

NORTH PROVIDENCE HOUSING AUTHORITY

945 Charles Street
North Providence, RI 02904
401-728-0930
Relay Rhode Island -711

PRE-APPLICATION FOR HOUSING

Equal Housing Opportunity

The information which you are being asked to provide as the Head of Household is used to determine if your Household is both eligible and qualified for admission to the wait list for programs indicated below. This information is subject to verification, and you will be required to sign releases that will permit the Authority to document verification of all information provided below. By signing this pre-application, you are certifying that the information you have provided is correct. Misrepresentation of information is grounds for immediate removal from the waiting list or eviction from housing. Title 18, Section 1001 of the US Code states that it is a felony to intentionally make false or fraudulent statements to any federal department or agency. As the information provided below will be shared with the US Department of Housing and Urban Development, if you are applying for a federal housing program, misrepresentation of information is a felony.

Incomplete applications will not be processed. You will be notified by letter that your application is incomplete. It is the responsibility if the applicant to provide all required information.

PLEASE PRINT ALL ANSWERS IN A LEGIBLE FASHION

1. Head of Household _____
2. Current Street Address _____
3. City or Town _____ State _____ Zip Code _____
4. Home Telephone _____ Work Telephone _____
5. Email Address _____
6. Marital Status _____ Unmarried (single, widowed, divorced) _____ Married _____

*if divorced or separated-name of former spouse: _____

*maiden name (if applicable): _____

7. Please indicate the programs for which you believe you are eligible. Once the information you provide on this application has been verified the NPHA Staff will make the final determination as to which programs you are eligible and will place you on the appropriate waiting list (s):

Elderly Housing ____ Disabled/Handicap Housing ____ Family Housing ____ Section 8 ____

8. Is there a member of your Household who requires a physically modified unit to address a disability?
Yes ____ No ____ If yes, what type of modification is needed?

Eligible disabled applicants are moved to the top of the waiting list if a suitable unit becomes available.

The North Providence Housing Authority does not discriminate in admission, access to, treatment, or employment in its federally assisted programs.

9. Please provide the full name including middle initial of all Household members, listing yourself or the Head of Household first, who will be living in the unit, their date of birth, place of birth, sex, relationship to the Head of Household, occupation and Social Security Number. If any of this information is not provided, the application will be considered incomplete and will not be processed. (NOTE: this information will be verified with the US Department of Immigration)

NAME	DATE OF BIRTH	PLACE OF BIRTH	SEX	RELATION TO HEAD OF HOUSEHOLD	OCCUPATION OR SCHOOL LEVEL	SOCIAL SECURITY NUMBER

10. Please identify yourself. This information is voluntary and for statistical purpose only. It will not affect your eligibility in any way.

a. Identify your race by circling the category below:

White Black American Indian/Alaskan Native Asian or Pacific Islander or Aleut

b. Identify your ethnic origin:

Hispanic Non-Hispanic

c. Are you a Citizen of the United States? Yes _____ No _____

11. TOTAL HOUSEHOLD INCOME: List all types, sources, and amounts of income earned or received by each household member.

HOUSEHOLD MEMBER	WAGES	TANF	CHILD SUPPORT	SOCIAL SECURITY BENEFITS	OTHER

11a. If you are receiving a VA Benefit, what is your claim number? _____

11b. List below all assets, such as savings accounts, checking accounts, interest in real estate, stocks or bonds, for all household members.

HOUSEHOLD MEMBER	TYPE OF ASSET	ACCOUNT NUMBER	ACCOUNT/VALUE

11c. Do you own your own home? Yes _____ No _____ If yes, provide value. \$ _____

11d. Have you sold, given, loaned money, real estate or other asset in the past two years? Yes _____ No _____
If yes, please describe: _____

12. Medical Expenses (Elderly/Disabled, Handicapped Applicants Only)

Do you pay any portion of the cost of Medical Insurance/Hospitalization coverage such as Blue Cross, Medicare, etc.? Yes _____ No _____ If yes, how much? \$ _____

Do you have any medical expenses anticipated for the next 12 months that are not covered by medical insurance? Prescriptions \$ _____ Non-Prescriptions \$ _____ Other \$ _____

13. Handicapped/Disabled Assistance Information. Are there 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? Yes _____ No _____ If yes, what is the cost weekly? \$ _____

14. Have you or any family member ever lived in public housing or participated in Section 8?

Yes _____ No _____ If yes, when and where? _____

15. Do you owe any money to any Public Housing Authority? Yes No _____

If yes, what Public Housing Authority? _____

16. Have you ever been evicted or removed from housing? Yes _____ No _____

If yes, where and when? _____

17. Are you or a family member currently in a court ordered substance abuse treatment program?

Yes _____ No _____

18. Have you ever committed any fraud in a Federally Assisted Housing Program or been requested to repay money for knowingly misrepresenting information for such housing programs?

Yes _____ No _____ If yes, explain _____

19. Have you or anyone in your household ever been convicted of any drug-related criminal activity, violent criminal activity or a felony? Yes _____ No _____ If yes, what crime were you convicted of and when were you convicted of this crime? _____

20. If you are applying for conventional Public Housing, please list the addresses of all residential settings (apartments, houses, shelters, group homes, etc.) in which you have lived during the past five years.

For your Current Residence: How long have you lived at this address: _____

1) Landlord Name: _____ Monthly Rent: _____

Landlord Address: _____ Phone number: _____

For previous residences: How long had you lived at this address: _____

2) Landlord Name: _____ Monthly Rent: _____

Landlord Address: _____ Phone Number: _____

21. Are you living in a residence in which you contribute rent? Yes _____ No _____

Your share of rent \$ _____ Total rent at the location \$ _____

**Supplemental and Optional 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.

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)	
<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 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 age discrimination under the Age Discrimination Act of 1975.	

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

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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.

EXPLANATION OF PREFERENCES FOR ADMISSION

First Level:	Local Residency Preference-living in North providence and Elderly, Disabled or Family Working and/or Full Time Student (head or spouse), Not Working and/or Full Time Student
Second Level:	Not Local Residency Preference, and Elderly, Disabled or Family, Working and/or Full Time Student (head or spouse), Not Working and/ or Full Time Student
Third Level:	Local Residency Preference-living in North Providence, Near Elderly (50-61 years old) Working and/or Full Time Student (head or spouse), Not Working and/or Full Time Student
Fourth Level:	Not Local Residency Preference, Near Elderly (50-61 years old) Working and/or Full Time Student (head or spouse), Not Working and/or Full Time Student
Fifth Level:	Local Residency Preference-living in North Providence, Single Adult, Working and/or Full Time Student (head or spouse), Not Working and/or Full Time Student
Sixth Level:	Not Local Residency Preference, Single Adult, Working and/or Full Time Student (head or spouse), Not Working and/or Full Time Student

An applicant, in order to receive a preference must provide the North Providence Housing Authority (NPHA) with sufficient documentation to establish with certainty their chosen preference.

DEFINITION OF PREFERENCES

Local Preference:	Currently living in the Town of North Providence or lived in the Town of North Providence when the application was filed, or applicants who are working or have been notified that they are hired to work, and have accepted such employment, in the Town of North Providence.
Elderly:	Persons over the age of 62 years, or persons over the age of 50 years, but under 62 years are to be known as "near elderly" with an elderly classification.
Disabled:	A person is considered disabled if the person qualifies under Section 223 of the Social Security Act, or Section 102 (7) of the Developmental Disabilities Assistance and Bill of Rights Act (42 USC 600 I -7); "Inability to engage in any substantial, gainful activity by reason of any medically determinable physical or mental impairment which can be expected to result in death or which has lasted or can be expected to last for a continuous period of not less than 12 months, or, in the case of an individual who attained the age of 55 and is blind and unable by reason of such blindness to engage in substantial, gainful activity requiring skills or ability comparable to those of any gainful activity in which he has previously engaged with some regularity and over a substantial period of time, or severe chronic disability that is attributable to a mental or physical impairment or combination of mental and physical impairments; is manifested before the person attains age 22; is likely to continue indefinitely; results in substantial functional limitation in three or more areas of a major life activity as defined by the act.
Family:	A family means one, two or more persons sharing residency whose income and resources are available to meet the family's needs, elderly, disabled or handicapped, displaced single individual, are person who have evidenced a stable family relationship or are the remaining member of a tenant family.
Working:	Whose head or spouse is currently working a minimum of 25 hours per week for a minimum of 6 months, or whose head or spouse is currently engaged and/or enrolled in an Employment Training Program for a minimum of 6 months.
Full Time Student:	Whose head or spouse is currently participating or enrolled in a remedial education program for a minimum of 6 months, with a full-time schedule, or whose head or spouse is participating in a job skills training program for a minimum of 6 months, with a full-time schedule.

North Providence Housing Authority



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North Providence, Rhode Island 02904
Telephone 401-728-0930 Fax 401-728-2126

Reasonable Accommodations for Applicants with Disabilities

The Housing Authority is a public agency that provides low rent housing to eligible families, elderly families and single people, PHA is not permitted to discriminate against applicants on the basis of their race, religion, sex, color, national origin, age, disability of familial status. In addition, PHA has a legal obligation to provide "reasonable accommodations" to applicants if they or any family member have a disability. A reasonable accommodation is some modification or change PHA can make to its apartments or procedures that will assist an otherwise eligible applicant with a disability to take advantage of PHA's programs. Examples of reasonable accommodations would include:

- Making alterations to a PHA unit so it could be used by a family member with a wheelchair;
- Adding or altering unit features so they may be used by a family member with a disability;
- Installing strobe type flashing light smoke detectors in an apartment for a family with a hearing-impaired member;
- Permitting a family to have a large dog to assist a family member with a disability in a PHA family development where the size of dogs is usually limited;
- Making large type of documents, Braille documents, cassettes or a reader available to an applicant with a vision impairment during the application process;
- Making a sign language interpreter available to an applicant with a hearing impairment during the interview or meetings with PHA staff;
- Permitting an outside agency or individual to assist an applicant with a disability to meet the PHA's applicant screening criteria.

An applicant family that has a member with a disability must still be able to meet essential obligations of tenancy. They must be able to pay rent, to care for their apartment, to report required information to the Housing Authority, to avoid disturbing their neighbors, etc., but there is no requirement that they be able to do these things without assistance.

If you or a member of your family have a disability and think you might need or want a reasonable accommodation, you may request it at any time in the application process or at any time you need an accommodation. This is up to you. If you would prefer not to discuss your situation with the Housing Authority, that is your right.