

Blackstone Falls
1485 High Street
Central Falls, RI 02863
Tel: (401) 728-1188 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	Not-Hispanic or Latino	Did not specify



Managed by The Shoreline Corporation

EMPLOYMENT/ INCOME INFORMATION (CONTINUED)

OTHER INCOME (Social Security, SSI, Pensions, VA Benefits, Alimony, Welfare, Unemployment, Interest and/or Dividends, Etc.)

Household Member	Type	Amount
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

IF STUDENT, LIST SCHOOL _____

Address of School _____

Are you a student enrolled in an institute of higher education? YES NO

Present Grade Level _____ Expected Date of 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 Insurance, Stocks, Bonds, Property, Etc.)

Name _____ Benefit Type _____ Amount \$ _____

Name _____ Benefit Type _____ Amount \$ _____

Name _____ Benefit Type _____ Amount \$ _____

Name _____ Benefit Type _____ Amount \$ _____

Name _____ Benefit Type _____ Amount \$ _____

Name _____ Benefit Type _____ Amount \$ _____

Do you have any assets other than those listed above? YES NO

ADDITIONAL HOUSEHOLD MEMBERS

List all other household members who will occupy the apartment (not including Applicant)

Name _____ Social Security # _____

Date of Birth _____ Relationship to Applicant _____

Is this household member disabled? YES NO

Name _____ Social Security # _____

Date of Birth _____ Relationship to Applicant _____

Is this household member disabled? YES NO

Name _____ Social Security # _____

Date of Birth _____ Relationship to Applicant _____

Is this household member disabled? YES 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 questions above please explain:

CREDIT AND PERSONAL REFERENCES

CREDIT REFERENCE _____ Account No. _____

Address _____

CREDIT REFERENCE _____ Account No. _____

Address _____

CREDIT REFERENCE _____ Account No. _____

Address _____

PERSONAL REFERENCE _____ Telephone # _____

Relationship to Applicant _____

PERSONAL REFERENCE _____ Telephone # _____

Relationship to Applicant _____

PERSONAL REFERENCE _____ Telephone # _____

Relationship to Applicant _____

AUTHORIZATION

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 specified 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.

By _____

For: The Shoreline Corporation

*** Please be sure to return this receipt with your application. We will send you a copy via mail for you to keep as your proof of application.