



**WATERFALL ESTATES**  
**10 Manville Hill Road**  
**Cumberland, RI 02864**  
**Phone 401-658-0002**  
**Fax 401-658-0013**  
**TTY Relay Services 1-800-745-5555**

Dear Applicant:

In response to your inquiry, enclosed please find the application paperwork for Waterfall Estates located on Manville Hill Road in Cumberland RI. Waterfall Estates is a 41-unit development financed under the HUD Section 202 program. These apartments are one bedroom only with a limited number of wheelchair accessible units. Waterfall Estates is a three-story building with units measuring approximately 540 square feet. Heat and hot water are included; residents will be responsible for paying for their electricity, however they will receive an allowance to help defray this expense. Phone service and cable TV will be the financial responsibility of the residents.

**Income eligibility is based on the total gross household income, which must be less than \$39,350 for a single member household and less than \$45,000 for a two-member household.** A certification worksheet is enclosed to assist you in determining all sources of income used to determine your eligibility. **At least one household member must be 62 years of age or older.**

Applicant may be declined due to negative credit history, criminal history, or a negative landlord reference; applicants must provide at least 5 years of landlord history. Our Resident Selection policy is available at our office that included additional specific eligibility requirements and is available upon request.

If you would like to apply to live at Waterfall Estates please complete the enclosed application packet and return it. Following a preliminary determination regarding your eligibility you will be notified by mail of the results. If you appear to be eligible you will be placed on the appropriate wait list and notified when we anticipate having an apartment for you. If you have any questions or require assistance applying for an apartment at Waterfall Estates please contact us at the number listed above.

Sincerely,

Property Manager  
Waterfall Estates

Rev: 4/1/2024

Pinnacle Property Management does not discriminate on the basis of disability status in the admission or access to, or treatment or employment in, its federally assisted programs and activities.  
The person named below has been designated to coordinate compliance with the nondiscrimination requirements contained in the Dept. of HUD's regulations implementing Section 504 (24 CFR, part 8 dated June 2, 1988.)  
Executive Director, 1029 Mendon Rd. Cumberland, RI 401-334-2802



# 504, LEP, VAWA Notice

## **You may ask for a reasonable accommodation, if you have a disability which causes you to need**

- A change in the rule or policies or services or how we do things that would give you an equal chance to live here and use the facilities or take part in programs on site,
- A change in your apartment or a special type of apartment that would give you an equal chance to live here and use the facilities or take part in programs on site,
- A change to some other part of the housing site that would give you an equal chance for you to live here and use the facilities or take part in programs on site,
- A change in the way we communicate with you or give you information.

If you know that you have a disability or you can show that you have a disability and if your request is reasonable (does not pose “an undue financial and administrative burden,” and does not require a fundamental change in the nature of the program), we will try to make the changes you request.

If you need help filling out a REASONABLE ACCOMMODATION REQUEST FORM OR IF YOU WANT TO GIVE US YOUR REQUEST IN SOME OTHER WAY, WE WILL HELP YOU. You can obtain a reasonable accommodation form by contacting the property manager.

Note: All information you provide will be kept confidential and be used only to help you have an equal opportunity to enjoy your housing and the common areas.

### **Limited English Proficient (LEP)**

Pinnacle Property Management is committed to complying with all civil rights laws, including Title VI of the Civil Rights Act of 1964 (Title VI), which requires us to make sure individuals with LEP have meaningful access to our housing programs and activities. In order to be able to provide language assistance, we need to identify who needs the assistance. All applicants will be asked if they need language assistance. Language Identification Flashcard is used to help identify specific language needs.

### **VAWA (Violence Against Women Act)**

VAWA provides protections for victims of domestic violence, dating violence, sexual assault, or stalking. VAWA protections are not only available for women, but are available equally to all individuals regardless of sex, gender identity, or sexual orientation. If you otherwise qualify for assistance, you cannot be denied admission or denied assistance because you are or have been a victim of domestic violence, dating violence, sexual assault, or stalking. VAWA protections are also provided to affiliated persons which includes

- A spouse, parent, brother, sister, or child of the victim, or a person to whom the victim stands in the place of a parent or guardian (for example, the affiliated individual is a person in the care, custody, or control of the victim); or
- Any individual, resident/applicant, or lawful occupant living in the household of that individual.

VAWA protections are not provided to guests, unauthorized residents or service providers (including live-in aides) hired by the resident.

If you wish to exercise your rights under VAWA, please contact the property manager.

Date and Time Stamp: \_\_\_\_\_

### Waterfall Estates

10 Manville Hill Rd.  
Cumberland, RI 02864  
(401) 658-0002

### Equal Housing Opportunity

The information provided in this application is used to determine your household eligibility for occupancy. Misrepresentation of information is grounds for immediate removal from the waiting list and/or will affect approval for residency.

Title 18, Section 1001 of the U.S. 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 may be shared with the U.S. Department of Housing and Urban Development, misrepresentation of information is a felony.

**INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED.** Upon submission of your completed application, you will be notified in writing within fourteen (14) days.

Please Print all Answers in a Legible Fashion

HOUSEHOLD INFORMATION – Please list all information for ALL household members. If additional space is needed, please attach a separate document.

Name	Relationship to Applicant	Date of Birth	Place of Birth	Social Security #
	Applicant			

Current Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Business or cell phone \_\_\_\_\_

Current Landlord Name \_\_\_\_\_ Address \_\_\_\_\_ Rental Amount \$ \_\_\_\_\_

Landlord Phone # \_\_\_\_\_ # years at current address \_\_\_\_\_

Prior Address (if at current address for less than 5 years) \_\_\_\_\_ Prior Landlord Name & Address \_\_\_\_\_

▶ If you have no Social Security Number, you claim you are exempt because:  
\_\_\_\_\_ You are an ineligible non-citizen \_\_\_\_\_ You are 62 as of 1/31/10 and receiving HUD housing assistance as of 1/31/10

▶ Do you own a home?  Yes  No If Yes, what is Market Value? \$ \_\_\_\_\_ Mortgage Owed \$ \_\_\_\_\_

▶ Do you own a pet?  Yes  No Are you currently living in subsidized housing  Yes  No

▶ Are you currently enrolled in an Institute of Higher Education  Yes  No

▶ Are you or any member of your household subject to lifetime registration under any State Sex Offender Program?  Yes  No

▶ List all of the states that you and members of your household have resided: \_\_\_\_\_

- ▶ Do you know that this property is a smoke-free campus where smoking is prohibited in units and in common areas?  Yes  No
- ▶ Do you agree that you, your guests and service providers hired by you will abide by the Smoke Free Policy?  Yes  No
- ▶ Do you understand that failure to comply to do so will lead to termination (eviction)?  Yes  No

**UNIT MODIFICATIONS**

Waterfall Estates has only one-bedroom units for rent.

Is there a member of your Household who requires a physically modified unit to address a disability?

_____ No unit modifications required	_____ A wheelchair accessible unit
_____ A sensory-impaired accessible unit	_____ Other physical adaptations

**ANNUAL INCOME**

Include anticipated *GROSS* income from all sources for the next 12 months

Source	Applicant	Co-applicant	Other household member 18 or older	Total
Employment				
Social Security/SSI				
Pensions/Annuities				
IRA – Annual Required Minimum Distribution				
Alimony/Child Support				
Recurring Cash Gifts				
Interest/Dividend Income				
Other (specify)				
Total:				

**ASSETS**

**DESCRIPTION:** Checking, Savings, IRA, CDs, Stocks, Money Market, Whole Life Insurance Policies, etc.

**CASH VALUE OR DOLLAR AMOUNT**

**INTEREST % RATE OR DIVIDENDS**


During the past two years, have you disposed of assets for less than fair market value totaling \$1000.00 or more?  Yes  No

If yes, please explain: \_\_\_\_\_

The following information could be provided to the Federal Government to determine compliance with Equal Housing Opportunity and Fair Housing Laws. An application may not be discriminated against on the basis of the information supplied below or whether or not the information is furnished at all. The disclosure of the following information is optional.

**Ethnic Categories:** \_\_\_ Hispanic or Latino \_\_\_ Not Hispanic or Latino  
\_\_\_ I do not wish to supply this information

**Racial Categories:** \_\_\_ American Indian or Alaska Native \_\_\_ Asian \_\_\_ Black or African American  
\_\_\_ Native Hawaiian or Other Pacific Islander \_\_\_ White \_\_\_ Other  
\_\_\_ I do not wish to supply this information

**Gender:** \_\_\_ Male \_\_\_ Female \_\_\_ Non-Binary \_\_\_ Other \_\_\_ I do not wish to supply this information

**Country of Citizenship:** \_\_\_\_\_

How did you hear about Waterfall Estates? \_\_\_\_\_

### CERTIFICATION/CONSENT

The information provided above is true and complete to the best of my/our knowledge and belief under the pains and penalty of perjury. I/We consent to the disclosure of a criminal investigative report, financial credit report, current and prior landlord inquiries, income and financial information from all applicable source and all other information required as part of the application process. I/We understand that by completing this application it in no way ensures occupancy.

\_\_\_\_\_  
**Applicant's Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Applicant's Signature**

\_\_\_\_\_  
**Date**

Pinnacle Property Management does not discriminate on the basis of disability status in the admission or access to, or treatment or employment in, its federally assisted programs and activities.

The person named below has been designated to coordinate compliance with the nondiscrimination requirements contained in the Dept. of HUD's regulations implementing Section 504 (24 CFR, part 8 dated June 2, 1988.)

Executive Director, 1029 Mendon Rd. Cumberland, RI 401-334-2802



Waterfall Estates  
10 Manville Hill Rd.  
Cumberland RI, 02864  
401-658-0002

### Certification Checklist

Certification Date: AR/MI Date: \_\_\_\_\_

This checklist is to be completed and signed by all adult family members (18 years of age or older) as part of the initial and annual certification process.

- ▶ I/We are aware that Waterfall Estates has a Pet Policy and failure to adhere to this policy may result in legal ramifications. \_\_\_ Yes \_\_\_ No
- ▶ Are you currently enrolled in an Institute of Higher Education? \_\_\_ Yes \_\_\_ No
- ▶ Are you or any member of your household subject to lifetime registration under any State Sex Offender Program? \_\_\_ Yes \_\_\_ No
- ▶ List all of the states that you and any member of your household have resided: \_\_\_\_\_

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- ▶ Does any member of your household have a criminal record? \_\_\_ Yes \_\_\_ No
- ▶ (RESIDENTS ONLY) Do you wish to update your personal, family, or emergency contact information? \_\_\_ Yes \_\_\_ No

Please list all information below pertaining to all household members (including yourself).

Name	Date of Birth	Relationship to head
1. _____	_____	_____
2. _____	_____	_____

- ▶ I/we understand that management must approve any additional household members prior to occupancy and that he/she would be required to complete the initial application process. It is also understood that if I/we fail to follow these procedures it will be a direct violation of the lease and may be grounds for termination of tenancy. \_\_\_\_\_ Initial
- \_\_\_\_\_ Initial

**(FOR APPLICANTS ONLY)** Are you currently under any rent repayment agreement? \_\_\_ Yes \_\_\_ No  
**(FOR APPLICANTS ONLY)** Have you ever been evicted from housing? \_\_\_ Yes \_\_\_ No  
**(FOR APPLICANTS ONLY)** Are you currently homeless? \_\_\_ Yes \_\_\_ No

Income Information:

Please list ALL sources of income both current and anticipated.  
I/we receive the following income (list **GROSS** amounts):

	Amounts	Household Member
Social Security	<input type="checkbox"/> yes <input type="checkbox"/> no _____	<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly _____
Social Security	<input type="checkbox"/> yes <input type="checkbox"/> no _____	<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly _____
SSI	<input type="checkbox"/> yes <input type="checkbox"/> no _____	<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly _____
SSI	<input type="checkbox"/> yes <input type="checkbox"/> no _____	<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly _____
Pension	<input type="checkbox"/> yes <input type="checkbox"/> no _____	<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly _____
Pension	<input type="checkbox"/> yes <input type="checkbox"/> no _____	<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly _____
IRA – Regular Payments or RMD (Required Minimum Distribution)	<input type="checkbox"/> yes <input type="checkbox"/> no _____	<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly _____
Veterans Benefits	<input type="checkbox"/> yes <input type="checkbox"/> no _____	<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly _____
Temp Disability Ins.	<input type="checkbox"/> yes <input type="checkbox"/> no _____	<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly _____
Unemployment	<input type="checkbox"/> yes <input type="checkbox"/> no _____	<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly _____
Worker’s Compensation	<input type="checkbox"/> yes <input type="checkbox"/> no _____	<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly _____
FIP/Gen. Pub. Assist.	<input type="checkbox"/> yes <input type="checkbox"/> no _____	<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly _____
Employment	<input type="checkbox"/> yes <input type="checkbox"/> no _____	<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly _____
Alimony	<input type="checkbox"/> yes <input type="checkbox"/> no _____	<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly _____
Child Support	<input type="checkbox"/> yes <input type="checkbox"/> no _____	<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly _____
Military Pay	<input type="checkbox"/> yes <input type="checkbox"/> no _____	<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly _____
Net Income From Business	<input type="checkbox"/> yes <input type="checkbox"/> no _____	<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly _____
Net Rental Income	<input type="checkbox"/> yes <input type="checkbox"/> no _____	<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly _____
Interest/Dividends Income	<input type="checkbox"/> yes <input type="checkbox"/> no _____	<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly _____
Other (please specify)	<input type="checkbox"/> yes <input type="checkbox"/> no _____	<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly _____

► Recurring Gifts: Are you receiving any recurring gifts, including cash gifts you receive and/or payments being made on your behalf for expenses such as utility payment, rent payment, automobile, insurance, cable, phone etc.? \_\_\_ Yes \_\_\_ No If yes, list amount(s) \_\_\_\_\_  Weekly  Monthly  Yearly

► Are you currently receiving any utility reimbursement or assistance? \_\_\_ Yes \_\_\_ No

► Do you own Real Estate? \_\_\_ Yes \_\_\_ No Value \_\_\_\_\_ Is Real Estate  For Sale  Rent

Are you currently using medical marijuana? \_\_\_ Yes \_\_\_ No

Are you a veteran of the US armed forces? \_\_\_ Yes \_\_\_ No

Asset Information:

		Bank or Institution	Current Value	Household Member
Checking Account	<input type="checkbox"/> yes <input type="checkbox"/> no	_____	_____	_____
Checking Account	<input type="checkbox"/> yes <input type="checkbox"/> no	_____	_____	_____
Savings Accounts	<input type="checkbox"/> yes <input type="checkbox"/> no	_____	_____	_____
Savings Accounts	<input type="checkbox"/> yes <input type="checkbox"/> no	_____	_____	_____
CD's	<input type="checkbox"/> yes <input type="checkbox"/> no	_____	_____	_____
IRA's	<input type="checkbox"/> yes <input type="checkbox"/> no	_____	_____	_____
Stocks/Bonds	<input type="checkbox"/> yes <input type="checkbox"/> no	_____	_____	_____
Mutual Funds	<input type="checkbox"/> yes <input type="checkbox"/> no	_____	_____	_____
Whole Life Insurance	<input type="checkbox"/> yes <input type="checkbox"/> no	_____	_____	_____
Annuities	<input type="checkbox"/> yes <input type="checkbox"/> no	_____	_____	_____
Pension 401-K	<input type="checkbox"/> yes <input type="checkbox"/> no	_____	_____	_____
Other (please specify)	<input type="checkbox"/> yes <input type="checkbox"/> no	_____	_____	_____

▶ Do you have any listed assets that are jointly owned by someone other than a household member?  yes  no

▶ Do you hold personal property as an investment?  
(Antique cars, gems, jewelry, coin collection etc)  yes  no

If yes specify \_\_\_\_\_

▶ Are there any other current assets, cash held in a safe deposit box or at home?  yes  no

If yes specify \_\_\_\_\_

▶ Have you had any one time or lump-sum monies received in the last two years?  yes  no

If yes specify \_\_\_\_\_

▶ Have you, within the last two years, sold or given away assets (including cash, real estate) for more than \$1,000 below the fair market value?  yes  no

If yes specify \_\_\_\_\_



► I/we acknowledge that I/we are aware that we must report any material changes in household income or number of persons residing within the premises. Failure to report the changes immediately is a direct violation of your lease agreement and may be grounds for termination of tenancy and/or assistance payment made on your behalf by HUD.

Initial \_\_\_\_\_

Initial \_\_\_\_\_

Resident(s) Certification:

I/we certify that all information listed above is true, accurate, and complete to the best of my/our knowledge and belief. I/We also understand that providing false information or an omission of information constitutes an act of fraud and will result in the termination of your residency or subsidy payment made on your behalf by HUD.

Head of Household: \_\_\_\_\_ Date: \_\_\_\_\_

Co-Head: \_\_\_\_\_ Date: \_\_\_\_\_

Witness: \_\_\_\_\_ Date: \_\_\_\_\_

“Title 18, Section 1001 of the U.S. code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statement to any department of the United States Government. HUD, the PHA and any owner (or any employee of HUD, the PHA or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purpose cited above. Any person who knowingly or willingly requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more that \$5,000.00. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD, the PHA or the owner responsible for the unauthorized disclosure of improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act. At 42 U.S.C. 208 (f) (g) and (h). Violation of these provisions are cited as violations of 42 U.S.C. 408 (f) (g) and (h).

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.

<b>Applicant Name:</b>	
<b>Mailing Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>Name of Additional Contact Person or Organization:</b>	
<b>Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>E-Mail Address (if applicable):</b>	
<b>Relationship to Applicant:</b>	
<b>Reason for Contact:</b> (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	
<b>Commitment of Housing Authority or Owner:</b> 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.	
<b>Confidentiality Statement:</b> The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
<b>Legal Notification:</b> 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.	

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.