



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

To Whom It May Concern:

Thank you for your interest in the Central Falls Housing Authority. Attached you will find an application for Public Housing. The following paperwork that is **REQUIRED** to be attached to the application is:

- **Copy of a Valid Driver's License / Photo ID or Passport**
- **Copy of Social Security Card for each household member**
- **Copy of all forms of income (Social Security, SSI, earned wages, etc)**

IMPORTANT: Please make sure that all areas of the application are filled in and completed and any **required** additional paperwork is attached prior to submission. If you have any questions, please call the Public Housing Manager at the number provided above. Applications can be dropped off and put in our drop box which is located in the hallway of our office.



For Office Use:
 Date: _____
 App. # _____
 BR. Size _____
 Preference _____

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

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:	
<p>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.</p>			

I understand that it is my responsibility as an applicant for rental assistance to report to the Central Falls Housing Authority whenever I move to a new address. I realize that if I fail to report a change in address, my application will be removed from the waiting list if mail is undeliverable.

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)				

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:	
<input type="checkbox"/>	Pay any portion of your medical premiums or hospitalization coverage
<input type="checkbox"/>	Pay any co-payments for doctors or hospital
<input type="checkbox"/>	Pay for prescriptions
<input type="checkbox"/>	Pay for non-prescription medicines that your doctor has ordered
<input type="checkbox"/>	Any other medical expenses, if yes, describe below

HANDICAPPED/DISABLED ASSISTANCE INFORMATION	
Please check all that apply to your household	
<input type="checkbox"/>	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?
<input type="checkbox"/>	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 of 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

THE CENTRAL FALLS HOUSING AUTHORITY

PUBLIC HOUSING OCCUPANCY PREFERENCES AND WAITLIST SELECTION

The Central Falls Housing Authority (CFHA) has established preferences based upon housing needs and priorities as determined by the CFHA. These waiting list preferences are in place to allow those qualified applicants to move through the waiting list more quickly.

Applications will be processed by available bedroom size, preferences and date and time of application process to determine the order in which you will be served. As units become available, persons with a preference are processed and housed first. The CFHA will verify your eligibility for a preference by scheduling an appointment and conducting a face-to-face interview with you. Once preference and eligibility is verified, then the applicant is determined eligible and ready to be housed, in the appropriate bedroom size. If the applicant does not have a preference, then their name will remain on the Public Housing Waiting list until all applicants with preferences are housed.

The CFHA will select families from the waitlist based on the following established preferences within each bedroom size category.

Established Preferences:

- 1. Date and Time of Application**
- 2. Local Preference** – Applicants living in the City of Central Falls
- 3. Veterans Ranking Preference** – For every person, regardless of sex, who was served in the military or naval service of the United States in any war, conflict or police action that placed them under fire and who was honorably discharged, or who was discharged under conditions other than dishonorable, or who, if not discharged, served honorably and meets all eligibility requirements as well as screening for suitability for the federal public housing program will be given a veterans ranking preference. A list of specific wars, conflicts or police actions will be maintained by the CHFA subject to Board of Commissioner approval.
- 4. Homeless Veterans Preference – See below for Preference Description – Attachment “A”**

If you believe you are eligible for the above mentioned preference(s) you must identify by selecting below:

CHECK BELOW THOSE THAT APPLY	PREFERENCE TYPE
<input type="checkbox"/>	Local Preference
<input type="checkbox"/>	Veterans Preference
<input type="checkbox"/>	Homeless Veteran Preference

By signing below, I attest, to the best of my ability, that I am eligible for one or more of the above preferences. I also understand that at any time while on the waiting list that I may request to add or remove any preferences that I feel I am allowed.

Applicant (Head of Household) _____ **Date**

ATTACHMENT "A"

Homeless Preference – Description and Requirements

In order to address the problem of homelessness among veterans, The Central Falls Housing Authority, Rhode Island will establish a preference for "Homeless Individuals". Applicants will be assigned their placement on the waiting list based on their application date, verification of being a veteran of the United States military, verification of being homeless, verification of placement on the Homeless Management Information System data base (HMIS) and preference category as listed below:

Homeless families and individuals:

1. An individual or family who lacks a fixed, regular, and adequate nighttime residence, meaning:
 - a. An individual or family with a primary night residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings, including a car, park, abandoned building, bus or train station, airport or camping ground;
 - b. An individual or family living in a supervised publicly or privately operated shelter designated to provide temporary living arrangements (including congregate shelters, transitional housing, and hotels and motels paid for by charitable organizations or by federal, state, or local government programs for low-income individuals); or
 - c. An individual who is exiting an institution where he or she resided for 90 days or less and who resided in an emergency shelter or place not meant for human habitation immediately before entering that institution.

In order to confirm that individuals/families qualify under this definition, individuals must have been assessed using the VI-SPDAT and both families and individuals must be entered into the Homeless Management Information System (HMIS).

Veteran:

Head of Household that were discharged under circumstances other than dishonorable, or who is currently on active duty with the following branches of service: Army, Navy, Air Force, Marines, Coast Guard and the National Guard (if deployed during war). This definition also includes the spouse of a veteran who is currently on active duty, or the widow of a veteran who was killed in action. Documentation from the Department of Defense or Veterans Affairs will be required confirming veteran status.

Eligible candidates are expected to participate in case management and utilize the supportive services, treatment recommendations and assistance needed to successfully maintain and sustain the assisted housing unit. Service providers can include but are not limited to, licensed social workers, mental health agencies, and the Supportive Services for Veteran Families Program (SSVF).

All applicants who are admitted under the "Homeless Veteran" preference will be tracked for their performance and must continue to receive supportive services while living in the Central Falls Housing Authority residence unless such services are no longer deemed necessary as certified by a service provider as defined above.

One unit in every four unit turnovers will be utilized to place individuals or families who meet the above criteria.