PRE-RENTAL APPLICATION FOR HOUSING

Dear Applicant,

Thank you for choosing our community.

Enclosed is the Pre-rental Application you requested for residency. To ensure a complete pre-rental application, please use this checklist to certify all appropriate documentation is sent.

- ☐ **Section 1 – Head of Household Information**
- ☐ **Section 2 – HUD and Project Eligibility**
- ☐ **Section 3 – Household Income Certification**
- ☐ **Section 4 – Household Asset and Real Estate Certification**
- ☐ **Section 5 – Household Composition**
- ☐ **Section 6 – Application Certification**

Additionally the following are mandatory for your application to be considered complete:

- ☐ A complete, **signed** supplement to application for Federally Assisted Housing **HUD Form 92006A (Head of Household Only)**
- ☐ A copy of each family member's or applicant's **Birth Certificate, Passport, or other approved citizenship status document**.
- ☐ A copy of each family member's or applicant's **Social Security Card.**
- ☐ A copy of driver's license or any other state or federal issued **Photo ID** for each family member or applicant, 18 years or older.

All Sections and Questions Must Be Fully Answered for Your Pre-Rental Application to Be Considered Complete. Failure to send all required information and fully complete the application will impede the processing of your pre-rental application. This pre-rental application packet may be mailed, electronically sent or hand delivered to the address listed above.

Please note as a pre-application, this application will be used to determine initial eligibility for the program. This application does not constitute an offer of an apartment. Once you have reached the top of the waiting list, you will be required to complete a full rental application to determine final eligibility for the program.

We will accept a pre-rental application for admission from any person or family. Pre-rental applications are available at the management office(s) at the address(es) listed above. All pre-rental applications must be completed in full. Pre-rental applications may be submitted in person, fax, email or by mail. Each applicant will receive a receipt, indicating the official date of Pre-Rental Application at the time a completed pre-rental application is submitted. You should keep this record in a safe place since it is your only proof of the date of your completed pre-rental application.

YOUR RESPONSIBILITY

It is your responsibility to keep us informed of any changes to your income or family composition which may affect your eligibility for admission.

In addition, it is your responsibility to inform us of any change in address and/or telephone number. This requirement is important because we will periodically update the waiting lists. If you do not respond to your update notice, you will be removed from the waiting list and you must reapply.

ALWAYS KEEP US INFORMED OF YOUR CURRENT ADDRESS AND PHONE NUMBER!!

CURRENT INCOME LIMITS										
FY 2025 Income Limit Area	**Median Family Income**	**FY 2025 Income Limit Category**	**Persons in Family**							
			1	***2***	***3***	***4***	***5***	***6***	***7***	***8***
Providence-Fall River, RI-MA HUD Metro FMR AREA	**$100,000**	**Very Low (50%) Income Limits**	$40,050	$45,750	$51,450	**$57,150**	$61,750	$66,300	$70,900	$75,450
		Extremely Low (30%) Income Limits	$24,050	$27,450	$30,900	**$34,300**	$37,650	$43,150	$48,650	$54,150
		Low (80%) Income Limits	$64,050	$73,200	$82,350	**$91,450**	$98,800	$106,100	$113,400	$120,750

Sincerely,

Picerne Real Estate Group

Picerne Real Estate Group – Subsidized Northeast Pre-Rental Application	
For Office Use Only	
Completed Pre-Rental Application Checklist ☐ Photo ID ☐ Social Security Card ☐ Birth Certificate/Passport/Citizenship Status Document ☐ Pre-Rental Application ☐ HUD-92006	**Date/Time Received Complete Application** **Manager Signature**

Pre-Rental Application Section 1 Head of Household Information

Any applicant, who purposefully falsifies, misrepresents or withholds any information related to program eligibility or submits inaccurate and/or incomplete information on this application or during the interview process may be rejected for housing. All questions must be answered; for those questions that do not apply, the applicant is required to indicate by answering "NA".

PLEASE CHOOSE WHICH COMMUNITY YOU ARE APPLYING FOR *If no community is checked, you will be automatically placed on all qualifying communities and unit types based on the property(s) Tenant Selection Plans*		
☐ **Wampanoag Village** 850 Warren Avenue, East Providence, RI 02915	***PLEASE CHOOSE ALL APARTMENT TYPE(s) APPLYING FOR*** ➡	☐ One-Bedroom ☐ Two-Bedroom ☐ Three-Bedroom

Applicant Name (First, Middle, Last Name)						
Social Security Number:	____/____/____	***If you have no social security number, you claim exempt because:***	☐ **You are an ineligible non-citizen** ☐ **You were 62 as of 1/31/2010 and receiving HUD Housing assistance as of 1/31/2010.**			
Present Street Address:						
Present City:						
Present Zip Code:						
Primary Phone Number:			☐ **Home**	☐ **Mobile**	☐ **Work**	☐ **Other**
Second Phone Number:			☐ **Home**	☐ **Mobile**	☐ **Work**	☐ **Other**
Email Address:						
Sex:	☐ **Male** ☐ **Female** ☐ **Declined To Report**	**Citizenship Status:**	☐ **United States Citizen** ☐ **Eligible Non-Citizen** ☐ **Ineligible Non-Citizen**			

APARTMENT SPECIAL FEATURES	
☐ Mobility Accessible Unit	☐ Hearing and Visually Accessible Unit
☐ Other Special Features: Please describe below:	

PETS & ASSISTANCE ANIMALS:		
Please review the current property pet/assistance animal rules. The presence of any animal must be approved before housing the animal in the unit. Restrictions apply.		
Do you plan to house an animal in the unit?	☐ **Yes**	☐ **No**
If you Answered "Yes" above, please complete below.		
Is this animal required to live in the unit to alleviate the symptom(s) of a disability for a household member?	☐ **Yes**	☐ **No**
Do you agree to comply with the Pet and/or Assistance Animal policy of the community?	☐ **Yes**	☐ **No**

Pre-Rental Application Section 2 HUD Regulations and Eligibility

The following information will be required by the federal government to monitor this owner's compliance with equal housing opportunity and fair housing laws. The law provides that an applicant may not be discriminated against on the basis of the information supplied below or whether or not the information is furnished.

All Sections and Questions Must Be Fully Answered for Your Pre-Rental Application to Be Considered Complete. Incomplete applications will be returned to the address on file in accordance with the Tenant Selection Plan.

Ethnic Categories (Select One)	☐ Hispanic or Latino ☐ Not Hispanic or Latino ☐ I Do Not Wish to Provide This Information
Racial Categories (Select All That Apply)	☐ American Indian or Alaska ☐ Native American ☐ Asian ☐ White ☐ Native Hawaiian or Other Pacific Islander ☐ Black or African American ☐ Other ☐ I Do Not Wish to Provide This Information

Pre-Rental Application Section 2A Project Requirements and House Rules

Have you ever been evicted from federally funded housing program for a lease violation including drug use or failure to report a crime?	☐ **Yes**	☐ **No**
If you answered **"Yes"** to the question above, please provide when: **Date:**		
Are you currently using any illegal controlled substances including marijuana for recreation or medicinal purposes?	☐ **Yes**	☐ **No**
Do you acknowledge that you are aware that the owner/agent has implemented a Smoke Free policy? This means that smoking is prohibited in the unit, on unit balconies and porches and in all indoor and outdoor common areas except clearly marked designated smoking 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 with Smoke Free policies as described in the House Rules will result in termination of tenancy (eviction)?	☐ **Yes**	☐ **No**
I understand that a copy of the tenant selection plan is available upon request.	☐ **Yes**	
I acknowledge that as part of this **Pre-Rental Application**, a background check is not performed, however all adult members of the household must meet the eligibility requirements included in the tenant selection plan?	☐ **Yes**	
I understand that as part of the ***Final Rental Application*** process, all adult household members will be required to complete a background check which will examine, but not limited to credit, rental history and criminal records. To be eligible for housing, all members must meet the eligibility criteria set forth in the tenant selection plan at time of final rental application. All background information being screened will be compliant with all federal fair housing laws and are performed by approved third party companies who are compliant with all screen requirements which may include the use of artificial intelligence in conducting the screening.	☐ **Yes**	

Have you been displaced from your current housing?	☐ **Yes**	☐ **No**
If you answered **"Yes"** to the question above, please answer the following:	☐ **Government Action** ☐ **Natural Disaster** ☐ **Private Action**	
Please describe your current housing status. **(Please choose one)**	☐ **Substandard** ☐ **Standard** ☐ **Conventional Public Housing** ☐ **Lacking a Fixed Nighttime Residence** ☐ **Fleeing/Attempting to Flee Violence**	

Pre-Rental Application Section 2B HUD Regulations and Eligibility

HUD Requires all applicants to list all states and you and all household members have resided lived in. *Please check all states that apply which includes the current state in which you reside.*

☐ AL	☐ CT	☐ IL	☐ ME	☐ MO	☐ NM	☐ OR	☐ TX	☐ WI
☐ AK	☐ DE	☐ IN	☐ MD	☐ MT	☐ NY	☐ PA	☐ UT	☐ WY
☐ AZ	☐ FL	☐ IA	☐ MA	☐ NE	☐ NC	☐ RI	☐ VT	
☐ AR	☐ GA	☐ KS	☐ MI	☐ NV	☐ ND	☐ SC	☐ VA	
☐ CA	☐ HI	☐ KY	☐ MN	☐ NH	☐ OH	☐ SD	☐ WA	☐ D.C.
☐ CO	☐ ID	☐ LA	☐ MS	☐ NJ	☐ OK	☐ TN	☐ WV	☐ P.R.

If the head-of household or co-head/spouse is not 62 or older, do you claim eligibility because the head-of-household or co-head/spouse is disabled? ***(Only applicable for elderly/disabled section 8 properties)***	☐ **Yes**	☐ **No**

Are You or Any Household Member Subject to The Lifetime Sex Offender Registry in Any State?	☐ **Yes**	☐ **No**

Pre-Rental Application Section 2C Student Eligibility

Are you or any adult member of your household a student at an institution of higher education as defined under Section 102 of the Higher Education Act of 1965 (20 U.S.C. 1002)?	☐ **Yes**	☐ **No**

If you answer "yes", complete the following questions below. If you answer "no", please continue to the next page in the application.

Are you a Full Time or Part Time Student?	☐ **Full-Time**	☐ **Part-Time**

Student status is a determining factor of final eligibility for admission. At time of final interview, all applicants will be required to disclose their student status to determine eligibility for housing assistance.

Pre-Rental Application Section 3 Household Income Certification
All questions must be answered. For questions answered "Yes", a monthly gross (before taxes or deductions) dollar amount must be included. For questions answered "No", the monthly amount should be left blank. Totals should be for all household members.

All Sections and Questions Must Be Fully Answered for Your Pre-Rental Application to Be Considered Complete. Incomplete applications will be returned to the address on file in accordance with the Tenant Selection Plan.

Income Type	*Answer Yes or No*		*Monthly Gross Amount*
Example Question 1	☒ *Yes*	☐ *No*	*$ 1,000*
Example Question 2	☐ *Yes*	☒ *No*	*$*

Social Security Income	*Answer Yes or No*		*Monthly Gross Amount*
I receive Social Security Retirement income. (SS or Dual Entitlement)	☐ *Yes*	☐ *No*	*$*
I receive Social Security Retirement income. (SS or Dual Entitlement)	☐ *Yes*	☐ *No*	*$*
I receive Social Security Disability income. (SSDI)	☐ *Yes*	☐ *No*	*$*
I receive Supplemental Security Income? (SSI)	☐ *Yes*	☐ *No*	*$*
I receive Supplemental Security Income? (SSI)	☐ *Yes*	☐ *No*	*$*
I receive unearned income on behalf family members aged 17 or under *(Example: Social Security)?*	☐ *Yes*	☐ *No*	*$*
I receive State Supplemental Security Income? (State SSI)	☐ *Yes*	☐ *No*	*$*
I receive quarterly payments from Family Independence Agency for the State-Paid portion of a SSI Grant?	☐ *Yes*	☐ *No*	*$*

Employment, Unemployment and Workman's Compensation Income	*Answer Yes or No*		*Monthly Gross Amount*
I receive unemployment benefits?	☐ *Yes*	☐ *No*	*$*
I have a job and receive money/wages, tips or bonuses?	☐ *Yes*	☐ *No*	*$*
I am self-employed.	☐ *Yes*	☐ *No*	*$*
I am an independent contractor performing work for nontraditional companies such Uber, Lyft, GrubHub, etc.?	☐ *Yes*	☐ *No*	*$*
I receive periodic payments from Workers' Compensation?	☐ *Yes*	☐ *No*	*$*

Retirement Income	*Answer Yes or No*		*Monthly Gross Amount*
I receive Railroad Retirement Income?	☐ *Yes*	☐ *No*	*$*
I receive periodic payments from retirement funds or pensions?	☐ *Yes*	☐ *No*	*$*

Public Assistance Income	*Check if Applicable*	*Monthly Gross Amount*
I receive Public Assistance? *(If yes, check all that apply)*	☐ *Food Stamps*	*$*
	☐ *Cash Assistance*	*$*
	☐ *WIC*	*$*
	☐ *TANF*	*$*

Military Income	*Answer Yes or No*		*Monthly Gross Amount*
I receive Veteran's Administration benefits?	☐ *Yes*	☐ *No*	$
I receive GI Bill benefits?	☐ *Yes*	☐ *No*	$
I receive military active-duty allotments?	☐ *Yes*	☐ *No*	$

Child Support/Foster/Adoption Assistance Income	*Answer Yes or No*		*Monthly Gross Amount*
I receive child support?	☐ *Yes*	☐ *No*	$
If you answer "yes" above, from how many orders for support do you receive?	***Enter Number of Orders Here:*** ➡		
If you answer "yes" above, Is the child support paid directly by FIA?	☐ *Yes*	☐ *No*	
I have been awarded a judgment for child support, but have not been receiving payments?	☐ *Yes*	☐ *No*	$
I anticipate or plan to take legal action on an unpaid child support claim within the next twelve months?	☐ *Yes*	☐ *No*	$
I receive foster parent assistance payments?	☐ *Yes*	☐ *No*	$
I receive adoption assistance payments?	☐ *Yes*	☐ *No*	$

Trust, Annuity, Inheritance and Insurance Income	*Answer Yes or No*		*Monthly Gross Amount*
I receive payments from a trust?	☐ *Yes*	☐ *No*	$
I receive payments from an annuity?	☐ *Yes*	☐ *No*	$
I receive payments from an inheritance?	☐ *Yes*	☐ *No*	$
I receive periodic payments from insurance policies?	☐ *Yes*	☐ *No*	$

Other Income Sources	*Answer Yes or No*		*Monthly Gross Amount*
I receive cash contributions on an on-going basis from persons not living with me?	☐ *Yes*	☐ *No*	$
I receive utility reimbursements to assist with utilities on a monthly basis not living with me?	☐ *Yes*	☐ *No*	$
I receive the following non-cash contributions to my household on a monthly basis such as food, clothing, etc.	☐ *Yes*	☐ *No*	$
I receive periodic payments from lottery winnings?	☐ *Yes*	☐ *No*	$
I receive income from rental property or real estate or personal property?	☐ *Yes*	☐ *No*	$
I have lump sum receipts or one-time receipts?	☐ *Yes*	☐ *No*	$
I am a member of an Indian Tribe receiving gaming payments?	☐ *Yes*	☐ *No*	$
I have income from sources other than those listed above. ***If "Yes", Please List Below***	☐ *Yes*	☐ *No*	$
1.			$
2.			$
3.			$

Pre-Rental Application Section 4 Asset Limit and Real Property Certification
All questions must be answered. For questions answered "Yes", the current balance or cash value must be completed. For questions answered "No", the monthly amount should be left blank. ***Totals should be for all household members.***

All Sections and Questions Must Be Fully Answered for Your Pre-Rental Application to Be Considered Complete. Incomplete applications will be returned to the address on file in accordance with the Tenant Selection Plan.

No Current Asset Certification	***Answer Yes or No***		
I/we do not have any assets at this time and certify if I/we receive social security benefits, I do not have Direct Express or other Debit Card program.	☐ ***Yes***	☐ ***No***	☐ ***Unsure***

*(If you answered **yes** above, skip to next page. If no or unsure, you **must** complete below)*

Banking Assets (A) ***(Total All Accounts Per Line Item)***	***Answer Yes or No***		***Interest Rate***	***Current Balance(s)***
I have a Checking or Money Market account(s)?	☐ *Yes*	☐ *No*	*%*	*$*
I have a Savings account(s)?	☐ *Yes*	☐ *No*	*%*	*$*
I have a Certificate of Deposit(s)? *(CD's)*	☐ *Yes*	☐ *No*	*%*	*$*
			Total Group (A)	*$*

Direct Express and Online Accounts (B)	***Answer Yes or No***		***Rate of Return***	***Current Balance***
I have a Direct Express or Other Prepaid Debit Card?	☐ *Yes*	☐ *No*	***0.00%***	*$*
I have a Crowd Funding Account? *(GoFundMe, Kickstarter)*	☐ *Yes*	☐ *No*	*%*	*$*
I have an online account such as PayPal, Venmo, CashApp?	☐ *Yes*	☐ *No*	*%*	*$*
			Total Group (B)	*$*

Retirement and Non-Retirement Investment Accounts (C) ***(Total All Accounts Per Line Item)***	***Answer Yes or No***		***Rate of Return***	***Current Balance(s)***
I have a 401K, 403B or Other Retirement Account(s)	☐ *Yes*	☐ *No*	*%*	*$*
I have Savings Bonds or other Bonds. *(Do not include baby bonds)*	☐ *Yes*	☐ *No*	*%*	*$*
I have Stocks?	☐ *Yes*	☐ *No*	*%*	*$*
I have Mutual Funds?	☐ *Yes*	☐ *No*	*%*	*$*
I have Treasury Bills?	☐ *Yes*	☐ *No*	*%*	*$*
I have an Annuity?	☐ *Yes*	☐ *No*	*%*	*$*
I have other Investments? *(Gold, Silver, etc.)*	☐ *Yes*	☐ *No*	*%*	*$*
I have Cryptocurrency? *(Bitcoin, Altcoin, Other Crypto Coin)*	☐ *Yes*	☐ *No*	*%*	*$*
			Total Group (C)	*$*

Trusts (D)	***Answer Yes or No***		***Current Trust Value***
I have a Revocable Trust or Special Needs Trust?	☐ *Yes*	☐ *No*	*$*
I have an Irrevocable Trust?	☐ *Yes*	☐ *No*	*$*
		Total Group (D)	*$*

Insurance and Other Assets (E)	*Answer Yes or No*		*Current Cash Value*
I have a Whole Life or Universal Life Insurance Policy? *(do not include Term policies)*	☐ *Yes*	☐ *No*	$
I have personal property held for investment purposes? ***(Examples: gem, jewelry, coin or stamp collection?***	☐ *Yes*	☐ *No*	$
I have cash held in the household/safety deposit box?	☐ *Yes*	☐ *No*	$
I have other assets not listed?	☐ *Yes*	☐ *No*	$
		Total Group (E)	$

The following questions relate to Real Estate. If you own real estate <u>and</u> have indicated above that you <u>do not have</u> any assets, you will be required to complete <u>all</u> asset questions on this page for your application to be considered complete.

Pre-Rental Application Section 4A Real Estate

Real Estate (F)	*Answer Yes or No*	
I own a home, dwelling or real estate that is suitable for occupancy? *(This includes but not limited Mobile Homes, Land and Rental Property)*	☐ *Yes*	☐ *No*

If you answered yes above, please complete **<u>all</u>** question *below.*

Please indicate the type of real estate owned?	☐ *Rental Property* ☐ *Single-Family Property* ☐ *Multi-Family Property*	☐ *Mortgage/Deed Trust* ☐ *Mobile Home* ☐ *Land*

Is the dwelling geographically located where it creates a hardship for the family?	☐ *Yes*	☐ *No*
Does the dwelling no longer meet the disability-related needs for all family members?	☐ *Yes*	☐ *No*
Is the dwelling insufficient in size for the family?	☐ *Yes*	☐ *No*
Is the physical condition of the dwelling unsafe to reside in?	☐ *Yes*	☐ *No*
Is the dwelling unsuitable for occupancy based on State or local law where the property is located?	☐ *Yes*	☐ *No*
What is the current cash value of the real property listed above? *(Cash value is the market value minus fees, debt, expenses and reasonable selling costs)* ***Total Group (F)***	$	

Pre-Rental Application Section 4B Disposed of Assets for Less Than Fair Market Value

During the previous two-year (24-month) period, I have disposed of assets for less than fair market value as indicated below: ***(G)*** *(Please Choose All That Apply)*	**Date Disposed**	**Amount**
☐ **None**		
☐ **Cash Contributions or Gifts** (to churches, charities, individuals, etc.)		$
☐ **Property Sold for less than fair market value** (property was given away or sold for substantially less than current real estate market value)		$
☐ **Trust/Savings/Investment Accounts opened for another person**		$
☐ **Transfer of assets for Free or for Less Than Fair Market Value.** (Example: giving a child stock or a mutual fund who does not live in the unit)		$
☐ **Other**		$
	Total Group (G)	$

Total Net Family Assets ***(Please total Current Cash Value of all assets above Indicated Above A Through G)***	**$**

Pre-Rental Application Section 5 Household Composition

Will any other person(s) be residing in the household with you?	☐ **Yes**	☐ **No**

If you answered "yes" above, please complete the following information for each additional member:
If you answered "No" the remainder of this page may be left blank and continue the application on the next page.

Additional Household Member 1

Name (First, Middle, Last Name)		**Citizenship Status**	☐ United States Citizen ☐ Eligible Non-Citizen ☐ Ineligible Non-Citizen	**Sex:**	☐ Male ☐ Female ☐ Declined to Report
Relationship to Head of Household: *Must Choose One*	☐ Spouse ☐ Co-Heads	☐ Dependent ☐ Foster Child/Adult	☐ Unborn Child ☐ Live-In Aide	☐ Other ☐ Not Applicable	
Social Security Number	/ /	***If you have no social security number, you claim exempt because:***	☐ You an ineligible non-citizen ☐ You were 62 as of 1/31/2010 and receiving HUD Housing assistance as of 1/31/2010.		

Additional Household Member 2

Name (First, Middle, Last Name)		**Citizenship Status**	☐ United States Citizen ☐ Eligible Non-Citizen ☐ Ineligible Non-Citizen	**Sex:**	☐ Male ☐ Female ☐ Declined to Report
Relationship to Head of Household: *Must Choose One*	☐ Spouse ☐ Co-Heads	☐ Dependent ☐ Foster Child/Adult	☐ Unborn Child ☐ Live-In Aide	☐ Other ☐ Not Applicable	
Social Security Number	/ /	***If you have no social security number, you claim exempt because:***	☐ You an ineligible non-citizen ☐ You were 62 as of 1/31/2010 and receiving HUD Housing assistance as of 1/31/2010.		

Additional Household Member 3

Name (First, Middle, Last Name)		**Citizenship Status**	☐ United States Citizen ☐ Eligible Non-Citizen ☐ Ineligible Non-Citizen	**Sex:**	☐ Male ☐ Female ☐ Declined to Report
Relationship to Head of Household: *Must Choose One*	☐ Spouse ☐ Co-Heads	☐ Dependent ☐ Foster Child/Adult	☐ Unborn Child ☐ Live-In Aide	☐ Other ☐ Not Applicable	
Social Security Number	/ /	***If you have no social security number, you claim exempt because:***	☐ You an ineligible non-citizen ☐ You were 62 as of 1/31/2010 and receiving HUD Housing assistance as of 1/31/2010.		

Additional Household Member 4

Name (First, Middle, Last Name)		**Citizenship Status**	☐ United States Citizen ☐ Eligible Non-Citizen ☐ Ineligible Non-Citizen	**Sex:**	☐ Male ☐ Female ☐ Declined to Report
Relationship to Head of Household: *Must Choose One*	☐ Spouse ☐ Co-Heads	☐ Dependent ☐ Foster Child/Adult	☐ Unborn Child ☐ Live-In Aide	☐ Other ☐ Not Applicable	
Social Security Number	/ /	***If you have no social security number, you claim exempt because:***	☐ You an ineligible non-citizen ☐ You were 62 as of 1/31/2010 and receiving HUD Housing assistance as of 1/31/2010.		

Additional Household Member 5

Name (First, Middle, Last Name)		**Citizenship Status**	☐ United States Citizen ☐ Eligible Non-Citizen ☐ Ineligible Non-Citizen	**Sex:**	☐ Male ☐ Female ☐ Declined to Report
Relationship to Head of Household: *Must Choose One*	☐ Spouse ☐ Co-Heads	☐ Dependent ☐ Foster Child/Adult	☐ Unborn Child ☐ Live-In Aide	☐ Other ☐ Not Applicable	
Social Security Number	/ /	***If you have no social security number, you claim exempt because:***	☐ You an ineligible non-citizen ☐ You were 62 as of 1/31/2010 and receiving HUD Housing assistance as of 1/31/2010.		

Pre-Rental Application Section 6 Household Certification

How did you hear about us?		☐ *I Do Not Wish to Provide this Information*

I have provided a copy of all household members **Social Security Cards, Photo ID's and Birth Certificates, Passport or other citizenship status document** with my application?	☐ Yes	☐ No
If you answered "No" above, please provide a reason why:		

I hereby certify that the information I have provided in this pre-rental application is true and accurate. I understand that: Any misrepresentation or false information will result in my pre-rental application being cancelled or denied, or in termination of housing assistance. This is a pre-rental application for project-based rental assistance through **Wampanoag Village** Apartments and its affiliates and is not an offer of housing. At the time I rise to the top of the waiting lists, I will be required to provide verification of the information I have provided here, in accordance with federal housing regulations, and **Wampanoag Village** Apartments policy. I understand my participation in the Section 8 housing program is subject to my being eligible and in compliance with HUD and **Wampanoag Village** Apartments; and that I will be subject to a credit and criminal history check.	☐ Yes	☐ No

HOTMA INCOME AND ASSST ACKNOWLEDGMENT	
On July 29, 2016, HOTMA was signed into law. HOTMA makes numerous amendments to Sections 3, 8, and 16 of the United States Housing Act of 1937(1937 Act), including significant changes to income calculation, net family assets, and income reviews. I understand that my pre-rental application and final rental application may be subject to future HOTMA income and asset limitations which may affect my eligibility for housing. ***Please Acknowledge and Initial***	☐ ***Yes*** **Initial: _____**

Head of Household Printed Name	**Head of Household Signature**	**Date**
Additional Household Member 1 Printed Name	**Additional Household Member 1 Signature**	**Date**
Additional Household Member 2 Printed Name	**Additional Household Member 2 Signature**	**Date**
Additional Household Member 3 Printed Name	**Additional Household Member 3 Signature**	**Date**
Additional Household Member 4 Printed Name	**Additional Household Member 4 Signature**	**Date**
Additional Household Member 5 Printed Name	**Additional Household Member 5 Signature**	**Date**

RIGHT TO REASONABLE ACCOMMODATION *The Agent for this property provides persons with disabilities the opportunity to request a reasonable accommodation in order to apply to and participate in such programs and activities. The Agent for this property will consider a reasonable accommodation, upon request, for qualified people with disabilities when an accommodation is necessary to ensure equal access to the development, its amenities, services and programs. Reasonable accommodations may include changes to the building, grounds, or an individual unit; changes to policies, practices, and procedures; and mitigating circumstances.*

LIMITED ENGLISH PROFICIENCY *The Agent provides people whose primary language is not English and as a result have limited English proficiency, the opportunity to request free language assistance in order to apply to or participate in its programs and activities.*

FAIR HOUSING/EQUAL OPPORTUNITY INFORMATION *The Agent for this property does not discriminate on the basis of race, color, religion, sex (including gender, gender identity, sexual orientation, and sexual harassment), familial status, disability or other basis prohibited by federal, state, or local law in the access or admission to its programs or employment or its programs, activities, functions or services.*

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, 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 purposes cited above. Any person who knowingly or willfully requests, 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, the PHA or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at 208 (a) (6), (7) and (8). Violation of these provisions are cited as violations of 42 U.S.C. 408 (a) (6), (7) and (8).

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**

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.