



Residency Application: Housing Credit Unit - Rental Application

The information collected below will be used to determine whether you qualify as a tenant. 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 delay or rejection of this application. Please note N/A (not applicable) where necessary.**

SECTION 1: APPLICANT INFORMATION

Name		Full Time Student	
		YES	NO
Social Security Number	D.O.B (mm/dd/yyyy)	Gender	
		MALE	FEMALE
Current Mailing Address		Years at Address	
City/ Town		State	Zip Code
Prior Address (if at present location less than 2 years)		Years at Address	
City/Town		State	Zip Code
Home #	Cell #	Work #	

SECTION 2: CO-APPLICANT INFORMATION

Name		Full Time Student	
		YES	NO
Social Security Number	D.O.B (mm/dd/yyyy)	Gender	
		MALE	FEMALE
Current Mailing Address		Years at Address	
City/ Town		State	Zip Code
Prior Address (if at present location less than 2 years)		Years at Address	
City/Town		State	Zip Code
Home #	Cell #	Work #	

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
Home #	Cell #	Work #

ADDITIONAL CONTACT INFORMATION (if different from above)

Name		
Current Mailing Address		Relationship to Applicant
City/Town	State	Zip Code
Home #	Cell #	Work #

SECTION 4: ANNUAL INCOME: Please include all anticipated income for the next 12 months below.

Source of Income	Applicant	Co-Applicant	Add'l Household Member	Total
Social Security				
SSI Benefits				
Pensions /Other Retirement				
Employment				
Commissions				
Gifts or Contributions				
Payment in Lieu of Earnings				
Bonuses				
Net Rental Income				
Interest / Dividends				
Net Income from a Business				
Unemployment Insurance				
Workers Compensation				
TDI - Temporary Disability Insurance				
Alimony				
TANF - Temporary Assistance to Needy Families				
GPA - General Public Assistance				
Child Support				
Other				

TOTAL ANNUAL INCOME:

SECTION 5: EMPLOYMENT INFORMATION

Name of Employer	Type of Business	Self Employed 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 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	\$	\$		
	\$	\$		
Credit Union	\$	\$		
	\$	\$		
Stocks/ Bonds/CDs	\$	\$		
	\$	\$		
Retirement & Pension	\$	\$		
	\$	\$		
Mortgages	\$	\$		
	\$	\$		
Trust Account	\$	\$		
Life Insurance	\$	\$		
Mutual Funds	\$	\$		
Investment Property	\$	\$		
IRA/401K	\$	\$		
Other Assets	\$	\$		

SECTION 7: ASSET DISPOSITION

Has any member of your household disposed of or given away any assets for less than fair market value within the last 2 years? YES _____ NO _____

If **YES**: Who is the Household Member(s): _____ Relationship: _____

Explanation:

1. Does anyone live with you who are not listed above? YES NO
2. Does anyone plan to live with you in the future who is not listed above? YES NO
3. Does anyone planning on living with you require special accommodations? YES NO
4. Is there any member of the household receiving income or assistance (monetary or not) From someone who is not a member of the household? YES NO

If you have answered **YES** to any of the above questions, please give a brief explanation below:

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

Have you ever been convicted of a felony? 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

DATE OF APPLICATION

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: _____

DAILY LIVING ASSESSMENT CHART

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

Daily Task	Independent	Some Assistance	Dependent
Meal Preparation			
Housekeeping			
Laundry			
Bathing			
Dressing			
Medications			
Walking			
Shopping			
Transportation			
Fire Safety			
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 and child care 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.

Applicant/Tenant

Print Name

Date

Co-Applicant/Tenant

Print Name

Date

Responsible Party

Print Name

Date

***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.

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