

**Cumberland Housing Authority**  
1 Mendon Road, Cumberland, RI 02864  
Ph. 401.724.8590 Fax 401.723.4000

*The CHA is a Smoke-Free Complex-Smoking is only permitted in outside designated areas.*

**PRE-APPLICATION for PUBLIC HOUSING for CUMBERLAND MANOR**

Persons in Household	Income Limits
1	\$48,750
2	\$55,700
3	\$62,650
4	\$69,600

**Please read carefully. Complete all sections that apply to you. Incomplete applications will not be processed.**

Cumberland Housing Authority (CHA) uses a two-step application process. Applicants must first complete this pre-application to determine a person's preliminary eligibility. Once the eligibility determination is made, CHA places the person's name on a wait list by the date and time the pre-application was received. CHA has a residency preference. If you live in Cumberland, and meet the local preference requirements, your name is placed as a preference on the wait list. The CHA processes its list according to unit size and local preference. The CHA units may be located on different floor levels and are accessible by elevators and stairs.

1. To be eligible for admission to public housing, an applicant must:
  - a) Be a family member as defined in CHA's Admissions and Continued Occupancy Policy;
  - b) Meet the HUD citizenship or immigration status requirements;
  - c) Have an annual income at the time of admission that does not exceed the income limits established by HUD;
  - d) Provide documentation of Social Security numbers for all family members;
  - e) Meet or exceed the Applicant Selection Criteria
  - f) Not have had a lease terminated by a PHA or other federally assisted program;
  - g) Not have any family members engaged in any criminal activity that threatens the life, health, safety, or right to peaceful enjoyment of the premises by other residents, and not have any family member engaged in any drug-related criminal activity.
2. Each year the CHA updates its Public Housing waitlist. An Annual Update will be sent out each year on January 15. You will have 15 business days to return your update form or your name will be removed from the wait list.
3. Applicants with disabilities may seek assistance with the completion of the application at CHA's office at the above address.
4. CHA will conduct credit checks and criminal record checks on all applicants.



# Cumberland Housing Authority

One Mendon Road, Cumberland, RI 02864

## Elderly/Disabled Pre-Application for Subsidized Housing

NOTE: This pre-application does not obligate you or the Cumberland Housing Authority in any way. Please complete the entire form and return to the above address.

Name: \_\_\_\_\_ Home Phone# \_\_\_\_\_  
Address: \_\_\_\_\_ Cell Phone# \_\_\_\_\_

Previous Address: \_\_\_\_\_

1. HOUSEHOLD COMPOSITION: List all persons who would live in household (Start with yourself.)

Last Name	First Name	Date of Birth	Sex M/F	Social Security #	Relation
					Head of Household

2. INCOME: (Please list for each person listed above.)

Applicants Name	Occupation/Retired	Yearly/Income	Source of Income
			e.g., wages, Social Security, Pension

3. ASSETS: (Please list for all persons named in Item 1)

Applicants Name	Bank/Company Name	Type of Account	Amount
		e.g., checking, savings stocks, etc.	

4. LANDLORD INFORMATION:

Length of time at present address:	
Landlord's Name:	
Landlord's Phone Number:	
Landlord's address:	

5. Do you or any member of your household claim a disability for the purpose of qualifying for reasonable accommodation in PHA rules or policies, modification of the housing unit, or specific housing needs? \_\_\_ Yes \_\_\_ No. **If yes, please describe:** \_\_\_\_\_

\_\_\_\_\_

6. Do you owe any money to any Housing Authority or federally assisted housing program?  
\_\_\_ Yes \_\_\_ No

7. Have you or anyone in your household ever engaged in a drug related or violent criminal activity?  
\_\_\_ Yes \_\_\_ No. **If yes, Please explain:** \_\_\_\_\_

8. Have you disposed of (given away, gifts, etc.) any assets (cash, investments, property)?  
\_\_\_ Yes \_\_\_ No

9. Does anyone live with you now who is not listed above? \_\_\_ Yes \_\_\_ NO  
If yes, please explain why this person won't be living with you under the subsidy:

\_\_\_\_\_

10. If you have been the recipient of housing subsidy before, have you been evicted, violated your lease, owed rent or damages which you have not paid? \_\_\_ Yes \_\_\_ No  
**If yes, explain:** \_\_\_\_\_

\_\_\_\_\_

11. RACE & ETHNICITY (Not mandatory. For HUD statistical purposes only.)

- ( ) White                      ( ) Black                      ( ) Asian                      ( ) Hispanic  
( ) American Indian/Native American                      ( ) Other

12. The Cumberland Housing Authority is an equal opportunity agency and will not tolerate discrimination because of race, creed, color, sex, national origin, age, familiar status, or physical or mental handicaps.

I understand that this application is not an offer of housing. I certify that my household is income eligible under current program income limits and the information contained in this application is true and complete under pains and penalty of perjury. I authorize the Authority to make inquiries to verify the information I have provided on this application. **I understand that it is my responsibility to inform the authority of any change in address or household composition in order to maintain my status on the waiting list.**

\_\_\_\_\_  
APPLICANT'S SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
APPLICANT'S SIGNATURE

\_\_\_\_\_  
DATE