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	\$48,450
2	\$55,400
3	\$62,300
4	\$69,200

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.



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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 COM	MPOSITION: List all إ	perso	ns who	would	live in ho	usehold (Sta	art with yourself
Last Name	First Name		e of rth	Sex M/F	Social S	Security #	Relation
							Head of Household
2. INCOME: (Pleas			listed	above	.)		
Applicants Name	Occupation/Retir	red `	Yearly/Inco			Source of e.g., wages, Soo Pensio	ial Security,
ASSETS: (Pleas	se list for all persor	ns na	amed	in Iten	า 1)		
Applicants Name	Bank/Compar Name	ıy		e of A		Am	nount

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 reasonable accommodation in PHA rules or police housing needs?Yes No. If yes, please	sies, modification of the housing unit, or specific
6.	Do you owe any money to any Housing Authority Yes No	or federally assisted housing program?
7.	Have you or anyone in your household ever engage Yes No. If yes, Please explain:	
8.	Have you disposed of (given away, gifts, etc.) an Yes No	y assets (cash, investments, property)?
9.	Does anyone live with you now who is not listed If yes, please explain why this person won't be	
10	If you have been the recipient of housing subsid lease, owed rent or damages which you have no lf yes, explain:	t paid? Yes No
11	. RACE & ETHNICITY (Not mandatory. For HUD	statistical purposes only.)
	() White () Black () A () American Indian/Native American	asian () Hispanic () Other
12	The Cumberland Housing Authority is an equal of discrimination because of race, creed, color, sex or mental handicaps.	
	I understand that this application is not an offer of eligible under current program income limits and true and complete under pains and penalty of pe to verify the information I have provided on this a responsibility to inform the authority of any of in order to maintain my status on the waiting	the information contained in this application is rjury. I authorize the Authority to make inquiries pplication. I understand that it is my hange in address or household composition
	APPLICANT'S SIGNATURE	DATE
	APPLICANT'S SIGNATURE	DATE