

APPLICATION FOR LEASE

Current Date		FOR OFFICE USE ONLY DATE ORIGINAL APPLICATION RECEIVED: TIME ORIGINAL APPLICATION RECEIVED: APARTMENT SIZE: RECEIVED BY:
Property Name	Sutterfield Apartments	
Address	12 South Ln	
City/State/Zip	Providence, RI 02904-2006	
Phone Number	(401) 274-7047	

Please note that all lines, questions or requests for information MUST be completed. This requires that you provide the relevant information requested, answer yes or no where applicable, or write "N/A" if the information requested does not apply to anyone in the Applicant Household listed.

I. APPLICANT

CO-APPLICANT

NAME: _____

LAST FIRST MI

SOCIAL SECURITY NO.: _____ - _____ - _____

ADDRESS: _____

CITY/STATE/ZIP: _____

HOME PHONE NUMBER: () _____

DRIVERS LICENSE NUMBER: _____

MAKE OF CAR & YEAR: _____

CAR LICENSE NO. _____

NAME: _____
LAST FIRST MI

SOCIAL SECURITY NO.: _____ - _____ - _____

ADDRESS: _____

CITY/STATE/ZIP: _____

HOME PHONE NUMBER: () _____

DRIVERS LICENSE NUMBER: _____

MAKE OF CAR & YEAR:

CAR LICENSE NO.

II. EMPLOYMENT

Check the one box on the left **that applies** to the status of employment. If currently unemployed, provide the most recent employer information.

APPLICANT:

- ☐ Full time
- ☐ Part time
- ☐ Unemployed

Name of Employer		
Full Street Address		
City	State	Zip

CO-APPLICANT:

- ☐ Full time
- ☐ Part time
- ☐ Unemployed

Name of Employer		
Full Street Address		
City	State	Zip

Supervisor	() Employer phone
Occupation	Length of Service
\$ Present Gross Pay	per Hour or Week or Month

Supervisor	() Employer phone
Occupation	Length of Service
\$	per
Present Gross Pay	Hour or Week or Month

III. CHILD CARE EXPENSE INFORMATION

Expenses may be deducted for the care of children under the age of 13 years when care is necessary to enable a family member to work, seek employment, or further his/her education (academic or vocational), the family has determined there is no adult member capable of providing care during the hours care is needed, the expenses are not paid to a family member living in the unit, the amount deducted reflects reasonable charges for child care and/or the expense is not reimbursed by an agency or individual outside the family. Further restrictions may apply.

NAME OF EACH DEPENDENT QUALIFYING:

CHILD CARE PROVIDER: _____

ADDRESS: STREET:

CITY: _____

STATE: _____ ZIP CODE: _____

PHONE NUMBER: ()

FAX: ()

AMOUNT PAID: \$ PER: ☒ WEEK ☐ MONTH

PER: ☐ WEEK ☐ MONTH

(Check the one that applies)



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IV. LIST EACH HOUSEHOLD MEMBER WHO WILL BE RESIDING IN APARTMENT

Please Note: Our policy prohibits anyone to move in to this community without going through the screening and verification process. Please be sure to report all household members and future household members in order to ensure the household is fully qualified.

FIRST NAME	MI	LAST NAME	ANY OTHER NAME (Maiden/Alias)	RELATIONSHIP TO HEAD OF HOUSEHOLD	SEX
1				Head of Household	☐ Male ☐ Female ☐ Not Specified
2					☐ Male ☐ Female ☐ Not Specified
3					☐ Male ☐ Female ☐ Not Specified
4					☐ Male ☐ Female ☐ Not Specified
5					☐ Male ☐ Female ☐ Not Specified
6					☐ Male ☐ Female ☐ Not Specified
7					☐ Male ☐ Female ☐ Not Specified
8					☐ Male ☐ Female ☐ Not Specified
9					☐ Male ☐ Female ☐ Not Specified
10					☐ Male ☐ Female ☐ Not Specified

PLACE AND DATE OF BIRTH					SOCIAL SECURITY NUMBER	STUDENT STATUS If yes, specify Full time or Part time.
CITY	STATE	MONTH	DAY	YEAR		
1A					____-____-____	☐ Yes ☐ Full time ☐ No ☐ Part time
2A					____-____-____	☐ Yes ☐ Full time ☐ No ☐ Part time
3A					____-____-____	☐ Yes ☐ Full time ☐ No ☐ Part time
4A					____-____-____	☐ Yes ☐ Full time ☐ No ☐ Part time
5A					____-____-____	☐ Yes ☐ Full time ☐ No ☐ Part time
6A					____-____-____	☐ Yes ☐ Full time ☐ No ☐ Part time
7A					____-____-____	☐ Yes ☐ Full time ☐ No ☐ Part time
8A					____-____-____	☐ Yes ☐ Full time ☐ No ☐ Part time
9A					____-____-____	☐ Yes ☐ Full time ☐ No ☐ Part time
10A					____-____-____	☐ Yes ☐ Full time ☐ No ☐ Part time

Are you enlisted in the U.S. Military or are you a veteran of the U.S. Military?	☐ Yes ☐ No
Are you currently homeless?	☐ Yes ☐ No
Were any household members age 62 or older, who did not have a SSN, and receiving HUD rental assistance as of 01/31/2010? If yes, specify which household members:	☐ Yes ☐ No



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V. ELDERLY, HANDICAPPED or DISABLED HOUSEHOLDS

Disclosure of the following information is voluntary and will be used for the purpose of verifying allowances against income in determining the resident's monthly housing charge. Medical expenses not reimbursed by Medicare or any other insurance are allowable deductions. Please note: Disability and/or Life Insurance Policy Expenses are not deductible.

List out-of-pocket medical expenses paid by you for which you are not reimbursed:

Medicare:	\$ _____	Describe: _____
Medical Insurance:	\$ _____	Describe: _____
Doctor Bills:	\$ _____	Describe: _____
Hospital Bills:	\$ _____	Describe: _____
Other Medical Expenses:	\$ _____	Describe: _____
	\$ _____	Describe: _____
	\$ _____	Describe: _____
	\$ _____	Describe: _____
	\$ _____	Describe: _____

VI. ASSET INFORMATION

CHECKING:

- ☐ Single
- ☐ Joint
- ☐ No Checking Account

Name of Bank or Credit Union

Full Street Address

City State Zip

ACCOUNT NUMBER: _____

CURRENT BALANCE: \$ _____

INTEREST BEARING ACCOUNT: ☐ Yes ☐ No

INTEREST AMOUNT: _____

SAVINGS:

- ☐ Single
- ☐ Joint
- ☐ No Savings Account

Name of Bank or Credit Union

Full Street Address

City State Zip

ACCOUNT NUMBER: _____

CURRENT BALANCE: \$ _____

INTEREST BEARING ACCOUNT: ☐ Yes ☐ No

INTEREST AMOUNT: _____

CERTIFICATE or MONEY MARKET:

- ☐ Single
- ☐ Joint
- ☐ No Certificate or Money Market Account

Name of Bank or Credit Union

Full Street Address

City State Zip

ACCOUNT NUMBER: _____

CURRENT BALANCE: \$ _____

INTEREST BEARING ACCOUNT: ☐ Yes ☐ No

INTEREST AMOUNT: _____

OTHER:

1. TRUST FUND?: ☐ Yes – PRINCIPAL VALUE: \$ _____ ☐ No Trust Fund
2. REAL ESTATE?: ☐ Yes – VALUE: \$ _____ ☐ No Real Estate
- JOINTLY OWNED BY: _____
3. STOCKS/ BONDS?: ☐ Yes – PROVIDE COMPANY NAME AND ADDRESS FOR EACH _____ ☐ No Stocks/ Bonds

4. Have you disposed of any assets (home, land, business, etc.) for less than fair market value within the last two years? ☐ Yes ☐ No

If yes, _____ asset was sold or transferred: _____ Type of Asset: _____

Your estimate of the market value of the asset: \$ _____ Amount Received: \$ _____



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VII. RENTAL AND/OR RESIDENTIAL HISTORY

Give complete six-year, consecutive history (with no time gaps) for all adult family members. To avoid any discrepancies, please be as accurate as possible. This information will be crossed matched with information in your credit file, state ID/license, tax forms, utility companies and property owners.

Current Landlord Name: _____	Is contact a relative? ☐ Yes ☐ No
Landlord address: _____	If yes, please explain: _____
Telephone Number: () _____	Rent per month: \$ _____
Rental address: _____	Move In Date: _____
Reason for Leaving: _____	Lease Expires: _____
	Notice Required: _____
	Notice Given: _____
Do you, or anyone in your household, currently have any outstanding overdue balances owed to this landlord? ☐ Yes ☐ No	
If yes, how much is the amount owed? \$ _____	
Is this landlord attempting to evict you or another person living with you? ☐ Yes ☐ No	

Previous Landlord Name: _____	Rent per month: \$ _____
Address: _____	Rented from _____ to _____
Telephone Number: () _____	Proper Notice Given: _____
	Deposit Returned: _____

Previous Landlord Name: _____	Rent per month: \$ _____
Address: _____	Rented from _____ to _____
Telephone Number: () _____	Proper Notice Given: _____
	Deposit Returned: _____

Previous Landlord Name: _____	Rent per month: \$ _____
Address: _____	Rented from _____ to _____
Telephone Number: () _____	Proper Notice Given: _____
	Deposit Returned: _____

Previous Landlord Name: _____	Rent per month: \$ _____
Address: _____	Rented from _____ to _____
Telephone Number: () _____	Proper Notice Given: _____
	Deposit Returned: _____

Please check yes or no to advise whether you are applying as a result of being displaced by government action or a presidentially declared disaster: ☐ Yes ☐ No

VIII. CREDIT INFORMATION

Creditor	Creditor Address	Current Balance	Account Number
		\$	
		\$	
		\$	



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IX. OTHER INCOME SOURCES

PLEASE RESPOND TO EACH LINE.

TYPE OF INCOME	SOURCE OF INCOME?	MONTHLY AMOUNT	CARE/ CLAIM NUMBER	NAME OF PERSON RECEIVING INCOME
Social Security	☐ Yes ☐ No	\$ _____	_____	_____
Supp. Security Income	☐ Yes ☐ No	\$ _____	_____	_____
Black Lung Benefits	☐ Yes ☐ No	\$ _____	_____	_____
Unemployment Comp	☐ Yes ☐ No	\$ _____	_____	_____
Disability Compensation	☐ Yes ☐ No	\$ _____	_____	_____
Military Wage/Allotment	☐ Yes ☐ No	\$ _____	_____	_____
National Guard	☐ Yes ☐ No	\$ _____	_____	_____
Pension/Retirement	☐ Yes ☐ No	\$ _____	_____	_____
Scholarship	☐ Yes ☐ No	\$ _____	_____	_____
Education Grant Type	☐ Yes ☐ No	\$ _____	_____	_____
Alimony	☐ Yes ☐ No	\$ _____	_____	_____
General Relief	☐ Yes ☐ No	\$ _____	_____	_____
ADC/ADFC	☐ Yes ☐ No	\$ _____	_____	_____
Child Support	☐ Yes ☐ No	\$ _____	_____	_____
Parental Support	☐ Yes ☐ No	\$ _____	_____	_____
Baby-Sitting	☐ Yes ☐ No	\$ _____	_____	_____
Lottery Winnings	☐ Yes ☐ No	\$ _____	_____	_____
Other:	☐ Yes ☐ No	\$ _____	_____	_____

X. CRIMINAL FELONY AND MISDEMEANER HISTORY

Have you, co-applicant, or any adult applicant included in this application, ever had a conviction of any of the following?

Answer "YES" to all that apply and the household member's name involved, and "NO" to those that do not apply: PLEASE RESPOND TO EACH LINE.

TYPE OF CHARGE	CONVICTED?	HOUSEHOLD MEMBER'S NAME INVOLVED
Theft	☐ Yes ☐ No	_____
Trespassing	☐ Yes ☐ No	_____
Drug Use	☐ Yes ☐ No	_____
Illegal Sale of Drug or Drug Paraphernalia	☐ Yes ☐ No	_____
Violent Acts to Persons or Property	☐ Yes ☐ No	_____
Burglary	☐ Yes ☐ No	_____
Criminal Mischief	☐ Yes ☐ No	_____
Drug Possession	☐ Yes ☐ No	_____
Sex Offense	☐ Yes ☐ No	_____
DUI	☐ Yes ☐ No	_____
Bad Checks	☐ Yes ☐ No	_____
Other:	☐ Yes ☐ No	_____

Are any household members listed on the application subject to a lifetime sex offender registration program in any state? ☐ Yes ☐ No

Circle Each State Household Members Have Ever Lived In:

Alabama	Alaska	Arizona	Arkansas	California	Colorado	Connecticut	Delaware	Florida	Georgia
Hawaii	Idaho	Illinois	Indiana	Iowa	Kansas	Kentucky	Louisiana	Maine	Maryland
Massachusetts	Michigan	Minnesota	Miss.	Missouri	Montana	Nebraska	Nevada	N. Hampshire	New Jersey
New Mexico	New York	N. Carolina	N. Dakota	Ohio	Oklahoma	Oregon	Pennsylvania	Rhode Island	S. Carolina
S. Dakota	Tennessee	Texas	Utah	Vermont	Virginia	Washington	W. Virginia	Wisconsin	Wyoming



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XI. CERTIFICATION OF APPLICANTS

VERY IMPORTANT - READ CAREFULLY

I/we certify the information given in this application [pages 1 through 6] is accurate and complete, and has been provided based on a complete review and understanding of the "Resident Selection Plan", the basis for determining eligibility. I/we further understand that any inaccuracies provided or information withheld may be the basis for immediate denial of my/our application by the Owner/Agent. I/we, by signature below, authorize the Owner/Agent to request a complete criminal, sex offender, credit, employment and landlord investigation through the use of an outside independent background service company to secure a written report of all information pertaining my/our application request. I/we understand that there will be no separate verification form used in the processing of this background check other than this application and the HUD Form 9887 & 9887A, as applicable. I/we further agree and understand that this application does not constitute any oral and/or written commitment on the part of the Owner/Agent. I/we understand the Owner/Agent will request only that information necessary to determine eligibility and/or level of assistance.

WARNING

Title 18, section 1001 of the U.S. Code states that a person is guilty of felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government, HUD, the PHA and any owner (or employee of HUD, the PHA or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on each individual verification form is restricted to the purposes cited above. Any person who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD, the PHA or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at 42 U.S.C. 208(f)(g) and (h). Violation of these provisions are cited as violations of 42 U.S.C. 408 (f), (g) and (h).

PLEASE BE FURTHER ADVISED

The Department of Housing & Urban Development and/or the Contract Administrator will compare the information applicant families supply with information federal, state and/or local agencies have on those same applicant families' income and household composition. Federal law prohibits the Landlord from discriminating against individuals with disabilities and/or handicaps. Each applicant is encouraged to make known accessibility needs and/or any reasonable accommodations necessary at initial application or as part of occupancy consideration. As required by Federal law, applicants must produce proof of their social security numbers. Individuals who have not been assigned a social security number are required to sign and date a certification stating that a social security number has not been assigned. This certification requires subsequent compliance should this apply.

Applicants on the waiting list will be reviewed and contacted by letter once annually to insure continued interest to remain on the waiting list and to update any changes to the original information supplied at the time of initial application. Failure to respond to this annual review will result in the applicant being removed as "inactive", requiring that applicant household to reapply. All inactive [including denied applications] will be held for three years as required by federal regulation.

How did you learn about this community? [Please check box or fill in information]:

☐ Newspaper ☐ Current Resident ☐ Property Signage/Drive by ☐ Yellow Pages/Phone Directory ☐ Internet/WEB Site

☐ Other: _____

SIGNATURES:

Signature of Applicant

Date

Signature of Co-Applicant

Date

Signature of Additional Adult Applicant

Date

Signature of Additional Adult Applicant

Date



Supplemental and Optional 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.

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) <table border="0"> <tr> <td>☐ Emergency</td> <td>☐ Assist with Recertification Process</td> </tr> <tr> <td>☐ Unable to contact you</td> <td>☐ Change in lease terms</td> </tr> <tr> <td>☐ Termination of rental assistance</td> <td>☐ Change in house rules</td> </tr> <tr> <td>☐ Eviction from unit</td> <td>☐ Other: _____</td> </tr> <tr> <td>☐ Late payment of rent</td> <td></td> </tr> </table>		☐ Emergency	☐ Assist with Recertification Process	☐ Unable to contact you	☐ Change in lease terms	☐ Termination of rental assistance	☐ Change in house rules	☐ Eviction from unit	☐ Other: _____	☐ Late payment of rent	
☐ Emergency	☐ Assist with Recertification Process										
☐ Unable to contact you	☐ Change in lease terms										
☐ Termination of rental assistance	☐ Change in house rules										
☐ Eviction from unit	☐ Other: _____										
☐ 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.											

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

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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.

Form HUD- 92006 (05/09)