

WARREN HOUSING AUTHORITY

Public Housing Program Kickemuit Village



Thank you for your interest in Public Housing at Kickemuit Village. Warren Housing Authority's Public Housing Program is comprised of one housing site, Kickemuit Village, containing 153 units available to low-income households.

For more information including unit pictures, income limits and waitlist information, please visit our website at <https://www.warrenhousing.org/public-housing-program/>

Should you wish to apply for the Public Housing Program, please complete the enclosed application and return via the instructions on page one (1).

Carol A. Rabideau

Public Housing Coordinator

Email: crabideau@warrenhousing.org

Telephone: 401.245.7019 ext. 14

Fax: 401.245.1392

20 Libby Lane • Warren, RI 02885 • Phone: 401-245-7019 • Fax: 401-245-1392

WARREN HOUSING AUTHORITY

Public Housing
Kickemuit Village
20 Libby Lane
Warren, RI 02885

Pre-Application

Please read carefully. Incomplete applications will not be processed.

- I. To qualify for admission to public housing an applicant must:
 - o Meet the HUD requirements on citizenship and immigration status
 - o Income at the time of admission that cannot exceed limits established by HUD that are posted in PHA offices
 - o Provide documentation of Social Security numbers for all members of the household
- II. Complete applications will be entered on to the waiting list in the order they are received. The waiting list will then be sorted according to unit type and size and applicant admission preferences.
- III. Applications will be accepted by mail and document drop-box at the address above. Applications may also be emailed to **crabideau@warrenhousing.org**.
- IV. Applicants with disabilities may seek assistances with the completion of the applications at PHA's Admission and Occupancy Department at the above address.
- V. Be sure to include the name, social security number, date of birth, and all income for every family member who will live in the household.
- VI. Be sure to provide your complete address and telephone number so we may reach you to schedule an application interview.

The Warren Housing Authority is an Equal Housing Provider

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Pre-Application for Public Housing

Name of head of household: _____

Name of other adult in household: _____

Current address: _____

City: _____ State: _____ Zip: _____

Current Phone Number: _____

Please Print Clearly

First and Last Name	Date of Birth	Gender	Social Security Number	Relationship	Disabled	Birthplace
				HEAD		

For Statistical Purposes Only

Head of Household Race:

African American/Black ___

Asian/Pacific Islander ___

Native American ___

Caucasian/White ___

Head of Household Ethnicity:

Hispanic/Latino ___

Non-Hispanic/Latino ___

FAMILY INCOME INFORMATION:

Family Member Name	Income Source	Amount \$	Frequency - Per		
			<input type="checkbox"/> Week	<input type="checkbox"/> Month	<input type="checkbox"/> Year
			<input type="checkbox"/> Week	<input type="checkbox"/> Month	<input type="checkbox"/> Year
			<input type="checkbox"/> Week	<input type="checkbox"/> Month	<input type="checkbox"/> Year
			<input type="checkbox"/> Week	<input type="checkbox"/> Month	<input type="checkbox"/> Year
			<input type="checkbox"/> Week	<input type="checkbox"/> Month	<input type="checkbox"/> Year

Are either you or your spouse a Veteran? Yes No

If yes, please attach a copy of your discharge papers so that you may receive our Veteran Preference.

Is any adult family member employed? Yes No

If yes, name and phone number of employer: _____

Does any adult member of the household have checking/ savings accounts, C/ D's, stocks, bonds, etc.?

Yes No If yes, describe type of asset(s) _____

What is the market value of all assets? _____

Do you own any real estate? Yes No **If** yes, please list address

Address: _____ City: _____ State: _____

Have you sold any real estate within the last two years? Yes No if yes, please list address

Address: _____ City: _____ State: _____

CURRENT HOUSING INFORMATION:

Current Landlord: _____ Phone: _____

Address: _____ City: _____ State: _____

How long have you lived at this address? _____

SCREENING QUESTIONS:

A "yes" to any question will not necessarily disqualify you for admission.

Have you ever lived in Public Housing before? Yes No If yes, where?

Which Housing Authority? _____ PHA Phone Number: _____

Address: _____ City: _____ State: _____

Do you owe any money to any Housing Authority? Yes No

Have you or any adult member of your household ever been convicted of a crime other than a traffic

violation? Yes No if yes, please explain: _____

Is anyone in your household currently on parole or probation? Yes No if yes, please explain:

Driver's License or State ID#: _____

Automobile: Year: _____ Make: _____ Model: _____

I/we certify that the statements on this application are true to the best of my/our knowledge and believe and understand that they will be verified. I/we authorize the release of information to the Housing Authority by my/our employer(s), the Department of Public assistance, the Social Security Administration, and/or other business or government agencies. I/we understand that any false statement made on this application will cause me/us to be disqualified for admission.

Applicant Signature

Date

Co-applicant Signature

Date

Warning: 18 U.S.C. 1001 provides, among other things that whoever knowingly and willfully makes or uses a document or writing containing false, fictitious or fraudulent statement or entry in any matter within jurisdiction of an department or agency of the United States shall be fined not more than \$10,000 or imprisonment for not more than five years or both.

THIS SECTION APPLIES ONLY TO FAMILIES WHOSE HEAD OF HOUSEHOLD, SPOUSE OR CO-HEAD ARE ELDERLY OR DISABLED.

Please list two persons whom we may speak to on behalf of your housing application.

Name: _____ Relationship: _____

Telephone#: _____

Address : _____

Under what circumstance can we speak to them?

Name: _____ Relationship: _____

Telephone#: _____

Address: _____

Under what circumstance can we speak to them?

Optional and Supplemental Contact Information for HUD-Assisted Housing Applicants

SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING

This form is to be provided to each applicant for federally assisted housing

Instructions: Optional Contact Person or Organization: You have the right by law to include as part of your application for housing, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. **You may update, remove, or change the information you provide on this form at any time.** You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form.

Check this box if you choose not to provide the contact information.

Applicant Name:	
Mailing Address:	
Telephone No:	Cell Phone No:
Name of Additional Contact Person or Organization:	
Address:	
Telephone No:	Cell Phone No:
E-Mail Address (if applicable):	
Relationship to Applicant:	
Reason for Contact: (Check all that apply)	
<input type="checkbox"/> Emergency	<input type="checkbox"/> Assist with Recertification Process
<input type="checkbox"/> Unable to contact you	<input type="checkbox"/> Change in lease terms
<input type="checkbox"/> Termination of rental assistance	<input type="checkbox"/> Change in house rules
<input type="checkbox"/> Eviction from unit	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Late payment of rent	
Commitment of Housing Authority or Owner: If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.	
Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
Legal Notification: Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.	

Signature of Applicant

Date

The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). The public reporting burden is estimated at 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Section 644 of the Housing and Community Development Act of 1992 (42 U.S.C. 13604) imposed on HUD the obligation to require housing providers participating in HUD's assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend, or person associated with a social, health, advocacy, or similar organization. The objective of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any delivery of services or special care to the tenant and assist with resolving any tenancy issues arising during the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and maintained as confidential information. Providing the information is basic to the operations of the HUD Assisted-Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fraud, waste, and mismanagement. In accordance with the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless the collection displays a currently valid OMB control number.

Privacy Statement: Public Law 102-550, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions.