



Dear Applicant:

Thank you for your interest in our community. We hope that you will find our community a place that you will call home.

Enclosed please find the Rental Application and Release & Consent forms to be completed and signed.

As you complete the application packet, please remember to follow these general instructions:

- **ALL** lines and sections must be completed. If the section does not apply to you, please mark it with N/A (not applicable). Do not leave it blank as we will deem the application to be incomplete.
- **NO** Whiteout is to be used. Simply cross out any mistakes and initial beside them.
- **ALL** income and assets must be listed for all household members, regardless of age.

If you have any questions while completing the application and attached forms, please feel free to contact the management office at (401) 272-5638 Monday through Friday, between 9:00 a.m. and 5:00 p.m. Thank you again for your interest in our community.

Sincerely,

First Realty Management

Susan Ramos
Property Manager

First Realty's 504 Coordinator coordinates First Realty's compliance with all nondiscrimination requirements, including Section 504. Contact the Coordinator with any questions or concerns relating to First Realty Properties: Phone #617-423-7000 / TTY/TRS Relay #711 or 151 Tremont St, PH #1, Boston, MA, 02111.

First Realty Management does not discriminate on the basis of race, color, religion, sex, national origin, familial status, disability, or any other protected class. Furthermore, First Realty does not discriminate based on any of the following additional factors: age, ancestry, marital status, sexual orientation, gender identity, genetic information, being a veteran or member of the Armed Forces, or receiving welfare, housing subsidies or other governmental benefits.



This is an important document. Please contact the management office for free language assistance.
 Este es un documento importante. Por favor, póngase en contacto con la oficina de manejo para recibir asistencia lingüística gratis.

The use of white out, black out, or alterations of original information will void this application. Please answer all questions.
The application will be considered incomplete if all questions are not answered.

Application may be submitted in person, by mail, or by fax to:

How did you hear about us? _____

First Realty Management

70 Westfield Street
 Providence, RI 02907
 Ph: (401) 272-5638 (TTY/TRS Relay: #711)
 Fax: (401) 272-5645

Reviewed & Accepted by:	Date & Time Received: (must be stamped)

Bedroom size desired: Studio One Two Three Four
 Is the head, co-head or spouse of this household handicapped or disabled? Yes No

The following questions are asked solely to assist applicants with disabilities who may need an accommodation under Section 504. Answering these questions is optional. Information provided regarding a S.504 accommodation request will be kept confidential and used exclusively for this purpose.

- Does any household member require alternative ways to communicate with us (e.g., TTY/TRS Relay: #711) during the application process? YES NO If yes, please provide a written or verbal explanation.
- Does any household member have an accessibility or reasonable accommodation request that we should be made aware of (e.g. wheelchair accessibility, visual aids (Braille) or apparatus for hearing assistance)? YES NO If yes, please provide a written or verbal explanation.

Do you receive Federal or State Rental Assistance? Yes No If yes, please identify the agency _____
 Approved Unit Size _____ Current Approved Voucher Amount \$ _____

This household is listed with _____ as Head of Household (First, Middle Initial, Last)

Present address: _____ Apt: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Email Address: _____

HEAD OF HOUSEHOLD (Applicant):

Full Name							<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Part time
	First	M.I.	Last	Social Security #	Birth date	Age	Student?	<input type="checkbox"/> Full time

CO-APPLICANT:

							<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Part time
Relationship	First	M.I.	Last	Social Security #	Birth date	Age	Student?	<input type="checkbox"/> Full time

OTHER OCCUPANTS:

							<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Part time
Relationship	First	M.I.	Last	Social Security #	Birth date	Age	Student?	<input type="checkbox"/> Full time
							<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Part time
Relationship	First	M.I.	Last	Social Security #	Birth date	Age	Student?	<input type="checkbox"/> Full time
							<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Part time
Relationship	First	M.I.	Last	Social Security #	Birth date	Age	Student?	<input type="checkbox"/> Full time
							<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Part time
Relationship	First	M.I.	Last	Social Security #	Birth date	Age	Student?	<input type="checkbox"/> Full time

Have there been (or do you anticipate) any changes in household composition in the past twelve months? Yes No

If yes, please explain: _____



Present Landlord: _____ Phone: _____
 Address: _____ Fax: _____
 How long have you lived there? _____ Monthly Rent: _____
 Do you have a financial interest in the property? Yes No
 Check utilities paid by you: Heat Electricity Gas Other _____ Average Monthly Cost: _____

Previous address: _____ Apt: _____
 City: _____ State: _____ Zip: _____
Previous Landlord: _____ Phone: _____
 Landlord's Address: _____ Fax: _____
 How long did you live there? _____ Monthly Rent: _____
 Do you have a financial interest in the property? Yes No
 Check utilities paid by you: Heat Electricity Gas Other _____ Average Monthly Cost: _____

EMPLOYMENT DATA for all Household Members:

Person Employed: _____ Phone: _____
 Current Employer: _____ Fax: _____
 Address: _____
 Length of employment: _____ **Gross** monthly wage \$ _____

Person Employed: _____ Phone: _____
 Address: _____
 Length of employment: _____ **Gross** monthly wage \$ _____

Person Employed: _____ Phone: _____
 Current Employer: _____ Fax: _____
 Address: _____
 Length of employment: _____ **Gross** monthly wage \$ _____

OTHER SOURCES OF INCOME for all Household Members (please list household recipient and GROSS monthly amount being received):

Income Source	Yes	No	Gross Monthly Amount Received	Household Member(s) Name
Social Security (SS)? (<i>ONLY list SS amount here</i>)			\$	
SSI/SSDI? (<i>ONLY list SSI/SSDI amount here</i>)			\$	
SS State Supplement? (<i>Only list State Supplement amount</i>)			\$	
Pension/Annuity?			\$	
Short Term/Long Term Disability?			\$	
Veterans Benefits?			\$	
Welfare/TANF/Public Assistance			\$	
Adoption Subsidy?			\$	
Do you have a court order to receive Alimony?				
Do you have another agreement to Receive Alimony?				
Do you receive Alimony?			\$	
Do you have a court order to receive Child Support?			\$	
Do you have another agreement to receive Child Support?			\$	
Do you receive Child Support?			\$	
Unemployment or Worker's Compensation?			\$	
Contributions to the Household (Monetary or Not)?			\$	
Net Income from Business?			\$	
Military Pay?			\$	
Other Income?			\$	
Grants, Scholarships or other type of Financial Aid?*			\$	
Are any of the incomes listed above paid through a Debit Card? i.e. SS,SSI- Direct Express Debit Card			\$	

*The treatment of financial assistance is dependent on whether the student is receiving Section 8 assistance. If the:



- **Student is receiving Section 8 assistance**, all financial assistance received **in excess of tuition and any other required fees and charges** is included in income, unless the student is over the age of 23 with dependent children, or the student is living with his/her parents who are applying for or receiving Section 8 assistance.
- **Student is not receiving Section 8 assistance**, all forms of financial assistance, no matter how it is used, are **excluded** from annual income. It does not matter whether the assistance is paid to the student or directly to the educational institution.

Do you file tax returns? Yes No

What was the total household gross income from the **previous** year? _____

If this differs from the **current** year, please explain. _____

Do you anticipate any changes in this income in the next 12 months? Yes No

If Yes, please explain: _____

Is any member of the household likely to receive income or assistance from someone who is not a member of the household as listed on page 1? Yes No

If Yes, please explain: _____

ASSETS for all Household Members:

Checking Accounts

Household Member	Financial Institution	Account Number	Balance

Savings Accounts

Household Member	Financial Institution	Account Number	Balance

Certificates of Deposit, Stocks, Bonds, Mutual Funds, Trust Funds, Whole Life Insurance, 401K, Retirement Fund

Type of Account	Value	Annual Income

Real Estate Income/Mobile Homes:

Do you own or have any financial interest in any Real Estate? Yes No

Description/Address: _____

Estimated Value: _____ Balance Due on Mortgage: _____

Does anyone hold any personal property as an investment (antique cars, jewelry, coins, etc.?) Yes No

If Yes, please explain: _____

Other Current Assets (Cash, etc.)? Yes No

If Yes, please explain: _____

During the past 2 years, have you given away more than \$1000 or disposed of other assets for less than fair market value?

Yes No If Yes, please explain: _____

Does any member of the household have an asset(s) owned jointly with a person who is not a member of the household listed on page 1?

Yes No If Yes, please explain: _____



MISCELLANEOUS INFORMATION:

Are you or any member of your household currently using an illegal substance? Yes No
 Have you or any member of your household ever been convicted of a felony? Yes No
If yes, describe: _____
 Are you or any member of your household subject to a state lifetime sex offender registration program in any state? Yes No
If yes, describe: _____
 Have you or any member of your household ever been under eviction from any housing? Yes No
If yes, describe: _____
 Have you or any member of your household ever filed for bankruptcy? Yes No
If yes, describe: _____
 Please provide a complete list of all states in which any household member has resided: _____

 If the tenant or co-tenant is under the legal age of 18, have you provided proof of emancipation? Yes No

The Housing and Economy Recovery Act (HERA) directs the US Department of Housing and Urban Development (HUD), to obtain demographic and economic information on residents residing in Low Income Housing Tax Credit (LIHTC) financed Properties from the tax credit monitoring agent. The data collected must include tenant race and ethnicity. By completing this section, the owner/agent will be able to collect the needed information and provide it to the monitoring agency. There is no penalty for persons who do not complete this portion of the application.

National Origin	Check One
Hispanic	<input type="checkbox"/>
Not of Hispanic Origin	<input type="checkbox"/>

Race	Check One
White	<input type="checkbox"/>
Asian	<input type="checkbox"/>
Black or African American	<input type="checkbox"/>
American Indian or Alaska Native	<input type="checkbox"/>
Native Hawaiian or Pacific Islander	<input type="checkbox"/>
Other	<input type="checkbox"/>

Check here if you do not wish to supply this information

This Section is for Low Income Housing Tax Credit (LIHTC) Purposes
STUDENT STATUS ELIGIBILITY

Will ALL of the persons in your household be or have been full-time students during five calendar months of the certification year? Yes No

If YES, then is anyone in your household:

- Married and filing a joint tax return? Yes No
- In a job-training program under the Job Training Partnership Act (federal, state or local)? Yes No
- Receiving AFDC/TANF? Yes No
- A single parent living with his/her minor child and such parent is not a dependent (as defined in Section 152) and whose children are not dependents of another individual other than a parent? Yes No
- Previously in a foster care program under Part B or Part E of title IV of the Social Security Act? Yes No

Were any **adult** household members (18 years or older) enrolled in an educational institution within the past 12 months?

Yes No
 • *If yes, identify the household member, last date of enrollment and if they were FT or PT* _____

 • **School Name** _____

Are any **adult** household members (18 years or older) anticipating on enrolling in an educational institution within the upcoming 12 months? Yes No

- *If yes, identify the household member, last date of enrollment and if they were FT or PT* _____

- **School Name** _____



This Section is for HOME Program Purposes

STUDENT STATUS ELIGIBILITY

Section 8 assistance will **NOT** be provided to any resident/applicant who meets **ALL** of the criteria listed below:

- Is enrolled as a full-time or part-time student at an institution of higher education.
- Is under 24 years of age.
- Is not married.
- Is not a veteran of the United States Military.
- Does not have a dependent child.
- Is not a person with disabilities, as such term is defined in the United States Housing Act of 1937 and was not receiving Section 8 assistance as of November 30, 2005.
- Is not living with his or her parents who are receiving Section 8.
- Is not individually eligible to receive Section 8 assistance **and** has parents, individually or jointly, who are not income eligible to receive Section 8 assistance.

*For a student under the age of 24 who is not married, not a veteran, does not have a dependent child, is not a person with disabilities and was not receiving Section 8 as of November 30, 2005, is not living with her/her parents who are receiving Section 8 and who is seeking Section 8 assistance, Section 327(a) of the Act sets up a two-part income **eligibility** test. Both parts of this test must be affirmatively met. That is, both the student and the student's parents (the parents individually or jointly) must be income eligible for the student to receive Section 8 assistance. If it is determined that the parents are not income eligible, the student is ineligible to receive Section 8 assistance.*

Do any household members listed on page 1 meet ALL of the criteria listed above: Yes No

Are any household members, full or part-time students who are applying for rental assistance, separated from their parent(s) or guardian(s)? Yes No

Are any household members Independent Students (definition: an orphan, in foster care, ward of the court at age 13, emancipated minor, unaccompanied homeless youth or at risk of being homeless)? Yes No

PLEASE READ - IMPORTANT HOLD DEPOSIT INFORMATION

The applicant is to provide a hold deposit equal to the property's approved hold deposit amount at the time an apartment is assigned to (held for) the applicant. The hold deposit is to be applied to the applicant's rent for the first month of his/her occupancy. If the hold deposit is in excess of the applicant's rent for the first month of his/her occupancy, the balance shall be returned to the applicant by the Lessor. In the event the applicant cancels said application and the Lessor has reserved or set aside an apartment for the applicant, the hold deposit shall be applied to actual damages sustained by the Lessor after 72 hours of acceptance by the applicant. However, the hold deposit shall be refunded if the application is not accepted by the Lessor.



CERTIFICATIONS

Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful, false statements of misrepresentation to any department or agency of the U.S. to any matter within its jurisdiction. Under penalty of perjury, I certify that the information presented in this certification is true and accurate to the best of my knowledge. The undersigned further understand that providing false representation herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of subsidy and/or lease agreement.

I/We hereby certify that I/We Do Not/Will Not maintain a separate subsidized rental unit in another location. I/We further certify that this will be my/our permanent residence. I/We understand I/We must pay a security deposit for this apartment prior to occupancy. I/We understand that my eligibility for housing will be based on applicable income limits and by management’s selection criteria. I/We certify that all information in this application is true to the best of my/our knowledge and I/We understand that false statements or information are punishable by law and will lead to cancellation of this application or termination of tenancy after occupancy. All adult applicants, 18 or older, must sign application.

SIGNATURES (EVERY ADULT (18 years and older) MUST SIGN):

Signature of Head of Household

Date

Signature of Co-Head

Date

Signature of Other Adult Family Member

Date

Signature of Other Adult Family Member

Date

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RESIDENT/APPLICANT RELEASE AND CONSENT

Ref: ©First Realty Mgt. OPS/FF-MA-56/EF-19 (c)/FF-RI-28 – Rev. 04/10/09

I/We, _____, the undersigned hereby authorize all persons or companies in the categories listed below to release without liability, information regarding employment, income and/or assets to **First Realty Management** for purposes of verifying information on my/our apartment rental application and at recertification.

TYPES OF INFORMATION*

I/We understand that previous or current information regarding me/us may be needed. Verifications and inquiries that may be requested include, but are not limited to: personal identity; employment, income and assets; medical or child care allowances. I/We understand that this authorization cannot be used to obtain any information about me/us that is not pertinent to my **eligibility for and continued participation as an applicant or tenant.**

GROUPS OR INDIVIDUALS THAT MAY BE ASKED

The groups or individuals that may be asked to release the above information include, but are not limited to:

- Previous landlords (including Public Housing Agencies)
- Legal background check
- Obtaining a consumer credit report
- Past and present employers
- Support and alimony providers
- Medical and child care providers
- Veterans Administration
- Welfare agencies
- Social Security Administration
- Retirement systems
- State unemployment agencies
- Banks and other financial institutions

_____ Applicant/Resident	_____ Print Name	_____ Date
_____ Co-Applicant/Co-Resident	_____ Print Name	_____ Date
_____ Adult Member	_____ Print Name	_____ Date
_____ Adult Member	_____ Print Name	_____ Date

“Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD and any owner (or any employee of HUD or the owner) may be subject to penalties for unauthorized disclosures or improper use of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person, who knowingly or willingly 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 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 208 (a) (6), (7) and (8). Violation of these provisions is cited as violations of 42 U.S.C. 408 (a) (6), (7) and (8).**¹

* Note: This general consent may not be used to request a copy of a Tax Return. If a copy of a Tax Return is needed, IRS Form 4506, “Request for Copy of Tax Form” must be prepared and signed separately.

¹ Citation: HUD Occupancy Handbook; 4350.3 Rev-1 Change 2; Appendix 6A: Guidance for Development of Individual Consent Forms.

**4350.3 REV-1 Change 2

