HOUSING AUTHORITY of the TOWN OF EAST GREENWICH
146 First Avenue
East Greenwich, RI 02818
(401) 885-2610 Fax (401) 885-4166
E-Mail **eghousing@msn.com** Web **www.eghousing.com**
"An Equal Housing Opportunity"

Dear Applicant,

Thank you for requesting a pre-application for one of our **Public Housing (Family 2-3 bdrm)** units and our **Multifamily (Elderly / Disable) units**. As you complete your pre-application, we want you to be aware of the following.

PLACEMENT ON THE WAITING LIST DOES NOT INDICATE THAT THE FAMILY IS, IN FACT, ELIGIBLE FOR ADMISSION. A FINAL DETERMINATION OF ELIGIBILITY AND QUALIFICATION FOR PREFERENCES WILL BE MADE WHEN THE FAMILY IS SELECTED FROM THE WAITING LIST.

Once selected, the family will be required to provide copies of identification, income, and assets. All statements are subject to verification by East Greenwich Housing Authority.

NOTICE: YOU ARE REQUIRED TO NOTIFY THE HOUSING AUTHORITY IN WRITING OF ANY CHANGE OF ADDRESS. IF WE CAN NOT CONTACT YOU AT THE ADDRESS LISTED, YOUR NAME WILL BE REMOVED FROM THE WAITING LIST, AND YOU WILL HAVE TO RE-APPLY.

If you have any questions regarding this pre-application and the process, please do not hesitate to contact the Executive Director, Tracy Johnson, at the number above.

If you are interested in the Section 8 Housing Choice Voucher (HCV) program and/or Regal Court (62+) please go to www.waitlistcentralri.com

AN EQUAL HOUSING OPPORTUNITY

Official Use Only:

Date Mailed Date Received

EGHA Website

Date Completed

Town of East Greenwich Housing Authority
Application for Housing Assistance

WHO IS THE HEAD OF HOUSEHOLD? LEGAL NAME 1.

Last _____ First _____ MI _____ Sex M F

SS _____DOB _____ Age _____ Annual Income _____

Source _____

Marital Status: Married Divorced Widow Separated Single

Address _____
Street City State Zip

Mailing Address _____
Street City State Zip

Home Phone _____Cell Phone _____Work Phone _____

How long have you lived at your present address? _____

Are you a Full-Time Student Yes No

Check all that apply:

Citizenship Status: U.S. Citizen Eligible Non-Citizen Ineligible Citizen

Ethnicity: Hispanic or Latino Non-Hispanic or Latino

Race: White Black or African American American Indian or Alaskan Native

Asian Native Hawaiian or Pacific Islander Other

Will you need an interpreter to speak about your application? Yes No If so, which Language _____

Which of the following housing programs are you applying for?

Public Housing _____ Bedroom Size 2BR____ 3BR____

Shoreside Apt. (Elderly/Disable) _____ Bedroom Size 1BR____ 2BR____

Housing Choice Voucher (Sec 8) Apply at www.waitlistcentralri.com

Regal Court (Elderly) Apply at www.waitlistcentralri.com

How Did You Hear About our Property: _____

PREFERENCES: Can you, as Head of Household, claim any of the following preferences:

Do you live in East Greenwich? Yes No Do you work in East Greenwich? Yes No

Are you a Veteran? Yes No (If yes, please submit copy of DD214)

EMERGENCY CONTACT PERSON

Name _____ Telephone _____

Address _____
Street City State Zip

LANDLORD REFERENCES

Current Landlord: Name _____ Telephone _____

Address _____

Street City State Zip

PREVIOUS LANDLORD

Name _____ Telephone _____

Address _____

Street City State Zip

WHAT OTHER ADULTS WILL BE LIVING IN THE UNIT?

LEGAL NAME 2.

Last _____ First _____ MI _____ Sex M F

SS _____DOB _____ Age _____ Annual Income _____

Source _____ Does this currently live with you? _____

Disabled _____ School/Occupation: _____

Are you full time Student? Yes No

Check All That Apply

Citizenship Status: U.S. Citizen Eligible Non-Citizen Ineligible Citizen

Ethnicity: Hispanic or Latino Non-Hispanic or Latino

Race: White Black or African American American Indian or Alaskan Native

Asian Native Hawaiian or Pacific Islander Other

LEGAL NAME 3.

Last _____ First _____ MI _____ Sex M F

SS _____DOB _____ Age _____ Annual Income _____

Source _____ Does this currently live with you? _____

Disabled _____ School/Occupation: _____

Are you full time Student? Yes No

Check All That Apply

Citizenship Status: U.S. Citizen Eligible Non-Citizen Ineligible Citizen

Ethnicity: Hispanic or Latino Non-Hispanic or Latino

Race: White Black or African American American Indian or Alaskan Native

Asian Native Hawaiian or Pacific Islander Other

Are you or anyone in your household required to register on any state's lifetime sex offender registry? Y N

Are you or anyone in your household a medical marijuana user? Y N

Is any family member temporarily absent from the unit? Y N

Other than the head of household, is any adult member a full-time college student? Y N

Is the head of household, co-bead or spouse disabled or 62 years of age or older? Y N

Will you or anyone in the household need a reasonable accommodation needing modification of the housing unit, or specific housing needs? Yes No If yes, please describe _____

_____

Disclosure of Social Security Numbers - All applicants and tenant household members must disclose and provide verification of the complete and accurate SSN assigned to them except for those individuals who do not contend eligible immigration status or tenants who were age 62 or older as of January 3l't, 2010, and whose initial determination of eligibility was on January 31, 2010. This paragraph explains the requirements and responsibilities of applicants or tenants to supply owners with this information, the responsibility of the owners to obtain this information, and the consequences for failure to provide the information

List all states that you or any other member has ever lived in (including current state)? _____

Have you or anyone in your household ever been evicted from Public or Assisted Housing for drug related or violent criminal activity? Yes No If yes, where _____

East Greenwich Housing Authority does screenings on all applicants over 18 to include criminal activity.
Do you give consent? Yes No

Do you presently owe money to a Public Housing Authority? Yes No If yes, where _____

Are you living or have you ever lived in Public Housing? Yes No If yes, where, and when _____

Have you ever received a housing subsidy? Yes No If yes, where _____

ASSETS:

	Bank	Type of Acct	Account No.	Amount	Annual Interest Received
1.					
2.					
3.					

DO YOU OWN PROPERTY?

Address: _____

I understand that I must notify the East Greenwich Housing Authority, in writing, of any change of address.
The above information is true to the best of my knowledge.

Head of Household Signature: _____

Spouse/Partner Signature: _____

Other Adult Signature: _____

Warning: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any department or agency of the U.S as to any matter within its jurisdiction.

If we cannot contact you at the above address, your name will be removed from the waiting list, and you will have to reapply. Please be sure to update your contact information in writing, if necessary.

OMB Control # 2502-0581
Exp. (02/28/2019)

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)

- ☐ Emergency
- ☐ Unable to contact you
- ☐ Termination of rental assistance
- ☐ Eviction from unit
- ☐ Late payment of rent
- ☐ Assist with Recertification Process
- ☐ Change in lease terms
- ☐ Change in house rules
- ☐ Other: _____

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 the 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 on age discrimination under the Age Discrimination Act of 1975.

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

Signature of Applicant **Date**