** CANONCHET CLIFFS III**

EQUAL HOUSING OPPORTUNITY **807 Main Street**

**Hope Valley, RI 02832**

**(401) 539-8200**

**Canonchet Cliffs III is a NON-SMOKING Facility**

**Rental Application**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Date:** |  |  | **Applicant Phone#:** |  |  |
|  |  |  |
| **Applicant Name:** |  |  |
| **Street Address:** |  | **Apt/Fl:** |  |  |
| **City:** |  | **State:** |  | **Zip:** |  |  |
| **Mailing Address (if different than above):** |
| **Street Address:** |  | **Apt/Fl:** |  |  |
| **City:** |  | **State:** |  | **Zip:** |  |  |
|  |
| **Do you own a vehicle?** |  | **YES** |  | **NO** | **If yes, is the vehicle registered to you?** |  | **YES** |  | **NO** |  |
|  |
| **How did you hear about us?** |  |
|  |
|  |
| **Applying for:** |  | **1 BR** |  | **2 BR** |
|  |
|  |  | **Person displaced by public action** |
|  |  | **Person displaced by private action beyond their control** |
|  |  | **Person handicapped** |
|  |  | **Person living in sub-standard housing** |
|  |  | **Person living in overcrowded conditions** |
|  |  | **Person paying rent greatly in excess of their means** |
|  |  | **Person permanently disabled** |
|  |
| **Are you confined to a wheelchair?** |  | **YES** |  | **NO** |
| **Is there any reasonable accommodation request, relating to any disability, that you would like to bring to our attention? Please use the space provided below for your request.** |
|  |
|  |
| **1.** | **LIST ALL PERSONS WHO WILL OCCUPY THE APARTMENT:** |
| **Name:** | **DOB:** | **Age:** | **Social Security #:** | **Relationship:** | **Sex: M/F/Other/Do not wish to furnish** |
|  |  |  |  | **HEAD** |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

**Did anyone not disclose a social security number due to the fact that they do not contend eligible immigration status or they were 62 years or age or older and starting receiving subsidy as of 1/31//10? \_\_\_\_Yes \_\_\_No If yes, who? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| --- | --- |
| **2.** | **CURRENT ADDRESS INFORMATION:** |
| **Current Landlord Name:** |  |  | **Phone #:** |  |
| **Landlord Address:** |  |  |
| **City:** |  | **State:** |  | **Zip:** |  |
| **Time lived at current address:** | **From: (Mo./Yr.)** |  | **To: (Mo./Yr.)** |  |  |
|  | **Monthly Rent:**  | **$** |  |  |  |  |
|  |
| **3.** | **LIST LAST TWO PREVIOUS ADDRESSES:**  |
| **Previous Address #1:** |  | **Landlord Name:** |  |
| **City:** |  | **Landlord Address:** |  |
| **State:** |  | **Zip:** |  |  | **City:** |  | **State:** |  | **Zip:** |  |
|  |
| **Occupied from: (Mo./Yr.)** |  | **To: (Mo./Yr.)** |  | **Landlord Phone #:** |  |
| **Reason for leaving:** |  |
|  |
| **Previous Address #1:** |  | **Landlord Name:** |  |
| **City:** |  | **Landlord Address:** |  |
| **State:** |  | **Zip:** |  |  | **City:** |  | **State:** |  | **Zip:** |  |
|  |  |  |  |  |  |  |  |
| **Occupied from: (Mo./Yr.)** |  | **To: (Mo./Yr.)** |  | **Landlord Phone #:** |  |
| **Reason for leaving:** |  |
|  |  |  |  |
|  |
| **Are you currently employed?** |  | **YES** |  | **NO** |
|  |  |
| **4.** | **PRESENT EMPLOYMENT:** |
| **Name of Employer:** |  | **Employer Phone #:** |  |  |
| **Address:** |  |  |
| **City:** |  | **State:** |  | **Zip:** |  |  |
| **Length of Employment:** | **From: (Mo./Yr.)** |  | **To: (Mo./Yr.)** |  |  |
| **Annual wages:** | **$** |  |  |
|  |
| **5.** | **OTHER SOURCE OF INCOME:** |

|  |  |  |  |
| --- | --- | --- | --- |
| **Source** | **Applicant** | **Co-Applicant** | **Other household members**  |
| **Social Security (Retirement/Disability)** |  |  |  |
| **SSI** |  |  |  |
| **DHS Supplement** |  |  |  |
| **Veterans Benefits** |  |  |  |
| **Unemployment** |  |  |  |
| **Alimony** |  |  |  |
| **Workers Comp.** |  |  |  |
| **TDI** |  |  |  |
| **Child Support** |  |  |  |
| **General Public Assistance (GPA)** |  |  |  |
| **Income From Business** |  |  |  |
| **Other** |  |  |  |

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| **5.** | **OTHER SOURCE OF INCOME cont'd:** |

|  |
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|  |
| **Are you receiving a pension?**  |  | **YES** |  | **NO** | **If "YES" provide the following information:** |

|  |  |  |
| --- | --- | --- |
| **Name of person receiving:** |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Pension Name:** |  | **Pension #:** |  |
| **Address:** |  |  |
| **City:** |  | **State:** |  | **Zip:** |  |  |

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|  |
| **Pension Amount:** | **$** |  |  |
|  |  |
| **6.** | **BANK INFORMATION:** |
| **ACCOUNT:** | **BANK NAME** |  | **ACCOUNT #** | **AMOUNT** |
| **Savings:** |  |  | **$** |  |
|  |  | **$** |  |
|  |  |  |  |  |
| **Checking:** |  |  | **$** |  |
|  |  | **$** |  |
|  |  |  |  |  |
| **Stocks or Certificates:** |  |  |  | **$** |  |
|  |  | **$** |  |
|  |
| **Do you own Real Estate:** |  | **YES** |  | **NO** | **Approximate Value:** | **$** |  |
|  |  |  |  |  |  |  |  |
| **Is there a mortgage on the property?** |  | **YES** |  | **NO** | **If so, what is the payoff amount?** |  **$** |  |
| **Have you disposed of assets for less than fair market value within the last 2 years? Please check one.**  |
|  | **Yes** |  | **No** | **If yes, indicate type of asset:** |  |
|  |
|  |
| **Do you own a pet?** |  | **YES** |  | **NO** | **Kind:** |  | **Age:** |  | **Weight:** |  |
|  |
| **PET LEASE REQUIRED FOR DOGS AND CATS** **\*Please note\* Our current pet lease states that dogs must be no more than 25 lbs. in weight.** |
|  |
| **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?** |
|  |  | **YES** |  | **NO If yes, please indicate the name(s) below:** |
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| **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.** |
|  |
| **RACE/NATIONAL ORIGIN:** |
|  | **White** |  | **American Indian/Alaska Native** |  | **Black/African American** |
|  | **Hispanic/ Latino** |  | **Native Hawaiian/Other Pacific Islander** |  | **Other** |
|  | **I do not wish to furnish this information.** |
| **AN AGGRIEVED PERSON MAY FILE A COMPLAINT OF A HOUSING DISCRIMINATION ACT WITH:****U.S. Department of Housing and Urban Development****One Weybosset Hill****33 Broad Street, 4th Floor****Providence, RI 02903****Telephone: (401) 277-8300** |

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| --- |
| **Please note that this in no way insures occupancy. Additional information may be requested to complete processing of your application. Your signature gives written consent to the management to verify information in this application. Any false statement or misrepresentation on your application will affect approval of residency.** |

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| --- | --- | --- |
|  |  |  |
| **Print Name** |  |  |
|  |  |  |
| **Applicant Signature** |  | **Date** |
|  |
|  |  |  |
| **Print Name**  |  |  |
|  |  |  |
| **Co-Applicant Signature** |  | **Date** |

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