

**Town of North Providence Housing Authority**

945 Charles Street  
North Providence, RI 02904  
401-728-0930

**SMOKE FREE**



## Application For Public Housing

- A. 1. Name: \_\_\_\_\_ Tel. No.: \_\_\_\_\_
2. Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
3. Email Address: \_\_\_\_\_ How long have you lived at your present address? \_\_\_\_\_
4. List your former address: \_\_\_\_\_
5. Marital Status: Single ☐ Married ☐ Unmarried (single, divorced, widowed) ☐
- a. If divorced or separated, Name of Former Spouse: \_\_\_\_\_
- b. Maiden Name (if different from above): \_\_\_\_\_
6. Are you disabled or handicap? Yes ☐ No ☐ If you require a physically modified unit explain: \_\_\_\_\_
- B. 1. Are you a veteran? Yes ☐ No ☐ Induction Date: \_\_\_\_\_ Discharge Date: \_\_\_\_\_
2. Are you receiving veteran benefits as the family of a serviceman? Yes ☐ No ☐
- C. List the names and phone numbers of two friends or relatives that we can contact if we are unable to reach you.
- Name: \_\_\_\_\_ Tel. No.: \_\_\_\_\_
- Name: \_\_\_\_\_ Tel. No.: \_\_\_\_\_
- D. Have you been convicted of a felony within the last five years? Yes ☐ No ☐ If so, when and state the conviction: \_\_\_\_\_
- E. List all persons including yourself, who will live in this rental unit while you are on this program. List head of household first as Number one (1) and then each family member. Use your proper Family Member Number (No.) in the following sections

Family Member No.	Full Name	Place of Birth	Relationship to Family Head	Sex	Date of Birth	Social Security Number	Occupation
1			HEAD				
2							
3							
4							
5							
6							
7							
8							

## F. Employment

List all full and/or part-time employment anticipated within the next 12 months for all Household members (other than minor, dependent – children under the age of 18)

If self-employed use net income from business (Depreciation of property is allowed and should be based on the straight-line method used for tax purposes.)

Family Member No./Name	Name & Address of Employer	Gross Earnings	Wk./Mo./Yr.
1.			
2.			
3.			
4.			
5.			

## G. Other Sources of Income

List **ALL** income anticipated within the next 12 months by each family member

Family Member No.	1.	2.	3.	4.	5.
Welfare					
Social Security					
SSI					
Pension					
VA Benefits					
Unemployment					
Alimony					
Child Support					
Excess Tax Credit					
Other					

## H. Asset Information

Name of Bank

Amount

Account No.

Checking: \_\_\_\_\_

Saving: \_\_\_\_\_

Saving Certificates: \_\_\_\_\_ Annual Interest Received: \_\_\_\_\_ Value: \_\_\_\_\_

Stocks and Bonds: \_\_\_\_\_ Annual Interest Received: \_\_\_\_\_ Value: \_\_\_\_\_

Property Owned, Address: \_\_\_\_\_ Value: \_\_\_\_\_

Other, Explain: \_\_\_\_\_ Income Rec'd Monthly: \_\_\_\_\_ Value: \_\_\_\_\_

Assets disposed of within the last 2 years for less than market Value, please explain: \_\_\_\_\_

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#### **I. Medical Expenses**

##### **Elderly families only (Age 62 handicapped or disabled)**

Do you pay any portion of the cost of Medical/Insurance/Hospitalization Coverage (i.e., Blue Cross, Medicare, Etc.) Yes ☐ No ☐ If yes, how much? \$ \_\_\_\_\_

List separately all medical expenses and amounts that are not covered by Medical Insurance (i.e., prescriptions, Non-prescription drugs, etc.) \_\_\_\_\_

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#### **K. Child Care Expenses**

Fill in the amounts you anticipate to pay in the next 12 months for children under the age of 13+. Complete this section only if: The purpose of the childcare is to allow a family member to be gainfully employed or further his/her education.

Do you pay for childcare? Yes ☐ No ☐ If yes, list Childcare provider. Name: \_\_\_\_\_

Address: \_\_\_\_\_ Tel. No.: \_\_\_\_\_ Cost per week \$ \_\_\_\_\_

#### **L. Program Information**

1. Have you been displaced by a natural disaster? Yes ☐ No ☐ If yes explain: \_\_\_\_\_

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2. Have you ever applied for Public Housing or participated in Rent Assistance Program? Yes ☐ No ☐

If yes, where and explain: \_\_\_\_\_

3. Are you living in or have you ever lived in Public Housing? Yes ☐ No ☐ If yes, where: \_\_\_\_\_

4. Do you owe any back rent to any housing authority or to any former or current landlord? Yes ☐ No ☐

5. Have you ever been evicted or violated a lease in any way? Yes ☐ No ☐ If yes, explain: \_\_\_\_\_

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6. What is the name, address, and telephone number of your current landlord? \_\_\_\_\_

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Please feel free to use additional paper if necessary when answering any of the above questions.

**M. Racial Data**

The following information is required for statistical purposes so the department of HUD may determine the degree to which its programs are utilized by minority families.

White ☐      Black ☐      American Indian or Alaskan Native ☐      Asian or Pacific Islander ☐

Hispanic ☐      Non-Hispanic ☐

**WARNING: False statements or information on this application are grounds to terminate you application for housing assistance and are punishable under Federal and State Law.**

Applicants Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Important: If you move or change your phone number, you are required to notify the Housing Authority, or your application will be terminated and you will not be considered for assistance.**