

New Canonchet Cliffs, LP
825 Main Street
Hope Valley, RI 02832

HOUSING CREDIT UNIT – RENTAL APPLICATION

The information collected below will be used to determine whether you qualify as a tenant. It will not be disclosed without your consent except to your employer or employers for verification of income and to financial institutions for verification of assets and as required and permitted by law. You do not have to provide the information, but if you do not your tenant application may be delayed or rejected.

1. Applicant Name		Soc. Sec. #		Home Phone
2. Present Street Address		City	State	Zip Code
3. Prior address (If at present address for less than 2 yrs.)		City	State	Zip Code
4. Name and Address of present employer			Type of business	Self employed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Business Phone Number	Position/Title	# of years on job		Years in this line of work
5. Name/address of previous employer (if at present position less than 2 yrs.)		# years previous employer		Business Phone

1. Co-Applicant's Name		Soc. Sec. #		Home Phone
2. Present Street Address		City	State	Zip Code
3. Prior address (If at present address for less than 2 yrs.)		City	State	Zip Code
4. Name and Address of employer			Type of business	Self employed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Business Phone Number	Position/Title	# of years on job		Years in this line of work
5. Name/address of previous employer (if at present position less than 2 yrs.)		# years previous employer		Business Phone

EDUCATION:	
Is anyone in your household currently enrolled either on a full or part-time basis in an accredited institution of higher education for any 5 months of the calendar year?	
<input type="checkbox"/> YES <input type="checkbox"/> NO If yes, please indicate the name(s) below:	

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ANNUAL INCOME: Include income from all sources for the next 12 months				
Source	Applicant	Co-Applicant	Other household member	Total
Social Security (Retirement or Disability)	\$	\$	\$	\$
SSI	\$	\$	\$	\$
DHS (Supplement)	\$	\$	\$	\$
Veterans Benefits	\$	\$	\$	\$
Unemployment	\$	\$	\$	\$
Alimony	\$	\$	\$	\$
Workers Compensation	\$	\$	\$	\$
TDI	\$	\$	\$	\$
Child Support	\$	\$	\$	\$
General Public Assistance (GPA)	\$	\$	\$	\$
Income from Business	\$	\$	\$	\$
Salary	\$	\$	\$	\$
Commission	\$	\$	\$	\$
Tips	\$	\$	\$	\$
Bonuses	\$	\$	\$	\$

Is anyone in your household receiving a pension?		YES		NO
If "YES" provide the following information:				
Name of person receiving pension:		Amount \$ _____/per month		
Pension Name:		Pension #		
Address:				
City:		State:		Zip Code:

ASSET INFORMATION				
Asset	Cash Value	Income from Asset	Bank Name	Account #
Checking Account	\$	\$		
	\$	\$		
Savings Account	\$	\$		
	\$	\$		
Stocks/Bonds	\$	\$		
	\$	\$		
Other	\$	\$		

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HOUSEHOLD COMPOSITION List all members who live in your home. Give the relationship of each family member to the head.					
Member #	Full Name	Relationship	Age and Birth date	Social Security #	Full-time Student (check one)
1		HEAD			<input type="checkbox"/> YES
			/ /		<input type="checkbox"/> NO
2					<input type="checkbox"/> YES
			/ /		<input type="checkbox"/> NO
3					<input type="checkbox"/> YES
			/ /		<input type="checkbox"/> NO

Does anyone live with you who is not listed above?	YES	NO
Does anyone plan to live with you in the future who is not listed above?	YES	NO
Does anyone planning to live with you require special accommodations?	YES	NO
If you answered "YES" to any of the above questions please explain:		

CERTIFICATION/CONSENT

I/We consent to the disclosure of income and financial information from my/our employer and financial references for the purposes of income and asset verification related to my/our application for tenancy. The information provided above is true to the best of my/our knowledge and belief.

Print Applicant Name

Applicant Signature

Date

Print Co-Applicant Name

Co-Applicant Signature

Date

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