

214 Roosevelt Avenue Pawtucket, RI 02860 (401) 721-6000



FOR OFFICE USE ONLY: Elderly:					
Disabled:					
Family:					

## PRE-APPLICATION FOR PUBLIC HOUSING

1. Personal Information			2. Name and Address of Head of Household					
Social Security Number:								
			Last Name	First Name	MI	(Maiden)		
Date of Birth (MM/DD/YYYY)		Mailing Address	Apartment #					
		ivialiling Address	Apartment #					
Area Code Telephone Number		City	State		Zip Code			
			,			•		
Email Address								
3. Sex	4. Race		5. Marital Status	6. Ethnicity	7. Limited En	glish Proficiency (LEP)		
☐ Male	☐ White ☐ Bla	ick 🗌 Asian	☐ Single ☐ Married	Hispanic	Are you an inc	dividual with LEP?		
Female	American Indi		☐ Divorced ☐ Widowed	☐ Non-Hispanic		_		
Other:	Pacific Islande	er			If yes, what is	your primary language?		
						<del></del>		
8. Monthly Income (FOR ALL ADULT MEMBERS): My household's GROSS MONTHLY income is \$								
, , , , , , , , , , , , , , , , , , ,								
☐ Wages ☐ Social Security ☐ SSI ☐ Child Support ☐ Pension ☐ TDI ☐ TANF ☐ Unemployment ☐ Asset/Interest ☐ Other								
9. Asset Informat								
			Balance: Interest:					
			Balance: Interest:					
Certificate of Dep	posit: Yes 📙 No	□ Name o	f Bank: Balance:Interest:					
-	Do you own any stocks or bonds? Yes 🗌 No 📋 If yes, value: \$							
Are you an owne	er/co-owner of ar	y property:	Yes No Proper	ty Value:				
			<del> </del>					
-	• • •		·		y or handicap a	and require a reasonable		
accommodation to help you complete the application process?   Yes   No								
<b>b)</b> Do you require an accommodation in housing features as a result of your disability?   Yes   No								
If yes, to <b>9a or 9b</b> , please attach a specific accommodation request related to the disability (DO NOT provide disability								
specific information	•							
11. Family Compos	ition: List all p	ersons, incl	uding yourself, who will			·		
Last Name	First Name	Relation	Social Security # or	Sex US	Citizens Y/N	Date of Birth		
		to Head	Alien Registration #					
49. 1199 6		ا میرمی امماد	annulated of a false 2					
12. Has anyone in your household ever been convicted of a felony?								
<ul><li>13. Is anyone in your household required to register as a Lifetime Sex Offender?</li><li>14. Preferences: (check all the preferences that apply to your household on the BACK OF THIS APPLICATION)</li></ul>								
14. Preterences: (	cneck all the pr	ererences t	nat apply to your house	enoia on the BA	CK OF THIS AP	PLICATION)		

## **CERTIFICATION OF A LOCAL PRIORITY**

☐ I currently <u>reside or work</u> in the City of Pawtuc	ket, Rhode I	sland.
□ I am a Veteran, or I am currently serving in the	Armed Ford	ces.
Elderly Developments: Fogarty Manor & Burns Ma	anor (must l	oe 62+)
Disabled/Elderly Developments: Kennedy Manor 8	& St. Germa	in Manor (must be disabled or 62+)
Family Development: Galego Court (single or fami	ly)	
Certification: The information you have provided is to detaigning this pre-application, you are certifying that you have revided is true and accurate. If you have not filled out the incomplete application and will be returned to you. It is you selephone number, household composition, income or providing result in our inability to notify you of your selection providing false information will result in cancellation or default in cancellation or default in the PHA is a felometric false information to the PHA is a felometric false information to the PHA is a felometric false information to the phase information to the	ave answered his pre-applic your responsi references. Y n and will sub lenial of your ony under Se	d ALL questions and the information you have cation completely, it will be considered an ibility to inform the PHA of any change of address our failure to keep us informed of these changes esequently remove you from the waiting list. application or termination/eviction from housing ction 1001 of Title 18 of the Unites States Code.
Signature of Head of Household		Date Date
For office use only:		
Eligible: Entered into the computer: _		_
Ineligible: Letter of denial sent:	Date	_
	Date	
Waiting List/Development:		_
Unit Size:		
Work completed by:		
Signature of PHA Representa		