



## Residency Application: Income Restricted Unit Rental Application

Your information will not be disclosed without your consent. Verification of income, employment and assets are required and permitted by law. **Failure to complete the application in its entirety could result in a**

### SECTION 1: APPLICANT INFORMATION

|   |                    |  |
|---|--------------------|--|
| Name  |                    | Full Time Student<br>YES                      NO |
| Social Security Number                              | D.O.B (mm/dd/yyyy) | Gender   |
| Current Address                                     |                    | Years at Address                                 |
| City/ Town  | State              | Zip Code   |
| Mailing Address (If different then current address) |                    | Years at Address                                 |
| City/Town   | State              | Zip Code   |
| Phone#  |                    | Email Address                                    |

### SECTION 2: CO-APPLICANT INFORMATION

|  |                    |  |
|--|--------------------|--|
| Name   |                    | Full Time Student<br>YES                      NO |
| Social Security Number                                   | D.O.B (mm/dd/yyyy) | Gender   |
| Phone#   |                    | Email  |
| Prior Address (if at present location less than 2 years) |                    | Years at Address                                 |
| City/Town  | State              | Zip Code   |

**delay or rejection of this application. Please note N/A (not applicable) where necessary.**

### SECTION 3: CONTACT INFORMATION *The Applicant (listed in SECTION 1 & 2) gives Franklin Court Assisted Living authorization to contact the person(s) listed in this SECTION 3 for all matters related to their application.*

|                         |       |                           |
|-------------------------|-------|---------------------------|
| Name                    |       |                           |
| Current Mailing Address |       | Relationship to Applicant |
| City/Town               | State | Zip Code                  |
| Phone#                  | Work# | Email                     |



**SECTION 5: EMPLOYMENT INFORMATION**

|   |                     |                              |
|---|---------------------|------------------------------|
| Name of Employer  | Type of Business    | Self Employed<br>YES      NO |
| Address of Employer                                       |                     | Business phone number        |
| Position/Title  | No. of years at job | Years in this line of work   |
| Name of Previous Employer (if present is less than 2 yrs) | Type of Business    | Self Employed<br>YES      NO |
| Address of Employer                                       |                     | Business phone number        |
| Position/Title  | No. of years at job | Years in this line of work   |

**SECTION 6: ASSET INFORMATION**

| Assets                       | Cash Value | Income from Assets | Bank Name | Account Number |
|------------------------------|------------|--------------------|-----------|----------------|
| Checking Account             | \$         | \$                 |           |                |
|                              | \$         | \$                 |           |                |
| Savings Account              | \$         | \$                 |           |                |
|                              | \$         | \$                 |           |                |
|                              | \$         | \$                 |           |                |
|                              | \$         | \$                 |           |                |
| Stocks/<br>Bonds/CDs         | \$         | \$                 |           |                |
|                              | \$         | \$                 |           |                |
| Retirement &<br>Pension      | \$         | \$                 |           |                |
|                              | \$         | \$                 |           |                |
| Mortgages                    | \$         | \$                 |           |                |
|                              | \$         | \$                 |           |                |
| Trust Account                | \$         | \$                 |           |                |
| Life Insurance<br>Cash Value | \$         | \$                 |           |                |
| Mutual Funds                 | \$         | \$                 |           |                |
| Investment<br>Property       | \$         | \$                 |           |                |
| IRA/401K                     | \$         | \$                 |           |                |
| Other Assets                 | \$         | \$                 |           |                |

**SECTION 7: ASSET DISPOSITION**

Has the applicant (s) disposed of or given away any assets for less than fair market value within the last 2 years?  
YES \_\_\_\_\_ NO \_\_\_\_\_

Explanation:

\_\_\_\_\_

- 1. Do you currently live with anyone? YES  NO
- 2. Do you require special living accommodations? YES  NO

Additional information:

\_\_\_\_\_  
\_\_\_\_\_

**SECTION 8: CURRENT LIVING SITUATION**

- 1. Do you (the applicant) own or rent your home? Own  Rent  Other
- 2. If you own, is the house listed in your name? Yes  No  N/A
- 3. What type of home do you live in? Apartment  Single Family  Condo   
Multi-family  Other \_\_\_\_\_
- 4. Current monthly rental rate? \_\_\_\_\_/Month
- 5. Name of Landlord/Owner: \_\_\_\_\_ Telephone #: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

**SECTION 9: CRIMINAL HISTORY**

Do you have drug-related or criminal history? (Background checks are conducted)  YES  NO  
If so, please explain:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SECTION 10: AUTOMOBILE INFORMATION**

- 1. Do you own an automobile? YES  NO

If yes, please provide the: YEAR: \_\_\_\_\_ MAKE: \_\_\_\_\_ MODEL: \_\_\_\_\_

- 2. Do you drive regularly? YES  NO
- 3. Do you intend to maintain a car? YES  NO

**SECTION 11: SPECIAL REQUIREMENTS**

1. Are there any problems or concerns which our staff should be made aware of?

If so, please explain: \_\_\_\_\_

2. Are you in need of any special support in order to live in our community?

If so, please explain: \_\_\_\_\_

3. Do you require someone (friend/relative/other) to live with you at the present time?

If so, please explain: \_\_\_\_\_

4. Do you require someone (friend/relative/other) to visit you during the day?

If so, please explain: \_\_\_\_\_

**SECTION 12: OTHER ALTERNATIVES**

Are you considering any other housing alternatives? YES  NO

If so, which one(s)? \_\_\_\_\_

\_\_\_\_\_  
**SIGNATURE OF APPLICANT or POA**

\_\_\_\_\_  
**DATE**

**MEDICAL INFORMATION**

|                                     |                    |
|-------------------------------------|--------------------|
| Name                                | D.O.B (mm/dd/yyyy) |
| Primary Care Physician (PCP)        | Telephone #        |
| Date of Last Physical (mm/dd/yyyy)  |                    |
| Psychologist/Psychiatrist/Therapist | Telephone #        |
| Pulmonologist                       | Telephone #        |
| Endocrinologist                     | Telephone #        |
| Wound Care                          | Telephone #        |
| Other:                              | Telephone #        |

Please give a brief description of Medical History:

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Do you use Medical Equipment (i.e.: cane, walker, wheelchair, oxygen, CPAP machine):

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**MEDICATION DESCRIPTION**

| Medication Name | Dosage | Frequency | Reason |
|-----------------|--------|-----------|--------|
|                 |        |           |        |
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**INSURANCE INFORMATION**

Please list your medical insurance provider including primary, secondary and pharmacy coverage in the space Provided below:

Primary Insurance: \_\_\_\_\_

Secondary Insurance: \_\_\_\_\_

Pharmacy Coverage: \_\_\_\_\_

Long Term Care Insurance \_\_\_\_\_

**DAILY LIVING ASSESSMENT CHART**

In the box below, please use an “X” to indicate your level of ability in the following areas:

| Daily Task             | No Assistance | Some Assistance | Assistance Required |
|------------------------|---------------|-----------------|---------------------|
| Bathing                |               |                 |                     |
| Dressing               |               |                 |                     |
| Medications            |               |                 |                     |
| Injections/Insulin     |               |                 |                     |
| Walking with Device    |               |                 |                     |
| Fire Safety/Evacuation |               |                 |                     |
| Meal Preparation       |               |                 |                     |
| Laundry                |               |                 |                     |
| Housekeeping           |               |                 |                     |
| Budgeting              |               |                 |                     |
|                        |               |                 |                     |

**AUTHORIZATION FOR RELEASE OF INFORMATION**

I hereby authorize the release of any necessary medical information required to Franklin Court Assisted Living at 180 Franklin Street Bristol, RI 02809.

The medical information obtained will be used to determine eligibility and will be kept confidential and not released outside of this scope.

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

\_\_\_\_\_  
*Social Security Number*

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



**CERTIFICATION/CONSENT**

I understand that Franklin Court is relying on this information to support my household’s eligibility for the Housing Credit Program.

I consent to release the necessary information to determine my eligibility to the Contact person(s) listed in *Section 3* of this application

I consent to release the necessary information to determine my eligibility.

I authorize my consent to have management verify the information contained in this application for purposes of proving my eligibility for occupancy.

I will provide all necessary information including source names, addresses, phone numbers, account numbers, including income and assets verifications where applicable and any other information required for expediting this process.

I certify that all the provided answers and information are true and complete to the best of my knowledge.

I understand that providing false information or making false statements may be grounds for denial of my application.

I understand that such action may result in criminal penalties.

I understand that my occupancy is contingent on complying with management’s resident selection criteria and the Housing Credit Program requirements.

***All adult applicants, 18 or older, must sign application.***

\_\_\_\_\_  
*Applicant/Tenant*

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

\_\_\_\_\_  
*Co-Applicant/Tenant*

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

\_\_\_\_\_  
*Responsible Party*

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

**CONDITIONS**

I/We agree that a photocopy of this authorization may be used for the purpose stated above. The original of this authorization is on file and will stay in effect for one year and one month from the date signed.

I/We understand that I/we have a right to review this file and correct any information that is incorrect.





## Tenant/Application Release and Consent

I/We \_\_\_\_\_, the undersigned hereby authorize all persons or companies in the categories below to release without liability, information regarding employment, income and/or assets to **Franklin Court Assisted Living** for purposes of verifying information on my/our apartment rental application.

### TYPES OF INFORMATION

I/We understand that previous or current information regarding me/us may be needed. Verifications and inquiries that may be requested include, but are not limited to: personal identity, employment, income, and assets, as well as medical or child care allowances. I/We understand that this authorization cannot be used to obtain any information about me/us that is not pertinent to my eligibility for and continued participation as a qualified tenant.

### GROUPS OR INDIVIDUALS THAT MAY BE CONTACTED

The groups or individuals that may be asked to release the above information include, but are not limited to:

- Contact person(s) listed in *Section 3* of this application
- Past and present employers
- Welfare agencies
- Veterans Administration
- Previous landlords (including Public Housing Agencies)
- State unemployment agencies
- Banks/other financial institutions
- Medical providers
- Social Security Administration
- Retirement systems
- Support and alimony providers

### CONDITIONS

I/We agree that a photocopy of this authorization may be used for the purpose stated above. The original of this authorization is on file and will stay into effect for one year and one month from the date signed.

I/We understand that I/we have a right to review this file and correct any information that is incorrect.

|                                   |                          |                    |
|-----------------------------------|--------------------------|--------------------|
| <i><b>Applicant/Tenant</b></i>    | <i><b>Print Name</b></i> | <i><b>Date</b></i> |
| <i><b>Co-Applicant/Tenant</b></i> | <i><b>Print Name</b></i> | <i><b>Date</b></i> |
| <i><b>Responsible Party</b></i>   | <i><b>Print Name</b></i> | <i><b>Date</b></i> |

**\*NOTE:** This general consent may not be used to request a copy of a Tax Return. If a copy of a Tax Return is needed, IRS Form 4506, "Request for Copy of Tax Form," must be prepared and signed separately.



## Documents Required

### **These documents are required with the application submission to be placed on our waitlist:**

1. Completed application in its entirety – **No Blank Sections**
  - Complete any financial sections with “0” if it does not apply to the applicant
  - Any non-financial info that does not apply to the applicant please fill in N/A
2. Social Security Award Letter for the current year
3. Bank Statements – Checking, Savings, CD’s, stocks, bonds, annuities, private insurance, IRA, 401K, Mutual Funds, Mortgage/Reverse Mortgage Statements, etc.
4. Proof of Power of Attorney, Financial/Durable Power of Attorney for Healthcare, Guardianship Documents, Living Will if signing on behalf of applicant.
5. Copy of most recent tax returns if filed within the last 2 years (if applicable)

### **Other documents that are necessary prior to move-in:**

1. Application fee submitted in form of check made out for \$200.00 to Franklin Court Assisted Living
2. Provider Medical Statement Form (PM1) for Medicaid Waiver applicants or Physicians Clearance Packet for Tax Credit applicants
3. Copy of Picture ID, Driver’s License, State ID, Passport, Or Department of Defense ID Card
4. US Citizens: Copy of Birth Certificate; or Baptismal record before age 5 (if no birth certificate is available)
5. Non-US Citizens - Proof of Naturalization or legal residency status if not born a US citizen
6. Copy of all Health Insurance Cards -Medicare A/B/D and Medicaid Card
7. Copy of Social Security Card
8. Copy of life insurance policy/policies
9. Copy of funeral contract – (Must have an *irrevocable burial* contract to qualify for Medicaid waiver) If applicable

### **Documents required at the time of the Lease signing:**

1. Documentation providing proof that any belongings moving into Franklin Court Assisted Living have been examined and cleared of bed bugs and other infestations by a pest control company
2. A check or money order for the first month’s pro-rated rent payable to Franklin Court Assisted Living
3. A \$450.00 check or money order for Security Deposit payable to Franklin Court Assisted Living



## Application Criteria

Applications may be returned or rejected if:

- Application and supporting documentation are incomplete
- Drug-related or criminal activity, in accordance with the Tenants Selection Plan
- Misrepresentation of information on the rental application
- The facility is unable to meet the medical needs of the applicant

Applicants will be notified in writing with an explanation if the applicant is rejected.

Franklin Court Assisted Living is a smoke-free facility. Smoking of any kind, which includes but is not limited to, cigarettes, cigars, E-cigarettes, vaping, and any other smoking paraphernalia is prohibited throughout the facility and within 50 feet of the entire perimeter of the Franklin Court Assisted, Franklin Court Independent and East Bay Community Development Corp. property.

Franklin Court Assisted Living does not allow pets.