

**PLEASE USE BLUE INK**

## APPLICATION FOR HOUSING

**Thank you for applying to:**

Newport Heights Phase IV

One York Street Suite 7

Newport, Rhode Island 02840

**This site has:**

Two, Three & Four Bedroom Units - and 2 Handicapped Units

### I N S T R U C T I O N S

PLEASE READ CAREFULLY. INCOMPLETED APPLICATION **WILL NOT BE ACCEPTED.**

1. **COMPLETE ALL AREAS.** If an item does not apply to you, answer "NO" on that question or mark with a "0" if it is a dollar amount line or section.
2. **SIGNATURES** are required by all adult applicants (18 and older).
3. **COPIES OF SOCIAL SECURITY CARD(S)** are required for everyone on the application.
4. **COPIES OF BIRTH CERTIFICATE(S)** are required for everyone on the application.
5. **COPIES OF PHOTO IDENTIFICATION** are required for everyone 18 AND OVER on the application.
6. **PROOF OF CITIZENSHIP** is required for everyone on the application.
7. **RETURN YOUR COMPLETED, SIGNED APPLICATION TO:**

Newport Heights Phase IV  
One York Avenue Suite 7  
Newport, RI 02840  
Phone Number: (401) 619-3710

**Your application is being returned because:**

**You did not complete all areas or you did not sign the application.**

**OTHER**



Application

Page 1



<b>OFFICE USE ONLY:</b>	
RECEIVED BY:	_____
DATE RECEIVED:	_____
TIME RECEIVED:	_____
GROSS INCOME:	\$ _____
WAITING LIST :	_____

## APPLICATION FOR HOUSING

**Please Print Clearly**

This is an application for housing at:	<b>Newport Heights Phase IV</b>
Please complete this application and return to:	<b>One York Street Suite 7 Newport, RI 02840</b>

Applications are placed in order of date and time received. An applicant may be interviewed only after the receipt of this tenant application.

### A. GENERAL INFORMATION

Applicant Name(s): \_\_\_\_\_

Address: \_\_\_\_\_  
Street                      Apt.#                      City                      State                      ZIP

Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

No. of BR's in current unit: \_\_\_\_\_ Do you RENT or OWN (circle one)

Amount of current monthly rental or mortgage payment: \$ \_\_\_\_\_

If owned, do you receive monthly rental income from property?    Yes                      No (circle one)

Check utilities paid by you:     Heat                       Electricity                       Gas                       Other (specify)

Approximate monthly cost of utilities paid by you (excluding phone and cable TV): \$ \_\_\_\_\_

Bedroom size requested:     Two BR     Three BR     Four BR     Handicap unit

Do you have a Section 8 Voucher or any other type of voucher?    Yes                      No (circle one)



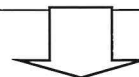
**B. HOUSEHOLD COMPOSITION**

List ALL persons who will live in the apartment. List the head of household first.

	<b>Name</b>	<b>Relationship to head</b>	<b>Marital Status</b> M-married D-divorced S-single L-legal separation E-estranged	<b>Birth Date</b>	<b>Age</b>	<b>SS#</b>	<b>Student Y/N</b>
1.		<b>HEAD</b>					
2.							
3.							
4.							
5.							
6.							
7.							
8.							

Do you anticipate any additions to the household in the next twelve months? Yes No (Circle one)	
If yes, explain	

Will ALL of the persons in the household be or have been full-time students during five calendar months of this year or plan to be in the next calendar year at an educational institution (other than a correspondence school) with regular faculty and students? Yes No (Circle one)



**IF YES, ANSWER THE FOLLOWING QUESTIONS:**

circle answer(s)

Are any full-time student(s) married and filing a joint tax return?	Yes	No
Are any student(s) enrolled in a job-training program receiving assistance under the Job Training Partnership Act?	Yes	No
Are any full-time student(s) a TANF or a title IV recipient?	Yes	No
Are any full-time student(s) a single parent living with his/her minor child who is not a Dependant on another's tax return?	Yes	No



**C. INCOME**

List ALL sources of income as requested below. If a section doesn't apply, write **NO** or **\$0.00**.

Household Member Name	Source of Income	Gross Monthly Amount
	Social Security	\$
	Social Security	\$
	Social Security	\$
	Social Security	\$
	SSI Benefits	\$
	SSI Benefits	\$
	SSI Benefits	\$
	SSI Benefits	\$
	Pension (list source)	\$
	Pension (list source)	\$
	Pension (list source)	\$
	Veteran's Benefits (list claim #)	\$
	Veteran's Benefits (list claim #)	\$
		\$
	Unemployment Compensation	\$
	Unemployment Compensation	\$
	Worker's Compensation	\$
	Title IV/TANF (Welfare)	\$
	Title IV/TANF (Welfare)	\$
	TDI (Temporary Disability Insurance-State)	\$
	Other compensation	\$
	Interest Income (source)	\$
	Interest Income (source)	\$
	Interest Income (source)	\$
	Interest Income (source)	\$



Household Member Name	Source of Income	Monthly Amount
	<b>Employment amount</b>	\$
	Employer:	
	Position Held	
	How long employed:	
	<b>Employment amount</b>	\$
	Employer:	
	Position Held	
	How long employed:	
	<b>Employment amount</b>	\$
	Employer:	
	Position Held	
	How long employed:	
	<b>Employment amount</b>	\$
	Employer:	
	Position Held	
	How long employed:	
	<b>Alimony</b>	(Circle one)
	Are you <i>entitled</i> to receive alimony?	Yes No
	If yes, list the amount you are <i>entitled</i> to receive.	\$
	Do you receive alimony?	Yes No
	If yes list amount you receive.	\$
	<b>Child Support</b>	(Circle one)
	Are you <i>entitled</i> to receive child support?	Yes No
	If yes list the amount you are <i>entitled</i> to receive.	\$
	Do you receive child support?	Yes No
	If yes, list the amount you receive.	\$
	<b>Regular recurring cash gifts</b>	\$
	<b>Regular recurring non-cash gifts</b>	\$
	<b>Other Income</b>	\$
<b>TOTAL GROSS ANNUAL INCOME</b> (Based on the monthly amounts listed above x 12)		\$
If you have been employed in the past 12 months, write <b>YES</b> here and discuss with manager----- σ		
Do you anticipate any changes in this income in the next 12 months? (circle one)		Yes No
<b>If yes, explain:</b>		
.....		
.....		
.....		





**D. ASSETS**

If your assets are too numerous to list here, please request an additional form.

If a section doesn't apply, write **NO** or **\$0.00**

Checking Accounts	Bank/Credit Union Name		Balance \$	
	Bank/Credit Union Name		Balance \$	
	Bank/Credit Union Name		Balance \$	
Savings Accounts	Bank/Credit Union Name		Balance \$	
	Bank/Credit Union Name		Balance \$	
	Bank/Credit Union Name		Balance \$	
Trust Account	Bank/Credit Union Name		Balance \$	
Certificates	Bank/Credit Union Name		Balance \$	
	Bank/Credit Union Name		Balance \$	
	Bank/Credit Union Name		Balance \$	
	Bank/Credit Union Name		Balance \$	
IRA/401k	Bank/Credit Union Name		Balance \$	
	Bank/Credit Union Name		Balance \$	
Savings Bonds	Type/Series	Maturity Date	Value \$	
	Type/Series	Maturity Date	Value \$	
	Type/Series	Maturity Date	Value \$	
Whole Life Insurance	Policy Number(s)		Cash Value \$	
Whole Life Insurance	Policy number(s)		Cash Value \$	
Mutual Funds	Name:	#Shares:	Interest or Dividend \$	Value \$
	Name:	#Shares:	Interest or Dividend \$	Value \$
	Name:	#Shares:	Interest or Dividend \$	Value \$
Stocks	Name:	#Shares:	Dividend Paid \$	Value \$
	Name:	#Shares:	Dividend Paid \$	Value \$
	Name:	#Shares:	Dividend Paid \$	Value \$
Deed of Trust	Name:	Value\$:	Payments\$	Date of Value
	Describe:			



Real Estate Property: <b><i>Do you own any property?</i></b> (Circle one)	Yes	No
<b><i>If yes, Type of property</i></b>		
Location of property		
Appraised Market Value	\$	
Mortgage or outstanding loans balance due	\$	
Amount of annual insurance premium	\$	
Amount of most recent tax bill	\$	

Have you sold/disposed of any property in the last 2 years? (Circle one)	Yes	No
<b><i>If yes, Type of property</i></b>		
Market value when sold/disposed	\$	
Amount sold/disposed for	\$	
Date of transaction		

Have you disposed of any other assets in the last 2 years (Example: Given away money to relatives, set up Irrevocable Trust Accounts)? (Circle one)	Yes	No
<b><i>If yes, describe the asset</i></b>		
Date of disposition		
Amount disposed	\$	

Do you have any other assets not listed above (excluding personal property)? (Circle one)	Yes	No
<b><i>If yes, please list:</i></b>		

<b>E. ADDITIONAL INFORMATION</b>		
	<b>(Circle one)</b>	
Are you or any member of your family currently using an illegal substance?	Yes	No
Have you or any member of your family ever been convicted of a felony?	Yes	No
<b><i>If yes, describe</i></b>		
Have you or any member of your family ever been evicted from any housing?	Yes	No
<b><i>If yes, describe</i></b>		



Have you ever filed for bankruptcy? (Circle one)	Yes	No
<i>If yes, describe</i>		
Have you ever rented a federally-subsidized apartment? (Circle one)	Yes	No
If yes, list dates here: FROM: _____ TO: _____		
<i>Briefly describe how you heard about our apartments:</i> _____		
_____		

**F. REFERENCE INFORMATION (Attach sheet(s) if necessary)**  
**THIS SECTION MUST BE COMPLETE FOR AT LEAST THE PAST 5 YEARS**

Current Landlord	Name:	
	Landlord's Address:	
	Phone Number(s):	
	Dates Rented:	From ____ - ____ - ____ TO PRESENT
	Current lease term:	From ____ - ____ - ____ TO ____ - ____ - ____
Prior Landlord	Name:	
	Landlord's Address:	
	Phone Number(s):	
	Dates Rented:	From ____ - ____ - ____ TO ____ - ____ - ____
	Apartment address:	
Prior Landlord	Name:	
	Landlord's Address:	
	Phone Number(s):	
	Dates Rented:	From ____ - ____ - ____ TO ____ - ____ - ____
	Apartment address:	
Prior Landlord	Name:	
	Landlord's Address:	
	Phone Number(s):	
	Dates Rented:	From ____ - ____ - ____ TO ____ - ____ - ____
	Apartment address:	
Prior Landlord	Name:	
	Landlord's Address:	
	Phone Number(s):	
	Dates Rented:	From ____ - ____ - ____ TO ____ - ____ - ____
	Apartment address:	





**G. VEHICLE AND PET INFORMATION (if applicable)**

List any cars, trucks, or other vehicles owned (If none, write NONE)

Type of Vehicle:	License Plate #:		
Year/Make:	Color:		
Type of Vehicle:	License Plate #:		
Year/Make:	Color:		
Do you own any pets or service animals? (Circle one)		Yes	No
<i>If yes, describe animal, including current weight and weight at maturity:</i>			
In case of emergency, notify: _____		Relationship to you: _____	
Address: _____		Phone Number: _____	

**CERTIFICATION**

I/We understand I/We must pay a security deposit for this apartment prior to occupancy. I/We understand that my eligibility for housing will be based on applicable income limits and by management’s selection criteria. I/We certify that all information in this application is true to the best of my/our knowledge and I/We understand that false statements or information are punishable by law and will lead to cancellation of this application or termination of tenancy after occupancy. All adult applicants, 18 or older, must sign application.

SIGNATURE (S):

(Signature of Applicant)	Date
(Signature of Co-Applicant)	Date
(Signature of Other Adult)	Date
(Signature of Other Adult)	Date

