



Dear Applicant

If you have any questions regarding this application, you may call the office at (401)274-1213.

Instructions for filling out this application:

- This application must be completed in ink. Do not use white out on this application.
- Fill in all areas
- If you own a vehicle, please put the year, make and model. You must provide proof that the vehicle is legally registered, inspected and insured.
- Please make sure you complete the previous landlords' addresses and your previous addresses, if different, in the spaces provided.
- You **MUST** bring copies of the following documents with you when returning the application:

Citizenship Status	6-8 Consecutive employment paystubs
Birth Certificate	Current Social Security Award Letter
Social Security Card	Any pending disability information
Photo Identification	BCI from Attorney General
- You must sign and date the last page of your application.
- You must go to the Attorney General's Office at 150 South Main Street in Providence and pick up a copy of you Criminal Background Check.

We cannot accept or process your application unless the above information is received and this information must be updated every 6 months to remain on the waiting list.

THIS IS THE APPLICANTS RESPONSIBILITY.

Thank you for your interest in Charles Place, and we hope to hear from you soon.

Sincerely,

Charles Place Apartments

460 Charles Street * Providence, RI 02904
401-274-1213 office * 401-273-5240 fax



Charles Place Apartments



RENTAL APPLICATION
SECTION 8- SECTION 8/236 SECTION 8/RD515- SECTION 8/ TAX CREDIT
RENTAL SUPPLEMENT-RAP
AFFORDABLE COMMUNITES

Application No: _____

Date: _____

Time: _____

Charles Place Apartments: This community does not discriminate based on race, color, creed, religion, sex, national origin, ancestry, age handicap or disability of any person, familial status, the use of a guide or support animal because of the physical handicap of the user or because the user is a handler or trainer of support of guide animals or because of the handicap or disability of an individual with whom the person is known to have a relationship or associate. Charles Place Apartments strictly adheres to these anti-discrimination laws and the Owner agrees that this property will be listed, shown, leased and managed in accordance with these laws.

INSTRUCTIONS FOR HEAD OF HOUSEHOLD

1. Please do the following while completing this application:
 - Complete all sections in ink (please print)
 - Please do not leave any section blank (including sections that do not apply to you)
 - If a section asks for information you do not have currently available, you may write "N/A" for not applicable or not available.
 - When making corrections:
 - Put one line through incorrect information
 - Write the correct information
 - Initial the change
2. As Head of Household, you will complete this Rental Application form on behalf of your entire household. However, each additional adult household member 18 years of age and older which is expected to live in the apartment must sign this Rental Application.
3. False, incomplete or misleading information will cause your household's application to be declined.
4. As long as your active application is on file with us, it is your responsibility to contact us whenever your address, telephone number, or income situation changes, and whenever you need to add a person to your application or remove a person from your application.

Application Processing

1. All applications will be processed in accordance with the procedures outlined in the Community Resident Selection Criteria. A copy of the Resident Selection Criteria is available upon request; otherwise a copy is available for viewing in the management office.
2. A preliminary determination of your household's eligibility will be established, after your application is accepted. If your household meets the preliminary eligibility requirements, your application will be placed on our Community Waiting List. However, this does not guarantee that your household will be offered an apartment.
3. IN the event you fail to respond to an application update request within the specified time frame, your application will be removed from the Community Waiting List, and determined inactive. The reactivating of applications may be granted if the households meet the exceptions outlined in the community Resident Selection Criteria.
4. When management anticipates and expected vacancy, applicants with active applications on file will be contacted in order of date and time for an in person eligibility interview. In the event your household does not meet the final eligibility requirements, your application will be declined.

CONTACT INFORMATION (Current):

First Name (Head of	Last Name (Head of Household)	MI	Home Phone No.	Cell Phone No.	Work/Message Phone No.
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Household)					
Current Street Address			City	State	Zip
First Name (Co-Head)	Last Name (Co-Head)	MI	Home Phone No.	Cell Phone No.	Work/Message Phone No.
Current Street Address			City	State	Zip

HOUSEHOLD COMPOSITION:

List all persons, including yourself, and who are expected to reside in the unit. **NOTE:** The number to the left indicates the "Family Member Number" and is the Number requested in the remaining sections of this application.

- Enter "E" for Elderly or AU for Accessible Unit needed.
- Enter "M" for Married, "S" for Single, "D" for Divorced, "SEP" for Separated, or "W" for Widowed.

Full Name	Relationship	E/AU	Sex (M/F)	Marital Status	Age	Birthdate MM/DD/YY	Social Security No.	Occupation	Student Status Full/Part Time

HOUSEHOLD COMPOSITION CONTINUED

The Department of Housing and Urban Development requires that for statistical purposes only, we report the race and ethnicity of the Head of Household for applicants and residents. You are not required to answer the questions below, nor does your answer affect your position on our waiting list or your eligibility for housing. At this time we are requesting this information for the Head of Household only. However, at the time of eligibility interview (if app.) this information will be requested for each household member.

Ethnic Categories **Select One**

(head of household only)

Hispanic or Latino

Non-Hispanic

Racial Categories **Select all that apply**

American Indian or Alaska Native

Asian

Black or African American

Native Hawaiian or Other Pacific Islander

White

Other

- Is any member of your household a member of the Armed Forces or Reserves? Yes No
- Is any member of your household in the process of enlisting into the Armed Forces or Reserves? Yes No
- Is there anyone not listed on your rental application living, in your unit or residing in your Household on a temporary basis? Yes No
- If not, do you expect anyone to move-in on a regular or temporary basis in the future? Yes No



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DOMESTIC, DATING, AND/OR STALKING VIOLENCE:

- Are you or any members of your household victims of domestic, dating, and/or stalking violence? () Yes () No
If so, please consult with an authorized Agent to discuss federal protections for victims of domestic, date, and/or stalking violence.

PROGRAM ELIGIBILITY:

- Does any member of your household currently live in Federally Assisted Housing? () Yes () No
- If yes, are the member and/or your household receiving subsidy assistance? () Yes () No
If yes, what is your current rent portion \$_____, and what is the effective date of your most recent Annual Recertification?

UNIT SIZE REQUESTED:

- Unit size request: _____ 2nd choice: _____
- Why are you requesting this unit size _____

- Are there any special accommodations that the household will require (e.g. unit for mobility/impaired, Unit for visually impaired, unit for hearing impaired, live-in aid, grab bars, etc.) _____

- Will any of the above household members live anywhere except in the apartment? _____
If yes, where and why (provide address) _____
- Are there any other persons who will live in the apartment on a less than full-time basis? _____
If yes, where and why (provide address) _____

WAITING LIST PRIORITY:

- Does your household meet any of the following owner adopted preferences?
 No owner preference applicable at this community
- Does your household meet the following Working Family Preference? () Yes () No
The head, co-head, or spouse (household member) is employed full time (32 hours per week or more), and has been employed at least six (6) months at the time of application or during the eligibility interview. Discrimination against persons unable to work is prohibited; therefore, households in which the head, co-head, or spouse (household member) is sixty-two (62) years of age or older, and/or disabled, shall be eligible under the Working Family Preference.
The working Family Preference only affects the order in which applicant households are selected from the applicant waiting list, and does not make anyone eligible who would not otherwise be eligible of housing
Note: Applicants selected under this preference must meet all eligibility criteria outlined within the Resident Selection Criteria. Applicants that meet the working Family Preference requirement will be selected form the applicant wait list in date and time order
- Is your household displaced? () Yes () No
Displaced Family: A family in which each member, or whose sole member, is person displaced by governmental action, or person who's dwelling has be extensively damaged or destroyed as a result of a disaster declared or otherwise formally recognized pursuant to federal disaster relief laws.[24CFR 5.403]
Displaced Person: A person displaced by governmental action, or a person whose dwelling has been extensively damaged or destroyed as a result of a disaster declared or otherwise formally recognized pursuant to Federal Disaster Relief Laws. [24CFR 5.403]



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MISCELLANEOUS:

- Do you have a pet? Cat _____ Dog _____ Other _____ () Yes
() No
- How did you hear about our apartment community? [] Newspaper [] Apartment Guide []
Friend/Family
[] Billboard [] Other – specify _____

EMERGENCY CONTACT:

NAME	RELATIONSHIP	ADDRESS	PHONE

IMMIGRATION STATUS:

NOTE: Use family member numbers from Page 1. If you need more space, please use a blank sheet of paper.

FAMILY NUMBER	MEMBERS NAME	STATUS
		<input type="checkbox"/> 1. Citizen or national of the United States <input type="checkbox"/> 2. A non-citizen with eligible immigration status <input type="checkbox"/> 3. Other (explain)
		<input type="checkbox"/> 1. Citizen or national of the United States <input type="checkbox"/> 2. A non-citizen with eligible immigration status <input type="checkbox"/> 3. Other (explain)
		<input type="checkbox"/> 1. Citizen or national of the United States <input type="checkbox"/> 2. A non-citizen with eligible immigration status <input type="checkbox"/> 3. Other (explain)
		<input type="checkbox"/> 1. Citizen or national of the United States <input type="checkbox"/> 2. A non-citizen with eligible immigration status <input type="checkbox"/> 3. Other (explain)

STUDENT STATUS:

Under section 8 of the U.S Housing act of 1937, certain households with students are ineligible for occupancy at our community. We therefore require all applicants and residents upon certification/recertification, to answer the following questions, regarding student status.

Example #1 – The HUD student rule is only applicable to applicants applying to communities for which they are requesting Section 8 (subsidy) assistance.

Exemption #2- Students with disabilities that were receiving Section 8 (subsidy) assistance as of November 30, 2005 are exempt from the Student Status requirements under Section 8. However, students with disabilities receiving assistance as of December 1, 2005 are subject to the following Student Status requirements under the Section 8 program.

Answer the questions below for all adult household members, 18 years of age or older.



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	Yes	No
1. How long have you and/or any other adult household members established a household separate from your/their parents or guardians?		
2. Are you or any other adult household member a Full-Time or Part Time student?		
3. Are you or any other adult household member currently a student of an institution of higher education?		
4. Are you or any other adult household member under the age of 24?		
5. Are you or any other adult household member a veteran?		
6. Are you or any other adult household member married?		
7. Do you or any other adult household member have a dependent child(ren)?		
8. Is one or both of your parents, or any other adult household member's part(s) currently receiving Section 8 assistance?		
9. Are you or any other adult household member claimed as a dependent by your/their parents or guardian pursuant to IRS regulations?		
10. Please provide the name and address of the educational institution or agency that can confirm your current student status:		
Name _____ Phone _____	Address (street, city, state, zip) _____	

1. Mother's Name/ Guardian: _____
 Address: _____ Phone: _____

2. Father's Name/ Guardian: _____
 Address: _____ Phone: _____

RENTAL HISTORY:

List landlord/rental history for the past two (2) years. History must include all places where you and/or any adult (18 years of age or older) household members lives, lived, and places where you, and/or other adult household members did not appear on the lease. Also include places where you or other adult household members used a different name.

NOTE: Use family member numbers from Page 1. If you need more space, please use a blank sheet of paper.

Family Member No.	Current/Previous Landlord & Landlord address	Families Previous Address /Addresses	Phone Number	Monthly Rental Payment	Reason for Leaving (relocation/eviction, etc.)	Date of Residency From: To:
				\$		
				\$		
				\$		
				\$		

- If any household member has used a different name during residency of a current or prior landlord, list names used _____

OUT-OF-STATE RENTAL HISTORY:

List all out-of-state landlords and addresses where you, and/or any other adult (18 years of age or older) household members have resided, or currently reside (lives), and places where you and/or other adult household members did not appear on the lease. Also include Places where you or other adult household members used different names.



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NOTE: Use family member numbers from Page 1. If you need more space, please use a blank sheet of paper.

Family Member No.	Current/Previous Landlord & Landlord address	Families Previous Address /Addresses	Phone Number	Monthly Rental Payment	Reason for Leaving (relocation/eviction, eat.)	Date of Residency	
						From:	To:
				\$			
				\$			
				\$			
				\$			

- If any household member has used a different name during residency of a current or prior landlord, list names used _____

INCOME:

EMPLOYMENT ONLY: List all full-time, part-time, and/or seasonal employment for ALL household members including self-employment earnings. If you have income from "other sources" see next section of rental application.

NOTE: Use family member numbers from Page 1. If you need more space, please use a blank sheet of paper.

Family Member No.	Place of Employment	Employment Address	Employer's Phone No.	Supervisor	Annual Income (yearly total)
					\$
					\$
					\$

INCOME FROM ALL OTHER SOURCES:

List ALL income from sources other than employments for ALL household members. This includes but is not limited to Public Assistance, Social Security, SSI, Disability Compensation, Unemployment Compensation, Alimony, Child Support, Educational Grants or Scholarships, etc.

NOTE: Use family member numbers from Page 1. If you need more space, please use a blank sheet of paper.

Family Member No.	Source of Income	Address of Source of Income/Contact Person and Telephone Number	Estimate of Annual Income (Yearly)
			\$
			\$
			\$
			\$

ASSETS:

NOTE: Use family member numbers from Page 1. If you need more space, please use a blank sheet of paper.

CHECKING ACCOUNTS:

Family Member No.	Account Number	Bank Name	Bank Address	Avg. 6 Mo. Balance	Current Interest Rate
				\$	%
				\$	%



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				\$	%
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CASH ON HAND:

Please indicate amount of cash your household currently has on hand:	Current Amount of Cash on Hand \$ _____
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SAVINGS ACCOUNTS:

Family Member No.	Account Number	Bank Name	Bank Address	Current Balance	Current Interest Rate
				\$	%
				\$	%

STOCKS, BONDS, CREDIT UNION SHARES, C.D.'S, LIFE INSURANCE POLICIES SURRENDER VALUES, ECT.

Family Member No.	Description of Assets/Account Number	Current Value of Asset	Annual Income from Asset
		\$	
		\$	
		\$	
		\$	
		\$	

- **NOTE:** If more space is needed, please list on separate sheet of paper and attach to this application.

Do you have any life insurance policies that have a surrender value? () Yes () No
 No If so, what is the total surrender value of the policies? \$ _____

REAL ESTATE:

Do you now own real estate? () Yes () No
 If yes, are you receiving any income from this property? () Yes () No
 No If yes, complete the following:

Location of Property(ies) _____ Annual Income from Property(ies) _____

Have you or any member of your household sold or given away any real estate property or other assets in the past two years? () Yes () No

If yes, explain: _____

AUTOMOBILES AND OTHER VEHICLES:

List all motor vehicles, including motorcycles, owned by or registered to household members.

Family Member No.	Vehicle Make and Model	Year	License Tag Number	State	Color of Vehicle

MEDICAL EXPENSES:

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NOTE: Medical expenses **only** apply to households where the head of household, spouse or co-head is 62 years of age or older, or handicapped, or disabled.

List all applicable medical expenses, including outstanding insurance premiums, prescriptions, co-payments, dental cost (not covered by insurance), payments to a provider for disabled adult care cost, etc. (If more space is needed, please list on separate sheet and attach to this application)

Family Member No.	Description of Expense	Paid To	Address	Cost Per Month

ELDERLY AND/OR HANDICAPPED HOUSEHOLDS ONLY: (HEAD, SPOUSE, OR CO-HEAD)

Please answer the following questions about yourself and all members of your household who will occupy the unit

1. Do you have Medicare?
 If yes, what is your monthly payment? \$ _____
 If yes, what Medicare Plan do you have? _____
 If yes, what is your annual deductible? _____
2. Do you have any other kind of medical insurance?
 If yes, provide the following information:
 Policy Number: _____
 Company Name: _____
 Agent's Name: _____
 Premium Amount: \$ _____ [] Week [] Month [] Other _____
3. Do you receive medial assistance through the Public Assistance Program? () Yes () No
4. Do you have any outstanding medical bill son which you are currently paying? () Yes () No
5. Do you expect to have any medical expense during the next twelve (12) months? () Yes () No

If yes, state the type and amounts of these medical expenses anticipated:

CHILDCARE/ATTENDANT CARE EXPENSES:

List all household members that require child or attendant care. Indicate out of pocket cost per month.

Family Member No.	Age	Name of Care Provider	Providers Address & Phone No.	List Hours per Day per Person						Cost per Month
				Sunday Wednesday Saturday	Monday Thursday	Tuesday Friday				

- Is the child or attendant care paid by an agency or individual other than an adult household member of the household? () Yes () No
- Is the childcare/attendant care expenses paid out of pocket on a weekly or monthly basis? (circle one)
 Weekly Monthly



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CRIMINAL SCREENING

(These questions apply to ALL HOUSEHOLD MEMBERS)

A criminal background check will be completed on all adult members of the appliance family (18 years of age and older). The results of this check will be the basis for rejection if any of the following is found:	Y S	N O
<ul style="list-style-type: none"> • Any household containing members listed on the application is currently or has ever been determined guilty of a violent crime by due process of law; or if there is clear documentation to support a pattern of criminal activity. These crimes may include, but are not limited to items listed below in this section. • Any household containing a member(s) who was evicted in the last three (3) years from federally assisted housing for drug-related criminal activity. There are two exceptions to this provision: <ol style="list-style-type: none"> 1. The evicted household member has successfully completed an approved, supervised drug rehabilitation program; or 2. The circumstances leading to the eviction no log exists (e.g. the household member no longer resides with the applicant household). 		
1. Are you or any members of your household currently using an illegal controlled substance?		
2. Have you or any members of your household ever been convicted of a violent crime? If yes, explain		
3. Have you or any members of your household ever been convicted of possession, usage, or distribution of a controlled, illegal substance? If yes, explain		
4. Have you or any members of your household ever been convicted of possession of an unregistered firearm or possession of an illegal weapon that can cause physical harm or emotional suffering by intimidation? If yes, explain		
5. Have you or any other adult members of the household ever used any name(s) or Social Security number(s) other than the one you are currently using? If yes, explain		
6. Have you or any member of your household ever committed any fraud in a Federally Assisted Housing Program or been evicted for any federally assisted housing development for drug-related criminal activity? If yes, explain		
7. Have you or any members of your household ever been convicted or pleaded guilty to a felony?		
8. Have you or any members of your household ever been convicted of or pleaded guilty to a sexual offense or are you or any member of your household subject to lifetime registration requirements under local, state, or federal law?		
9. Do you or any member of your household abuse alcohol, or have a pattern of abuse of alcohol that would interfere with the heal, safety, and/or right to peaceful enjoyment of the premises by other residents?		
10. If the answer to question 9 above is yes, is the household member currently enrolled in, or has completed an approved supervised alcohol rehabilitation program?		
11. Are you or any member of your household currently engaged in any form of criminal activity (including drug-related criminal activity) that would threaten the health, safety, or right to peaceful enjoyment of the premises by other residents and their guest?		
12. Have you or any member of your household ever engaged in any form of criminal activity (including drug-related criminal activity) that would threaten the health, safety, or right to peaceful enjoyment of the premises by other residents and their guest?		
13. Have you or any member of your household ever lived in any other state?		



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If yes, Which members and which states did you and other member(s) reside in?		
14. Have you or any member of your household ever been convicted of or pled guilty or "no contest" to any felony? If yes, to any of the above questions , please explain, providing the location, date and nature of the offense: _____		

WARNING:

"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 statements to any department of the United States Government. HUD and any owner (or any employee of HUD or the owner) may be subject to penalties for unauthorized disclosures or improper use of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willingly request, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. 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 or the owner responsible for the unauthorized disclosure or improper use. Penalty provision for misusing the social security number are contained in the Social Security Act of 208 (a) (6) (7) and (8). Violation of these provisions are cited as violations of 42 U.S. C 408 9(s) (6), (7) and (8).

STATEMENTS BY ALL ADULT HOUSEHOLD MEMBERS

1. We certify that all information given in this application and any attached there to be true, complete, and accurate. We understand that is any of this information is false, misleading, or incomplete; management may decline our application or, if move in has occurred, terminate our Rental Agreement.
2. We authorize Westwind Tower Apartments to make any and all inquiries to verify rental history, credit history, and/or criminal background information now or anything in the future including on a regular recurring basis. Either directly or through information exchanged now or anytime in the future with credit screening services, criminal screening services, and/or from previous or current landlords, or other sources for credit and verifications confirmation which may be release to appropriate Federal, State, or Local Agencies.
3. If our application is approved, and move-in occurs, we certify that only those persons listed in this application will occupy the apartment, that they will maintain no other place of residence, and that there are no other persons for whom we have, or expect to have, responsibility for housing.
4. We agree to notify management in writing immediately regarding any changes in household address, telephone numbers, income and household composition.
5. We have read and understand the information in this application, in particular the information contained in the Instructions for Head of Household; and we agree to comply with such information.
6. We have been notified that the Resident Selection Criteria which summarizes the procedures for processing application is posted in the management office.
7. We understand that if this application is placed on a Waiting List, we may request sample copies of the Rental Agreement and House Rules. If this application is approved, and move-in occurs, we certify that we will accept and comply with all condition of occupancy as set forth therein, including specifically all conditions regarding pets, damages, and security deposits.
8. We authorize management to obtain one of more "consumer reports" as defined in the Fair Credit Report Act, 15 U.S.C. Section 1681 a(d), seeking information on our credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living.

FAIR CREDIT REPORTING ACT:

THIS IS TO INFORM YOU THAT AS PART OF OUR PROCEDURE FOR PROCESSING YOUR APPLICATION, AN INVESTIGATIVE REPORT MAY BE MADE WHEREBY INFORMATION IS OBTAINED THROUGH PERSONAL INTERVIEWS WITH THRID PARTIES-SUCH AS FAMILY MEMBERS, BUSINESS ASSOCIATES, FINANCIAL SOURCES,

