

**Warren Housing Authority
20 Libby Lane
Warren, RI 02885**

Mail-in PRE-APPLICATION for PUBLIC HOUSING

Instructions: Please read Carefully. Incomplete applications will not be processed.

1. To be qualified for admission to public housing an applicant must:
 - (a) Be a family as defined in PHA's Admission and Continued Occupancy policy;
 - (b) Meet the HUD requirements on citizenship or immigration status;
 - (c) Have an Annual Income at the time of admission that does not exceed the income limits established by HUD posted in PHA offices;
 - (d) Provide documentation of Social Security numbers for all family members, age 6 or older, or certify that they do not have Social Security numbers;
 - (e) Meet or exceed the Applicant Selection Criteria, including attending and successfully completing a PHA-approved pre-occupancy orientation session; and
 - (f) Meet the screening requirements related to criminal activity and alcohol abuse.
2. Complete applications will be entered on the waiting list in the order received. The waiting list will then be sorted according to unit type and size and applicant admission preferences.
3. Applications will be accepted by mail only, sent to the following address, postmarked within dates when PHA is accepting applications:

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except

4. Applicants with disabilities may seek assistance with the completion of the application at PHA's Admissions and Occupancy Department, at the address above.
5. Be sure to include the name, social security number, date of birth and all income for every family member who will live in the household.
6. Be sure to provide your complete address and telephone number so we can reach you to schedule an application interview.

The Housing Authority is an Equal Housing Provider

Don't staple the pages of this application together!

1. Some providers *scan* the application, and if you staple, that means removing staples from 1000 applications every week or month.
2. If you include a letter, don't staple that either: providers need to quickly get to your waitlist data and your cover page just gets in the way.

Use #10 double window envelopes. Fold on the line, and addresses will fit in the windows.

Dear _____

I am applying to the following waitlist, which I believe is open:

App Generated: _____

Housing Authority or Management Office Only

Is this waitlist closed? Any other questions or concerns? *Fill in the appropriate circle(s) below and fax this page to HousingWorks at the number below – and we will correct the problem. Hundreds of thousands of applicants check our free website to see what lists are open! Keeping us updated will save you many phone calls, reduces frivolous applications - and takes only 10 minutes a year.*

☐ **This particular waitlist is closed: The only open waitlists we have at present are:**

☐ **This is not the correct application. The correct application is available by/from:**

☐ **Any other info you wish to tell HousingWorks?**

Your position or title at this housing program: _____

Your signature: _____

HousingWorks Fax: **617-536-8516**



○	Head of Household's FIRST Name
	Head of Household's MIDDLE Name
	Head of Household's LAST Name

HoH's SOCIAL SECURITY NUMBER		GENDER	HoH's DATE OF BIRTH
○		○	

ETHNICITY Also provide your race at right!	RACE: Asian , Black, White, Native American, Pacific Islander, Multi-racial Do <u>NOT</u> write Spanish, Hispanic, Latino here – and do <u>NOT</u> write your country!
○	○

○ YOUR MOTHER'S MAIDEN NAME

YOUR HOME TELEPHONE	SECOND TELEPHONE
○	
YOUR EMAIL ADDRESS	
○	

CURRENT ADDRESS <u>OR</u> LONG-TERM CONTACT ADDRESS
This is:
○
○

SECOND CONTACT ADDRESS
This is:
○
○

TOTAL HOUSEHOLD SIZE			# BEDROOMS	How much money does your family receive in a year?
○	# Adults	# Children	Total #	○
				.0 0

INCOME SOURCES
○

MOBILE RENTAL ASSISTANCE, if any
○

REQUESTED ACCOMMODATIONS
○

SPECIAL CIRCUMSTANCES THAT <u>SOME</u> PROGRAMS MAY USE TO ASSIGN PRIORITY OR PREFERENCE
○

PHA use Only:	Lottery Number
Date of application: _____	Time of Application: _____

Pre-application for Public Housing

1. Name of head of household: _____
2. Name of adult co-head of household: _____
3. Current address, Street, Apt. # _____
 Current City, State and Zip _____
 Current Area Code and Phone # _____

For Statistical Purposes Only

4. Race of Head: ☐ African American/Black ☐ Asian or Pacific Islander
☐ Native American/ Alaskan Native ☐ Caucasian/White
5. Ethnicity of Head: ☐ Hispanic/Latino ☐ Non-Hispanic/Non-Latino

FAMILY INFORMATION

	First Name & Last Name if different from Head's	Date of Birth	Sex	Social Security Number	Relation to Head	Disabled Person?	Birthplace: Country	Full-time student?
H					Head			
2								
3								
4								
5								
6								
7								
8								

6. Is the applicant family displaced by a declared Natural Disaster, such as a flood, hurricane, earthquake, tornado, etc.? ☐ Yes ☐ No
7. Is the applicant family displaced by governmental action through no fault of their own? ☐ Yes ☐ No
8. Is the applicant family displaced by domestic violence? ☐ Yes ☐ No
9. Is any adult family member employed? ☐ Yes ☐ No
10. Is any adult family member enrolled in a job training program, including one required under the welfare program? ☐ Yes ☐ No

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11. Is any adult family member enrolled in an education program full-time? ☐ Yes ☐ No
12. **Family Income Information:** Please list the source and amount of all current income received by all family members, including yourself. Include all earnings and benefits received from AFDC/TANF, VA, Social Security, SSI, SSID, Unemployment, Worker's Compensation, Child Support, etc.

Family Member Name	Income Source	Amount \$	Frequency – Per
			<input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Year
			<input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Year
			<input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Year
			<input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Year

13. Current Landlord's name and phone # _____
Date Family Moved to this location _____
13. Most recent former address, Street, Apt. # _____
Most recent former City, State and Zip _____
Most recent former Area Code and Phone # _____
14. Most recent prior landlord's name, phone # _____
Date Family Moved to this location _____

PHA will be contacting all former landlords for the period three years from the date of application

I/we certify that the statements on this application are true to the best of my/our knowledge and belief and understand that they will be verified. I/we authorize the release of information to the Housing Authority by my/our employer(s), the Department of Public assistance, the Social Security Administration, and/or other business or government agencies. I/we understand that any false statement made on this application will cause me/us to be disqualified for admission.

Applicant Signature _____

Date _____

Co-applicant Signature _____

Date _____

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

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APPLICATION for PUBLIC HOUSING

This is not a Section 8 application and cannot be used for the Housing Voucher program.

Instructions: Please read Carefully. Incomplete applications will not be processed.

1. This application is valid for all public housing properties operated by the Housing Authority
2. To be qualified for admission to public housing an applicant must:
 - (a) Be a family as defined in PHA's Admission and Continued Occupancy policy;
 - (b) Meet the HUD requirements on citizenship or immigration status;
 - (c) Have an Annual Income at the time of admission that does not exceed the income limits established by HUD that are posted in PHA offices.
 - (d) Provide documentation of Social Security numbers for all family members, age 6 or older, or certify that they do not have Social Security numbers;
 - (e) Meet or exceed the Applicant Selection Criteria, including attending and successfully completing a PHA-approved pre-occupancy orientation session, if requested to do so;
 - (f) Pay any money owed to PHA or any other housing authority;
 - (g) Not have had a lease terminated by PHA in the past 12 months;
 - (h) Be able and willing to comply with the Housing Authority lease; and
 - (i) Not have any family members engaged in any criminal activity that threatens the life, health, safety, or right to peaceful enjoyment of the premises by other residents, and not have any family members engaged in any drug-related criminal activity.
3. Complete applications will be entered on the waiting list in the order received. The waiting list will then be processed in order according to unit type and size and admission preferences.
4. Each applicant who meets the above qualifications will receive one unit of the size and type needed. If the applicant accepts the offer, the applicant will be offered a lease. If the applicant refuses the offer without good cause, the application will be withdrawn from the waiting list and the applicant will not be permitted to reapply for 12 months.
5. Applicants with disabilities may seek assistance with the completion of the application at PHA's Admissions and Occupancy Department, at the address above.
6. PHA will conduct a criminal record check on all applicants

The Housing Authority is an Equal Housing Provider

PHA use Only: Pre-app Pref claimed: ☐ Displacement ☐ Upward Mobility
 Date of application: _____ Time of Application: _____ App # _____ ☐ Tier I ☐ Tier II

1. Name of head of household: _____
3. Name of adult co-head of household: _____
3. Current address, Street, Apt. # _____
 Current City, State and Zip _____
 Current Area Code, Home & Work Phone #s _____

For Statistical Purposes Only

4. Race of Head: ☐ Caucasian/White ☐ African American/Black ☐ Asian or Pacific Islander
☐ Native American/ Alaskan Native
5. Ethnicity of Head: ☐ Hispanic/Latino ☐ Non-Hispanic/Non-Latino

FAMILY INFORMATION

Beginning with yourself, list all persons who will live in the PHA unit, including foster children, live-in aides (if needed for the care of a family member). Each box must be completed for each family member. No one except those listed on this form may live in the unit.

	First Name & Last Name if different from Head's	Date of Birth	Sex	Social Security Number	Relation to Head	Disabled Person?	Birthplace: Country	Full-time student?
H				_____	Head			
2				_____				
3				_____				
4				_____				
5				_____				
6				_____				
7				_____				
8				_____				

14. Is the applicant family displaced by a declared Natural Disaster, such as a flood, hurricane, earthquake, etc.? ☐ Yes ☐ No. If yes, who can verify this? Please give name, address and phone #. _____
15. Is the applicant family displaced by governmental action through no fault of their own? ☐ Yes ☐ No. If yes, who can verify this? Please give name, address & phone #: _____

16. Is the applicant family displaced by domestic violence? ☐ Yes ☐ No If yes, who can verify this?
Please give name, address, and phone number _____
17. Is any adult family member employed ? ☐ Yes ☐ No If yes, name, address & phone # of employer: _____
18. Is any adult family member enrolled in a job training program, including one required under the Welfare program? ☐ Yes ☐ No If yes, who can verify this? Please give name, address & phone #: _____
19. Is any adult family member enrolled in an education program full-time? ☐ Yes ☐ No If yes, who can verify this? Please give name, address and phone #: _____
20. **Family Income Information:** Please list the source and amount of all income expected for the coming 12 months for all family members, including yourself. Include all earnings and benefits received from AFDC/TANF, VA, Social Security, SSI, SSID, Unemployment, Worker's Compensation, Child Support, etc. Example: Wages, \$150/week, SSI, \$421/month

Family Member Name	Income Source	Amount \$	Frequency – Per <input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Year
			<input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Year
			<input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Year
			<input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Year
			<input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Year

21. Do you have a checking or savings account or own any Certificates of Deposit, stocks, bonds, etc.? ☐ Yes ☐ No If yes, describe the type of asset(s) please: _____
What is the market value of all assets? _____
22. Do you own any real estate? ☐ Yes ☐ No If yes, what is the address? _____
23. Have you sold any real estate in the past two years? ☐ Yes ☐ No If yes, what was the address? _____
24. Current Landlord's name and phone # _____
Date Family Moved to this location _____
13. Most recent former address, Street, Apt. # _____
Most recent former City, State and Zip _____
Most recent former Area Code and Phone # _____
14. Most recent prior landlord's name, phone # _____
Date Family Moved to this location _____

Screening Questions: A “yes” answer will not necessarily disqualify you for admission.

15. Have you ever been evicted from housing? ☐ Yes ☐ No If yes, why? _____
16. Have you ever lived in public housing before? ☐ Yes ☐ No If yes, where? _____
Dates: From _____ To _____ Name of Lessee: _____
Do you owe any money to the housing authority? ☐ Yes ☐ No
17. Do you have any past due utility bills? ☐ Yes ☐ No If yes, please describe and give amount owed: _____
18. Have you, or any member of the applicant household ever been arrested or convicted of a crime other than a traffic violation? ☐ Yes ☐ No If yes, please explain the nature of the problem and who was involved: _____
19. Is anyone in your household currently on parole or probation? ☐ Yes ☐ No If yes, please explain: _____

Qualifying for Deductions in Calculating Rent:

20. Is the head of household or spouse age 62 or older or a person with a disability? ☐ Yes ☐ No If yes, please answer the following questions. If no, please skip down to question # 22.
21. Does your household have any medical expenses (include insurance, medicare deduction, doctor visits, hospital, clinic costs, medicine, therapy, supplies, medical transportation, etc.)? ☐ Yes ☐ No If yes, please describe the type of expense (not your medical condition) and the unreimbursed amount you spend per month on all medical expenses: Type of expense: _____

Monthly medical expense: \$ _____ Please give us the name, address & phone # of someone who can verify the expense: _____
22. Do you have any expenses on behalf of a household member with disabilities so an adult in the family can work? ☐ Yes ☐ No If yes, describe the nature of the expense and the monthly amount: _____
_____ Please give us the name, address & phone # of someone who can verify the expense: _____
23. Do you have child care expenses for children under age 13 so an adult in the family can work, go to school or attend job training? ☐ Yes ☐ No If yes, please list the name, address and phone # of your child care provider: _____
Monthly unreimbursed child care cost: \$ _____
24. Is any member of the household age 18 or older other than the family head and spouse a full time student or a person with a disability? ☐ Yes ☐ No If yes, please give us the name of the family member and the name and address of someone who can verify this information:
Name of family member: _____ Please give us the name, address & phone # of someone who can verify this information: _____
25. Drivers License or State ID #: Applicant: _____ Co-applicant: _____
Automobile: Year: _____ Make: _____ Model: _____ License: _____

PHA will be contacting all former landlords for the period three years from the date of application

I/we certify that the statements on this application are true to the best of my/our knowledge and belief and understand that they will be verified. I/we authorize the release of information to the Housing Authority by my/our employer(s), the Department of Public assistance, the Social Security Administration, and/or other business or government agencies. I/we understand that any false statement made on this application will cause me/us to be disqualified for admission.

Applicant Signature

Date

Co-applicant Signature

Date

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

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.

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

Applicant Name:											
Mailing Address:											
Telephone No:	Cell Phone No:										
Name of Additional Contact Person or Organization:											
Address:											
Telephone No:	Cell Phone No:										
E-Mail Address (if applicable):											
Relationship to Applicant:											
Reason for Contact: (Check all that apply) <table style="width: 100%;"> <tr> <td><input type="checkbox"/> Emergency</td> <td><input type="checkbox"/> Assist with Recertification Process</td> </tr> <tr> <td><input type="checkbox"/> Unable to contact you</td> <td><input type="checkbox"/> Change in lease terms</td> </tr> <tr> <td><input type="checkbox"/> Termination of rental assistance</td> <td><input type="checkbox"/> Change in house rules</td> </tr> <tr> <td><input type="checkbox"/> Eviction from unit</td> <td><input type="checkbox"/> Other: _____</td> </tr> <tr> <td><input type="checkbox"/> Late payment of rent</td> <td></td> </tr> </table>		<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	
<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.											

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.

SMOKE FREE HOUSING POLICY FOR KICKEMUIT VILLAGE

1. **SMOKING IS NOT PERMITTED ANYWHERE INSIDE THE KICKEMUIT VILLAGE PROPERTIES OWNED BY THE WARREN HOUSING AUTHORITY (HEREINAFTER "WHA") AND LOCATED AT 20 LIBBY LANE IN WARREN, RHODE ISLAND. THIS POLICY IS EFFECTIVE IMMEDIATELY UPON PASSAGE BY THE BOARD OF DIRECTORS FOR THE WHA. THIS POLICY SHALL APPLY TO ALL RESIDENTS WHO OCCUPY A DWELLING UNIT UNDER A LEASE AGREEMENT WITH WHA DATED ON OR AFTER NOVEMBER 1, 2011 AND ANY AND ALL GUESTS OF SAID RESIDENTS. THIS POLICY SHALL ALSO APPLY TO ALL EMPLOYEES, CONTRACTORS AND BUSINESS INVITEES WHO PROVIDE SERVICES TO ANY WHA PROPERTIES. THIS POLICY WILL BE EFFECTIVE FOR ALL CURRENT RESIDENTS AS OF JANUARY 1, 2012.**

FAILURE OF ANY RESIDENT TO FOLLOW THE SMOKE-FREE POLICY WILL BE CONSIDERED A VIOLATION OF SAID RESIDENT'S LEASE AGREEMENT WITH WHA AND WILL SUBJECT THE TENANT TO ALL LEASE ENFORCEMENT PROCEDURES AS SET FORTH IN THE WHA ADMISSIONS AND CONTINUED OCCUPANCY POLICY (HEREINAFTER "ACOP") WHICH MAY INCLUDE TERMINATION OF LEASE AGREEMENT AFTER A WRITTEN WARNING TO BE PLACED IN THE RESIDENT'S FILE AND AN OPPORTUNITY FOR A MEETING WITH THE EXECUTIVE DIRECTOR OF THE WHA.

2. **"NO SMOKING" SIGNS WILL BE POSTED OUTSIDE AND INSIDE OF EACH BUILDING.**
3. **SMOKING IS NOT PERMITTED OUTSIDE OF ANY WHA BUILDINGS OR ON ANY WHA AUTHORITY PROPERTY.**
4. **IN CIRCUMSTANCES WHERE SMOKING IS OBSERVED AND/OR REPORTED, WHA WILL SEEK THE SPECIFIC SOURCE OF THE TOBACCO OR OTHER SMOKE AND TAKE APPROPRIATE ACTION CONSISTENT WITH THE ENFORCEMENT OF THIS POLICY. THE ONLY EXCEPTION TO THIS POLICY WILL BE FOR A RESIDENT THAT HAS A CARD FOR MEDICAL MARIJUANA AS ISSUED BY THE RHODE ISLAND DEPARTMENT OF HEALTH. SAID RESIDENT MUST PROVIDE THE WHA EXECUTIVE DIRECTOR WITH A COPY OF SAID CARD, WHICH WILL BE KEPT IN SAID RESIDENT'S FILE.**
5. **NEW RESIDENTS WILL BE GIVEN TWO (2) COPIES OF THE SMOKING POLICY. AFTER REVIEW, THE RESIDENT WILL SIGN ONE COPY AND RETURN THE EXECUTED COPY TO WHA 'S MAIN OFFICE. THE SIGNED COPY WILL BE PLACED IN THE RESIDENT'S FILE.**
6. **UPON ADOPTION OF THIS POLICY, ALL CURRENT RESIDENTS OF KICKEMUIT VILLAGE WILL BE GIVEN TWO (2) COPIES OF THE POLICY. AFTER REVIEW, THE RESIDENT WILL SIGN ONE COPY AND RETURN THE EXECUTED COPY TO WHA'S MAIN OFFICE. THE SIGNED COPY WILL BE PLACED IN THE RESIDENT'S FILE.**

RESIDENT CERTIFICATION

I HAVE READ AND UNDERSTAND THE SMOKE-FREE POLICY, AND I AGREE TO COMPLY FULLY WITH THE PROVISIONS. I UNDERSTAND THAT FAILURE TO COMPLY MAY CONSTITUTE CAUSE FOR TERMINATION OF MY LEASE.

RESIDENT SIGNATURE_____

APARTMENT #_____DATE_____

****Website Submission**