

# WOONSOCKET HOUSING AUTHORITY



## *Public Housing Application*

Version: 7/31/03

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679 SOCIAL STREET - WOONSOCKET, RI 02895-2090  
(401) 767-8000 / Fax: 767-8076 / TDD: (800) 745-6575  
Email: [WHAServiceCenter@aol.com](mailto:WHAServiceCenter@aol.com)

FOR OFFICE USE ONLY	
Elderly/Disabled	
Family	
Initial Review By:	
Preference Points	
Client Number	
Bedrooms	0 1 2 3 4 5

DATE AND TIME STAMP

## WOONSOCKET HOUSING AUTHORITY

<b>[This applicant]</b> <b>[speaks</b> <b>]</b> <b>[English</b> <b>]</b> <b>[</b> <input type="checkbox"/> <b>]</b>	679 Social Street Woonsocket, Rhode Island 02895-2090 (401) 767-8000 (Voice) Bell Atlantic TDD (800) 745-6575 E-mail: <a href="mailto:WHAServiceCenter@aol.com">WHAServiceCenter@aol.com</a>	<b>[This applicant]</b> <b>[speaks only</b> <b>]</b> <b>[ Spanish</b> <b>]</b> <b>[</b> <input type="checkbox"/> <b>]</b>
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**Application for Conventional Housing 1 21 04**  
*Equal Housing Opportunity*

The information which you are being asked to provide as the Head of Household is used to determine if your Household is both eligible and qualified for admission to the programs, indicated below. This information is subject to verification, and you will be required to sign releases that will permit the Authority to confirm all information provided below. By signing this application, you are certifying that the information you have provided is correct. **Misrepresentation of information is grounds for removal from the waiting list or eviction from housing. You must answer every question on the application, unless otherwise stated, or your application will be incomplete.**

For applicants of federal housing, 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.** You will be notified by letter that your application is incomplete. It is the responsibility of the applicant to provide **all** required information for the program(s) which you have indicated. If a question is not applicable to your household, please indicate this on the application. Your household will be added to the waiting list for the programs specified on this application only at the time that the application is complete.

Please Print all Answers Legibly in Black or Blue Ink	
1. Head(s) of Household: _____	Maiden Name: _____
2. Current Address: _____	
City / Town _____	State _____ Zip _____
3. Current Mailing Address: _____ Zip _____	
4. Home Phone _____	Work Phone _____
5. Marital Status:   ( ) Single      ( ) Married      ( ) Divorced      ( ) Widowed      ( ) Separated	

6. Please indicate the programs for which you believe you are eligible and wish to apply. The WHA Tenant Selection Staff will make the final determination as to which programs you are eligible and will place you on the appropriate waiting list(s):

Federal Elderly/Disabled Housing	
Federal Family Housing	

7. Is there a member of your Household who requires a physically modified unit or an exception to the policies of the lease to address a disability? Please indicate below.

No unit modifications required	
A wheelchair accessible unit	
A sensory-impaired accessible unit	
Other physical adaptations	
Provisions/exceptions to the lease	

If yes, please explain the accommodation requested.

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8. Are you and each member of your household a U.S. Citizen, or do you and each household member possess eligible immigrant status, which can be verified with the U.S. Immigration and Naturalization Service? You must complete Application Addenda #1.

Yes                      No

9. See attached form relative to your Housing Preferences which are important for your placement on the waiting list. WHA staff will review the basis of your claimed Preference(s) to determine if you are eligible for the Preference(s).

**NOTE: A Preference will be granted only when it has been verified.** Once the preference has been verified, it will be used to help determine your household's exact position on the Waiting List. Until the preference has been verified, your application will be treated as a standard application.

10. Please indicate all racial, minority or ethnic group(s) to which household members belong by circling the appropriate group(s) listed below. An answer to this question is not mandatory for completion of this application.

Native American      Asian      African-American      White      Hispanic      Non-Hispanic

11. Number of Bedrooms Requested. (The Authority will determine final eligibility for the bedroom size requested.)

(Circle One)    0      1      2      3      4      5

12. Using the Adjusted Gross Income Work Sheet (Application Addenda #2), please list *all* types and sources of income and deductions for allowable expenses for each household member.

13. Please provide the full name including middle initial of all Household members who will be living in the unit, their date of birth, place of birth, sex, relationship to the Head of Household, occupation and Social Security Number. Social Security #'s will be used for income verification. If any of this information is not provided, the application will be considered incomplete and will not be processed.

NAME	Date of Birth	Place of Birth	SEX	Relation to Head of Household	Occupation or School Level	Social Security Number
1.				<b>HEAD</b>		
2.						
3.						
4.						
5.						
6.						
7.						
8.						

14. Please list the names and last known addresses of absent parents (children's parents not in unit).

\_\_\_\_\_

\_\_\_\_\_

15. Does anyone in your Household own a pet? If yes, please describe: \_\_\_\_\_

16. Have you or a member of your household ever participated in a housing subsidy program?  
Yes                  No

If yes, what program, where and when did you participate? \_\_\_\_\_

\_\_\_\_\_

17. Have you sold, given, loaned or placed in trust any money, real estate or other asset in the past two years?  
Yes                  No

If yes, please describe:

18. Are you receiving or can you receive any income from *any* trust funds, which were established with household assets?  
Yes                  No

If yes, please describe: \_\_\_\_\_

19. List below *all* assets of all Household members. If necessary, use an additional page.

Household Member	Type of Asset	Account Number	Amount or Value	Bank/Institution
	Checking			
	Checking			
	Savings			
	Savings			
	CD's or IRAs			
	CD's or IRAs			
	Stocks/Bonds			
	Real Estate			
	Insurance Annuity			
	Whole Life Insurance			

20. Please list the full addresses of all residential settings (Apartments, houses, shelters, group homes, etc.) in which you (Head of Household) or any adult household members have lived during the past *three (3)* years. You should either list the landlord (owner) or the Shelter\Group Home Program Director. The Authority will contact all individuals listed.

**For your current residence:** From: \_\_\_\_ (mo.) \_\_\_\_ (yr.) To Present Time

1) Landlord Name: \_\_\_\_\_

Full Landlord Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Names of all household members who lived at this address: \_\_\_\_\_

\_\_\_\_\_

**Previous residence:** From: \_\_\_\_ (mo.) \_\_\_\_ (yr.) To: \_\_\_\_ (mo.) \_\_\_\_ (yr.)

Residence Address: \_\_\_\_\_

Landlord Name: \_\_\_\_\_

Full Landlord Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Names of all household members who lived at this address: \_\_\_\_\_

\_\_\_\_\_

**Previous residence:** From: \_\_\_\_ (mo.) \_\_\_\_ (yr.) To: \_\_\_\_ (mo.) \_\_\_\_ (yr.)

Residence  
Address: \_\_\_\_\_

Landlord Name: \_\_\_\_\_

Full Landlord Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Names of all household members who lived at this address: \_\_\_\_\_

\_\_\_\_\_

**Previous residence:** From: \_\_\_\_ (mo.) \_\_\_\_ (yr.) To: \_\_\_\_ (mo.) \_\_\_\_ (yr.)

Residence  
Address: \_\_\_\_\_

Landlord Name: \_\_\_\_\_

Landlord Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Names of all household members who lived at this address: \_\_\_\_\_

\_\_\_\_\_

**Previous residence:** From: \_\_\_\_ (mo.) \_\_\_\_ (yr.) To: \_\_\_\_ (mo.) \_\_\_\_ (yr.)

Residence  
Address: \_\_\_\_\_

Landlord Name: \_\_\_\_\_

Full Landlord Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Names of all household members who lived at this address: \_\_\_\_\_

\_\_\_\_\_

**Previous residence:** From: \_\_\_\_ (mo.) \_\_\_\_ (yr.) To: \_\_\_\_ (mo.) \_\_\_\_ (yr.)

Residence  
Address: \_\_\_\_\_

Landlord Name: \_\_\_\_\_

Landlord Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Names of all household members who lived at this address: \_\_\_\_\_

\_\_\_\_\_

Please use additional paper, if necessary, to provide requested landlord history.

21. Are you living in a residence in which the lease is **NOT** in your name?    Yes                      No

Do you contribute toward the rent?    Yes                      No

Your share of rent \$ \_\_\_\_\_                      Total amount of utility payments \$ \_\_\_\_\_

Your payments for utilities include:    HEAT    HOT WATER    ELECTRICITY    GAS

Total rent at that location \$ \_\_\_\_\_

22. Have you or any member of your household ever been evicted from housing or removed from a residential program? If yes, please explain:

\_\_\_\_\_

23. Who should the Authority contact in case of an emergency?

Emergency Contact Name  
& Relationship to you: \_\_\_\_\_  
Street # and Address \_\_\_\_\_  
City, State & Zip Code \_\_\_\_\_  
Telephone Number \_\_\_\_\_

24. Please list at least two people that the Authority can contact for a character reference. (Must be a PROFESSIONAL REFERENCE, such as an employer, doctor, social worker, priest, teacher, daycare provider, co-worker, etc.) Reference history must cover three years combined.

Name & Organization: \_\_\_\_\_  
Street # and Address \_\_\_\_\_  
City, State & Zip Code \_\_\_\_\_  
Telephone Number \_\_\_\_\_

Name & Organization: \_\_\_\_\_  
Street # and Address \_\_\_\_\_  
City, State & Zip Code \_\_\_\_\_  
Telephone Number \_\_\_\_\_

25. If your household owns one or more motor vehicles or motorcycles, please provide the following:

Make of vehicle: \_\_\_\_\_ Year: \_\_\_\_\_ Reg. #: \_\_\_\_\_

Make of vehicle: \_\_\_\_\_ Year: \_\_\_\_\_ Reg. #: \_\_\_\_\_

**26. Criminal Record:**

**Have you or any member of your household who will reside in the unit ever been convicted of a misdemeanor? Yes No If yes, when? Please describe charges and outcome.**

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**Have you or any member of your household who will reside in the unit ever been convicted of a felony? Yes No If yes, when? Please describe charges and outcome.**

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**Note:** Information from the National Criminal Information Clearinghouse (NCIC) will be reviewed for you and/or any other adult household members. If a match is found, fingerprints for an FBI check will also be required. Failure to provide fingerprints will result in denial of your public housing application.

**Are you a registered sex offender? Yes No**

**27. We need to determine your household's ability and willingness to meet the lease requirements of the Authority. A copy of the lease will be provided upon request. Unanswered questions will require this application being treated as incomplete.**

- A. Are you able and willing to pay your rent in full when it is due? Yes No
- B. Are you able and willing to take responsibility for the behavior of all guests and household members while they are on or about the development? Yes No
- C. Are you and your household able and willing to conduct yourselves in such a manner as to permit the peaceful and quiet enjoyment of the development by other residents? Yes No

I understand that this application is not an offer of housing. ***I certify that the information contained in this application is true and complete under pains and penalty of perjury.*** I authorize the Authority to make inquiries to verify the information I have provided on this application. I understand that it is my responsibility to immediately inform the Authority of any change in address, household composition, or income information.

Applicant's Signature

Date

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Co-Applicant's Signature

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Date

# INCOME STATEMENT

Please **CIRCLE YES** or **NO** for each item listed. If the answer is **YES** please tell us the amount received and if appropriate the name and address of the source of income.

**FIP?** (Formerly AFDC)    Yes    No                      Monthly Income \_\_\_\_\_

**Social Security?**            Yes    No                      Monthly Income \_\_\_\_\_  
Name of family member receiving SS: \_\_\_\_\_

**SSI?**                                Yes    No                      Monthly Income \_\_\_\_\_  
Name of family member receiving SSI: \_\_\_\_\_

**EMPLOYED?**                    Yes    No                      Monthly Income \_\_\_\_\_  
Name & Address of Employer: \_\_\_\_\_

**Have you been employed in the last 12 months?**    Yes    No  
If YES, where? \_\_\_\_\_

**Do any other household members work?**    Yes    No    Monthly Income \_\_\_\_\_  
If YES, who and where? \_\_\_\_\_

**Annuities?**                      Yes    No                      Monthly income \_\_\_\_\_

**Pensions?**                      Yes    No                      Monthly income \_\_\_\_\_  
Name and Address of Pension Source: \_\_\_\_\_

**VA Pension?**                  Yes    No                      Monthly income \_\_\_\_\_

**Workman's Comp?**    Yes    No                      Monthly income \_\_\_\_\_

**Alimony?**                        Yes    No                      Monthly income \_\_\_\_\_

**Child Support?**    Yes    No    **Court Ordered?**    Yes    No    Monthly income \_\_\_\_\_

**Court Ordered Alimony?**    Yes    No                      Monthly income \_\_\_\_\_

**Military Pay?**                  Yes    No                      Monthly income \_\_\_\_\_

**GPA/BRIDGE?**                Yes    No                      Monthly income \_\_\_\_\_

**Unemployment?**                Yes    No                      Monthly income \_\_\_\_\_

**TDI?**                                Yes    No                      Monthly income \_\_\_\_\_

**Severance Pay?**                Yes    No                      Monthly income \_\_\_\_\_

**Is there any other money or income coming into the household?**                      Yes    No  
If yes, from where? \_\_\_\_\_ Monthly amount \_\_\_\_\_

**I/WE certify that the information given to the Woonsocket Housing Authority is accurate and complete to the best of my/our knowledge and belief. I/WE understand that false statements or information are punishable under federal law (and state law, if applicable) AND are grounds for denial of housing assistance and termination of tenancy.**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## Certification of Citizenship or Eligible Immigrant Status

This form must be completed for **each** household member. Parents or legal guardians will sign for children under the age of eighteen.

Misrepresentation of information is grounds for termination of assistance. Information provided on this form is subject to verification with the Immigration and Naturalization Service (INS). **Please print in a legible manner.**

Name: \_\_\_\_\_  
Last First Middle

Date of Birth: \_\_\_\_\_  
Month/Day/ Year

- I declare that I am a United States Citizen
- I choose not to declare my citizenship or eligible immigrant status.
- I declare that I have eligible immigrant status as defined by the INS and am at least 62 years of age. (Checking this box requires proof of age)
- I declare that I have eligible immigrant status as defined by one of the INS documents in the attached chart and can present the document in an original form (not a copy) as evidence of my status.

I certify that the above representations are true as of the date of this certification

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date

**Signed under pains and penalties of perjury (18 USC 1001 and 1010)**

If signed on behalf of a minor, please initial the following statement

I am at least 18 years of age, a member of the assisted household, and I am the legal guardian for the child listed above. Initials: \_\_\_\_\_

## Acceptable INS Documentation for Purposes of Eligible Immigrant Status

INS Form #	Type of Form	Status Criteria
I-551	<i>Alien Registration Receipt Card (AKA "Green Card")</i>	Permanent Resident Alien Status
I-94	<i>Arrival-Departure Record with annotation</i>	Admitted as Refugee pursuant to Section 207
		Section 208 or Asylum
		Section 243(h) or Deportation Stayed by Attorney General
		Paroled pursuant to Section 212(d)(5) Immigration Naturalization Act (INA)
I-94	<i>Arrival-Departure Record without annotation</i>	Letter from an INS Asylum Officer granting Asylum and application filed on or after 10/1/90
		Letter from an INS District Director granting Asylum if application filed before 10/1/90
		Final court decision granting Asylum (no appeal)
		Court decision Withholding of Deportation
		Letter from an INS Asylum Officer granting Withholding of Deportation and application filed on or after 10/1/90
I-688	<i>Temporary Resident Card</i>	With "Section 245A" or "Section 210" annotation
I-688-B	<i>Employment Authorization Card</i>	With "Provision of Law 274a.12(11)" or "Provision of Law 274a.12" annotation
INS Receipt	<i>Request for Replacement Documents</i>	Must be for one of the accepted documents and status listed above

# WOONSOCKET HOUSING AUTHORITY – ACOP

## 10.0 TENANT SELECTION AND ASSIGNMENT PLAN

### 10.1 PREFERENCES - AS AMENDED 2/07

#### **CATEGORY A: SELF-SUFFICIENCY**

##### **Current enrollment in or recent graduate (less than twelve months) of a job readiness, job training, or educational program**

The program must meet the standards for a job readiness, job training, or educational program as outlined in PIH Administrative Notice 98-2, which describes criteria for an accredited program. In general, programs funded by the US Department of Labor or Job Training Partnership Act will be acceptable. A verification form will be sent to the program administrator and must be returned before the status is granted.

##### **Working**

A head of household must document employment of at least twenty (20) hours per week for a period of at least one (1) month. Heads of household over 62 years of age or with a disability will be automatically granted this preference.

##### **Participating in an AmeriCorps or other national service program**

Proof of acceptance into a national service program must be provided.

#### **CATEGORY B: MILITARY SERVICE**

**This preference applies to applicants whose head of household or co-head/spouse is a current United States serviceperson or an honorably discharged veteran.**

##### **Current United States serviceperson**

A current serviceperson is defined as an individual who is an active member of a branch of the United States military, including the reserves or National Guard, and has served for at least 180 days.

##### **Veteran**

A veteran shall be defined as an individual who has been honorably discharged from a branch of the United States military, including the reserves or National Guard. An honorable discharge must be evidenced by submission of a Department of Defense Form 214 (DD-214). Surviving spouses of an honorably discharged veteran are also eligible for the military service preference.

#### **CATEGORY C: DISPLACEMENT**

##### **Displaced or at risk of displacement due to non-accessibility of a unit**

Verification of a mobility impairment and a confirmatory site visit is required to obtain this preference. Site visits will not be conducted outside of a seventy-five (75) mile radius of the WHA's main office.

##### **Severe medical emergency for which lack of suitable housing is a contributing factor**

Medical documentation from a primary care physician is required to obtain this preference. The WHA reserves the right to obtain a second medical opinion (at the WHA's expense) if necessary.

##### **Displaced by disaster or government action**

Individuals or families displaced by local or national government action or whose dwelling has been extensively destroyed as a result of a recognized disaster (i.e. fire, flood, etc.) qualify.

##### **Victims of domestic violence**

A restraining order or evidence of a shelter stay must be provided.

##### **Witness protection/Hate crimes**

A family who provided information on criminal activities to a law enforcement agency or was a victim of one or more hate crimes is eligible for this preference. A recommendation from a law enforcement agency to rehouse the family to reduce the risk of violence against the family is necessary.

**Action by a housing owner which is beyond the applicant's ability to control (other than a rent increase)**

An applicant is eligible for this preference if s/he has to vacate his/her housing unit due to the conversion of the unit into non-rental housing, the closure of the unit for rehabilitation, the sale of the unit under an agreement that it be vacant when possession is transferred, or the notice that the unit must be vacated because the owner wants it for personal/family use.

**CATEGORY D: RESIDENCY**

**Households who live, work, or have been hired to work in the City of Woonsocket receive the residency preference. For those individuals and families who have been displaced by any of the conditions described above, residence shall be defined as the most recent permanent residence.**

**CATEGORY E: LAW ENFORCEMENT** *(conventional family housing only)*

**Police Officers**

The head, spouse, or co-head of household must presently be a full-time, duly licensed Police Officer who has been employed in said capacity for a period of at least six (6) months.

**CATEGORY F: APPLICANTS PAYING MORE THAN 50% OF INCOME FOR RENT**

**High rent**

The head or co-head of the household is the leaseholder of an apartment and has been living in the apartment for longer than six (6) months and is paying more than 50% of the family's current income for rent. Verification of this preference is rent receipts or information obtained from the landlord in the landlord report and verification of income.

**CATEGORY G: DISABLED VETERANS** *(conventional elderly/disabled housing only)*

**Disabled Veterans**

In accordance with section 45-25-18.10 of Rhode Island General Law, individuals who were disabled while serving in the military or naval service of the United States during any conflict or war, whether declared or undeclared, and who were honorably discharged will be given preference in housing designed for the elderly.

**I AM NOT ENTITLED TO ANY OF THE ABOVE LOCAL  
(NON-FEDERAL) PREFERENCES.**

\_\_\_\_\_  
**Signature of Applicant**

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

\_\_\_\_\_  
**Print Name of Applicant**

## ***10.1 PREFERENCE POINTS/ RANKING SYSTEM***

Applicants will be given a maximum of one (1) point for possessing any verified preference in category A, B, C, D, E and F.

Applicants will be given a maximum of four (4) points for possessing any verified preference in category G.

Therefore, the maximum number of points a household can possess in the conventional family housing program is six (6). The maximum number of preference points a household can possess in the conventional elderly/disabled program is eight (9).

For applicants with equal preference points, the date and time of application receipt and approval will be utilized to determine sequence on the waiting list.

The following will be removed from the list of preferences as of 2/07

**Homeless**

An individual or family who lacks fixed, regular, and adequate nighttime residence and has a primary nighttime residence that is: 1) a supervised public or privately operated shelter intended to provide temporary living accommodations (including welfare hotels, congregate shelters, and transitional housing); 2) an institution that provides temporary residence for individuals intended to be institutionalized (not jails or prisons); or 3) a public or private place not designated or normally used as a regular sleeping place for humans.

The following is being added to the preferences as of 2/07

**CATEGORY F: APPLICANTS PAYING MORE THAN 50% OF INCOME FOR RENT**

**High rent**

The head or co-head of the household is the leaseholder of an apartment and has been living in the apartment for longer than six (6) months and is paying more than 50% of the family's current income for rent. Verification of this preference is rent receipts or information obtained from the landlord in the landlord report and verification of income.