



City of East Providence
**HOUSING ASSISTANCE PROGRAM
 APPLICATION**

App rec: _____

The information requested in this form is used by the Community Development Office to document your eligibility to participate in the Housing Assistance Program, and in the monitoring of program funds. It will not be disclosed outside of our requirements to determine your eligibility.

Certain information (i.e. marital status, race, sex, etc.) is requested solely for the purpose of determining compliance with federal Civil Rights Law. Your response will not affect consideration of your application. The personal information is used for statistical purposes only.

APPLICATION SHOULD BE SIGNED AND DATED ON PAGE 4.

PROPERTY ADDRESS:		Year:	#UNITS:
APPLICANT:		Email:	
Street:		City:	Zip:
Phone:		Alt. Phone:	
Marital Status:	<input type="checkbox"/> Married	<input type="checkbox"/> Divorced	<input type="checkbox"/> Widowed <input type="checkbox"/> Single
Race/Ethnicity:	<input type="checkbox"/> White	<input type="checkbox"/> Black	<input type="checkbox"/> Portuguese <input type="checkbox"/> Cape Verdean
<i>Check all that apply</i>	<input type="checkbox"/> Asian	<input type="checkbox"/> American Indian	<input type="checkbox"/> Hispanic <input type="checkbox"/> Other:
Female-Headed Household	<input type="checkbox"/> Yes <input type="checkbox"/> No	Elderly (over 62)	<input type="checkbox"/> Yes <input type="checkbox"/> No
CO-APPLICANT:		Email:	
Street:		City:	Zip:
Phone:		Alt. Phone:	
Number of people in household:	Number of children under 6 yrs. of age or visiting regularly (at least 14 times per year):		
Single Family Household Members (list all additional non-applicant members)			
Name:	Age:	Name:	Age:
Name:	Age:	Name:	Age:

Multi-Family/Rental Property Information (a *Tenant Information Form* must be completed for each unit)

Is the property rented? <input type="checkbox"/> Yes <input type="checkbox"/> No		Owner-Occupied? <input type="checkbox"/> Yes <input type="checkbox"/> No	Total # of units:
Unit #:	Resident Name:		Phone:
Unit #:	Resident Name:		Phone:
Unit #:	Resident Name:		Phone:

HOUSEHOLD INCOME INFORMATION

Household Member Name:	
Currently Employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, Employer:
Employer Address:	
Employer Phone:	Position:
Years Employed:	Gross Monthly Income:
Average Overtime Earnings:	Part Time/Seasonal Employment:
If Not Employed, please provide previous Employer Name:	
Employer Address:	
Employer Phone:	Position:
Years Employed:	Gross Monthly Income:
Average Overtime Earnings:	Part Time/Seasonal Employment:
Other Monthly Income	
Social Security Benefits:	Retirement/Pension Income:
Child Support/Alimony:	Other:

HOUSEHOLD INCOME INFORMATION, cont.

Household Member Name:	
Currently Employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, Employer:
Employer Address:	
Employer Phone:	Position:
Years Employed:	Gross Monthly Income:
Average Overtime Earnings:	Part Time/Seasonal Employment:
If Not Employed, please provide previous Employer Name:	Employer Address:
Employer Phone:	Position:
Years Employed:	Gross Monthly Income:
Average Overtime Earnings:	Part Time/Seasonal Employment:
Other Monthly Income	
Social Security Benefits:	Retirement/Pension Income:
Child Support/Alimony:	Other:

Household Member Name:	
Currently Employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, Employer:
Current or Previous Employer Address:	
Current or Previous Employer Phone:	Position:
Years Employed:	Gross Monthly Income:
Average Overtime Earnings:	Part Time/Seasonal Employment:
If Not Employed, please provide previous Employer Name:	Employer Address:
Employer Phone:	Position:
Years Employed:	Gross Monthly Income:
Average Overtime Earnings:	Part Time/Seasonal Employment:
Other Monthly Income	
Social Security Benefits:	Retirement/Pension Income:
Child Support/Alimony:	Other:

Household Member Name:	
Currently Employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, Employer:
Current or Previous Employer Address:	
Current or Previous Employer Phone:	Position:
Years Employed:	Gross Monthly Income:
Average Overtime Earnings:	Part Time/Seasonal Employment:
If Not Employed, please provide previous Employer Name:	Employer Address:
Employer Phone:	Position:
Years Employed:	Gross Monthly Income:
Average Overtime Earnings:	Part Time/Seasonal Employment:
Other Monthly Income	
Social Security Benefits:	Retirement/Pension Income:
Child Support/Alimony:	Other:

BANK ACCOUNT INFORMATION

Type of Account	Balance	Institution
Savings	\$	
Checking	\$	
Other:	\$	

DEBTS AND OBLIGATIONS

HOME MORTGAGE: Current residence	
Balance Owed:	Monthly Payment:
Yearly Taxes:	Yearly Insurance:
Mortgage Company/Bank:	

If you own other properties, please list on a separate sheet of paper the above mortgage information for each.

CREDIT CARDS OR OTHER INSTALLMENT ACCOUNTS	
Description	Monthly Payment

ADDITIONAL ASSETS

Please list any additional assets owed, i.e. 2 nd house, an investment, gems, jewelry, coin collections, antique cars, etc.

DESCRIPTION OF FINANCIAL HARDSHIP DIRECTLY DUE TO COVID-19

APPLICANT'S CERTIFICATION

IMPORTANT: Applicant please read before signing.

I/We understand that if any statement contained in this application is intentionally not true or correct, I/We may be subject to criminal prosecution or, as applicable, my/our application may be denied.

I/We **HEREBY** certify under penalty of perjury that all information in this application is true and accurate to the best of my/our knowledge and belief.

Applicant's Signature

Co-Applicant Signature

Date

Office Use Only:

1. Household with child under the age of 6 with elevated blood level and living in target area YES _____

2. Property built before 1940 YES _____

3. Property with moderate-severe interior or exterior deterioration YES _____

Household Size _____ Total Income _____ HUD Income Limit _____

Rental Property:

Tenant 1: Family Size _____ Total Income _____ HUD Income Limit _____

Tenant 2: Family Size _____ Total Income _____ HUD Income Limit _____

Tenant 3: Family Size _____ Total Income _____ HUD Income Limit _____

INCOME ELIGIBLE: YES _____ NO _____

City of East Providence
HOUSING ASSISTANCE PROGRAM
APPLICATION CHECKLIST

Tenants

Required Documents as applicable for each adult (excludes full-time students)

- Proof of Income – 2 recent pay stubs, self-employment income statement, and/or statements of gross income received such as: Unemployment, Social Security, Pension, Veteran’s Administration, Worker’s Compensation, Child Support/Alimony, Foster Care, etc. _____
- A current lease agreement or other documentation of rent payment amount _____
- Proof of residency, such as a recent utility bill _____
- Copy of most recent checking and savings account statements _____
- Copy of driver’s license or photo ID _____
- Copy of eviction complaint/notice and/or summons _____
- Certification of Need Form signed and dated _____

Landlords/Owners

Required Documents as applicable for each adult (excludes full-time students)

- Proof of Income- 2 recent pay stubs, self-employment income statement, and/or statements of gross income received such as: Unemployment, Social Security, Pension, Veteran’s Administration, Worker’s Compensation, Child Support/Alimony, Foster Care, etc. _____
- Completed W-9 form or 2019 Federal Tax Return _____
- Evidence of rent owed, such as demand notices, bank statements, property management reports, or other written correspondence _____
- Copy of most recent mortgage statement _____
- Copy of driver’s license or photo ID _____
- Copy of current lease agreement _____
- Copy of foreclosure notice and/or summons _____
- Tenant Information/Agreement Form, signed, dated, and returned by each tenant _____
- Certification of Need Form signed and dated _____

**Please submit this application along with
copies of the above documents to:**

**City of East Providence
Community Development
145 Taunton Avenue
East Providence, RI 02914**

Please email jcollins@eastprovidenceri.gov or call (401) 435-7536 for further assistance