( ) 2 bed**	

The below Public Housing Application must be completed in full. If assistance is needed, please contact the Authority to schedule an appointment. If you are in need of a translator, please notify the office 48 hours in advance of your appointment so arrangements can be made.

APPLICANT INFORMATION		
Head of Household Name:		
Date of Birth:	SSN:	Phone:
Current address:		
City:	State:	Zip Code:
Own Rent **(Please Circle)**	Monthly payment or rent:	How Long?
Marital Status: Unmarried (Single, Widowed, Divorced) Married **(Please Circle)**		
Maiden Name:	If Divorced or separated; name of former spouse:	
Race: White Black American Indian/Alaskan Native Asian/Pacific Islander Other **(Please Circle)**		
Ethnicity: Hispanic Not Hispanic **EMAIL ADDRESS:**		
The above information pertaining to race and ethnicity is required for statistical purposes so that HUD may determine the degree to which its programs are utilized by minority families.		

FAMILY COMPOSITION: List all persons, including yourself, who will live in the unit. (Lead applicant is head of household)

	FULL NAME	RELATIONSHIP	SEX	RACE	PLACE OF BIRTH	DATE OF BIRTH	AGE	SOCIAL SECURITY #
1		Self (HOH)						
2								
3								
4								

INCOME SOURCES	List all monthly income amounts below			
SOURCE OF INCOME	**FAMILY MEMBER # 1**	**FAMILY MEMBER # 2**	**FAMILY MEMBER # 3**	**FAMILY MEMBER # 4**
Social Security				
SSI				
GPA				
Veterans Benefits				
Pension				
Worker's Compensation				
Alimony				
AFDC / TANF				
Employment				
Unemployment				
SSDI				
Other (Please describe below)				

ASSET INFORMATION						
SOURCE OF INCOME	**FAMILY MEMBER #1 VALUE**	**FAMILY MEMBER #2 VALUE**	**FAMILY MEMBER #2 VALUE**	**FAMILY MEMBER #3 VALUE**	**INTEREST RATE**	**ACCOUNT #**
Checking						
Checking						
Savings						
Savings						
Savings						
Certificates of Deposit						
Certificates of Deposit						
IRA						
Annuities						
Life Insurance-Whole						
Life Insurance-Term						
Other (list)						
Other (list)						
Other (list)						

PLEASE COMPLETE THE FOLLOWING QUESTIONS			
Are you an owner/co-owner of property (in the U.S. or other country)?	Yes	No	**(Please Circle)**
If yes, list type of property, value and location:			
Have you disposed of any assets at less than market value in the last two years?	Yes	No	**(Please Circle)**
If yes, please explain:			

MEDICAL EXPENSES (Elderly/Disabled/Handicapped Applicants Only)	
Please check all that apply to your household:	
	Pay any portion of your medical premiums or hospitalization coverage
	Pay any co-payments for doctors or hospital
	Pay for prescriptions
	Pay for non-prescription medicines that your doctor has ordered
	Any other medical expenses, if yes, describe below

HANDICAPPED/DISABLED ASSISTANCE INFORMATION

Please check all that apply to your household

	Have non-reimbursed expenses anticipated during the next 12 months for attendant care and auxiliary apparatus for a family member with a disability or handicap that are necessary to enable a family member (including the person with the handicap or disability) to be employed?
	Any member of your household require special housing facilities? If yes, please explain below:

PROGRAM INFORMATION

Please circle if the below applies to your household and where applicable describe the specifics

Are you currently a participant receiving assistance in any HUD Program? Example: Section 8 or Public Housing	Yes No **(Please Circle)**
If yes, what Housing Authority is the assistance affiliated with?	

HEAD OF HOUSEHOLD AND FAMILY BACKGROUND INFORMATION

Have you ever been convicted of a felony?	Yes	No	**(Please Circle)**
If yes, when, for what and where?	Date(s)	Reason:	Where:
Have any of your family members been convicted of a felony?	Yes	No	**(Please Circle)**
If yes, when, for what and where?	Date(s)	Reason:	Where:
Have you or any family members been arrested and/or convicted of any crimes?	Yes	No	**(Please Circle)**
If yes, when, for what and where?	Date(s)	Reason:	Where:
Have you ever lived in any state other than Rhode Island?	Yes	No	**(Please Circle)**
If yes, where?	City		State
Have you ever lived in Public Housing?	Yes	No	**(Please Circle)**
If yes, where?	City		State
Have you ever received Section 8 or any other HUD program assistance?	Yes	No	**(Please Circle)**
If yes, what program and where?	Program:	City:	State:
Do you owe back rent to any of the above or to the CFHA	Yes	No	**(Please Circle)**
If yes, where?	City		State
Have you ever been evicted or violated your lease while participating in a Public Housing, Section 8, other HUD Program?	Yes	No	**(Please Circle)**
If yes, what program and where and why?	What Program	City	State
Explain reason			
Are you or anyone in your household required to register on any state's life time sex offender registry?	Yes	No	**(Please Circle)**
Are you or anyone in your household a medical marijuana user?	Yes	No	**(Please Circle)**
If yes, list all States that you or any other member of you household has ever lived in:			

EMERGENCY CONTACTS – Please provide two numbers of friends/relatives that we may contact if we are unable to reach you.

Name:	Phone:	Relationship:
Name:	Phone:	Relationship:

LANDLORD HISTORY			
Present monthly rent	$		
How much do you pay for utilities per month?	$		
Current address	Street:	City:	State:
Current landlord name	Name:		
Current landlord phone number	Home:	Cell:	
Current landlord address	Street:	City:	State:
How long have you lived at this current address?	Months:	Years:	
Previous address	Street:	City:	State:
Previous landlord name	Name:		
Previous landlord address	Street:	City:	State:
How long have you lived at this address?	Months:	Years:	
If there is less than 5 years of landlord history, please attach additional information nf previous landlords and rental history.			

Warning: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any department or agency of the U.S. as to any matter within its jurisdictions.

HEAD OF HOUSEHOLD'S INITIALS _____

I understand that I must notify the Central Falls Housing Authority, in writing, of any change of address. Failure to do so will result in the removal of your name from the waiting list.

HEAD OF HOUSEHOLD'S INITIALS _____

I attest the above information to be true and accurate to the best of my knowledge.

_____ _____

Applicant's Signature **Date**

_____ _____

CFHA Representative Signature **Date**