## **Blackstone Falls**

1485 High Street Central Falls, RI 02863

Tel: (401) 725-1188 Fax: (401) 726-8711 Email: manager@blackstonefalls.com

## **Blackstone Falls Application for Subsidized Housing**

We thank you for your application. Please help us promptly process this application by clearly completing all of the required information.

Date /Time of Application (Office Use Only)				
Apartment Size Preferred 1 Bedroom 2 Bedroom				
Handicapped Unit Required? YES NO				
Desired Occupancy Date				
How did you hear about Blackstone Falls Apartments?				
PERSONAL INFORMATION				
Applicant's Full Name (as it appears on your Social Security Card)				
Date of Birth				
Gender Male Female				
Is this household member disabled? YES NO				
Social Security #				
Driver's License # and State of issue				
Home Phone # Cell Phone #				
Optional Information: This information will be utilized for statistical purposes in fulfilling our Affirmative Fair Marketing Plan.				
Race				
American Indian or Alaska Native Asian Black or African American				
Native Hawaiian or Other Pacific Island White Other Did not specify				
Ethnicity				
Hispanic or Latino Did not specify				



	RESIDENCE HISTO	ORY	
PRESENT RESIDENCE ADDRESS			
City	_ State	Zip Code	
Please check one of the following	Rent	Own	
Length of Time at Present Address			
Present Landlord			
Landlord Telephone #			
Fax # (for purpose of sending out ver	ification)		
Amount of Monthly Rent or Mortgag	;e \$		
Reason for Moving			
DDENIANO DEGIDENCE ADDREGO			
PREVIOUS RESIDENCE ADDRESS			
City			
Please check one of the following		Own	
Length of Time at Previous Address			
Previous Landlord			
Landlord Telephone #			
Fax # (for purpose of sending out ver			
Amount of Monthly Rent or Mortgag	e \$		
Reason for Moving			
EMDI (	NAMENT/INCOME IN	CORMATION	
PRESENT STATUS: Employed Full	DYMENT/ INCOME INF l-Time Part-Time	Unemployed	
	Student	• •	
EMPLOYED BY:			
Position Held Department Supervisor's Telephone #			
•	•	ome \$ per	
ADDITIONAL OR PREVIOUS EMPL			
		Now Long:	
• •		partment	
	-	elephone #	
_	_	rome \$ per	
Jupervisor 8 rax. #	1 resent inc	.oπc φ per	

EMPLOYMENT/ INCOME INFORMATION (CONTINUED)					
OTHER INCOME (Social Security, S	SSI, Pensions	, VA Benefits,	Alimony, Wel	fare, Unempl	oyment,
Interest and/or Dividends, Etc.)					
Household Member	Туре		Amount		
			\$		_
			\$		_
					_
IF STUDENT, LIST SCHOOL					_
Address of School					
Are you a student enrolled					NO
Present Grade Level	Ex	pected Date of	f Graduation _		
		ASSETS			
BANK					
Branch Address and Telephone #					
Account #	Checking	Savings	Amount \$_		
Account #	Checking	Savings	Amount \$_		
BANK					
Branch Address and Telephone #					
Account #	Checking	Savings	Amount \$_		
Account #	Checking	Savings	Amount \$_		
OTHER ASSETS (Whole/Universal	Life Insurano	ce, Stocks, Bor	nds, Property, 1	Etc.)	
Name	_ Benefit Ty	pe		_Amount \$	
Name	_ Benefit Ty	pe		_ Amount \$	
Name	JameBenefit Type			_ Amount \$	
Name	_ Benefit Ty	pe		_Amount \$	
Name	_ Benefit Ty	pe		_ Amount \$	
Name		-			
Do you have any assets other than t	hose listed al	bove?	Y	ES	NO

ADDITIONAL HOUSEHOLD MEMBERS					
List all other household members who	o will occup	y the apartment (not inclu	ding Applica	int)	
Name Social Security #					
Date of Birth	_ Relationsh	ip to Applicant			
Is this household member disabled?	YES	NO			
Name		_ Social Security #			
Date of Birth	Relationsh	ip to Applicant			
Is this household member disabled?	YES	NO			
Name		_ Social Security #			
Date of Birth	_ Relationsh	ip to Applicant			
Is this household member disabled?	YES	NO			
Does anyone live with you who is not	listed above	e? Y	ES	NO	
Does anyone plan to live with you in	the future w	who is not listed above? Y	ES	NO	
Does anyone planning to live with you	u require sp	ecial accommodations? Y	ES	NO	
If you answered "YES" to any of the q	uestions ab	ove please explain:			
CREDIT REFERENCE		Account No			
Address					
CREDIT REFERENCE Account No					
Address					
CREDIT REFERENCE Account No					
Address					
PERSONAL REFERENCE		•	t		
Relationship to Applicant					
PERSONAL REFERENCE		Telephone #	t		
Relationship to Applicant					
PERSONAL REFERENCE Telephone #					
Relationship to Applicant					

ADDITIONAL INFORMATION				
Have you ever been evicted from an a	npartment?	YES	NO	
If yes, please explain the circumstance	es			
Have you ever been convicted of a cri	me?	YES	NO	
If yes, please explain				
Are you subject to a lifetime state sex (Failure to respond to this question may joint figure, please explain	eopardize the appro	oval of the application.)	YES NO	
Do you own pets? YES  If yes, please list number and type of yes.	NO pet			
NUMBER OF VEHICLES 1	2			
Make/Model	Year	Color		
License Plate #	State of Issue			
Make/Model	Year	Color		
License Plate #	State of Issue			
RESI	DENT SELECTION	ON GUIDELINES		
I have been given the opportunity to ask any question that pertains to the Resident Selection Guidelines. I am fully aware that Blackstone Falls will determine the final outcome of my application based on these guidelines. By signing below I/We certify that we have read and received a copy of the Blackstone falls Resident Selection Guidelines.				
Signature		Date		

Δ	רו ז	ГΗ	O	R	[7.A	TT	O	N
$\overline{}$	L J I		.,		<i></i>		.,	

## PLEASE READ CAREFULLY BEFORE SIGNING:

In considering this application from you, Management will rely heavily on the information which you have supplied. It is important that the information be accurate and complete. By signing this application, you represent the accuracy of the information, and you authorize Management to verify any information that you have included. In addition, you authorize Management the right to conduct a credit and criminal background check. Applicant will be rejected for either falsifying or misrepresenting any information on this application.

Signature	Date			
* All applicants over the age of 18 must fill out an application.				
	APPLICATION RECEIPT			
Applicant's Full Name				
Address of Applicant				
Official Date of Application _				
This acknowledges receipt from the	above named person of a completed application for admission to			
Blackstone Falls on the date specifie	d above. You will be notified of the preliminary decision regarding			
your eligibility for admission to this	project within Twenty (20) days of the official date of application			
listed above.				
Ву				
For: The Shoreline Corporation	on			
*** Please be sure to return this receip	ot with your application. We will send you a copy via mail for you to			

keep as your proof of application.