

Cumberland Manor
One Mendon Road, Cumberland, RI 02864
Office: 401-724-8590 * Fax: 401-723-4000

Elderly/Disabled Pre-Application for Public Housing

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

Persons in Household	Income Limits
1	\$62,950
2	\$71,950
3	\$80,950
4	\$89,900

Please read carefully and complete all sections that apply to you.
Incomplete applications will not be processed or returned to the sender.

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 and veteran preference. If you live in Cumberland, and meet the local preference requirements, and/or you are a veteran or currently serving in the US Armed Forces, your name is placed as a preference on the wait list. The CHA processes its list according to unit size and preference. The CHA units 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.



The Cumberland Housing Authority is an Equal Housing Provider

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

Preferences:

I currently reside in the Town of Cumberland, Rhode Island

I am a US veteran, or I am currently serving in the US Armed Forces

Name: _____ Home Phone #: _____

Address: _____ Cell Phone #: _____

_____ Email: _____

Previous Address: _____

1. **Household Composition:** List all the people who would live in the household, starting with yourself.

Last Name	First Name	Birth Date	Sex	Social Security #	Relationship to Head of Household

2. **Income** (Please list all income for each household member).

Applicant Name	Occupation/Retired	Annual Income	Source of Income (Wages, Social Security, Pensions)

3. **Assets** (Please list all assets for each household member).

Applicant Name	Bank/Company Name	Type of Account (Savings, Checking, Stock, Annuity, etc.)	Annual Income Earned

4.Housing References: List the past 3 landlords

Landlord's Name/Address	Dates
1. _____ _____	From _____ To _____
Telephone #: _____	
2. _____ _____	From _____ To _____
Telephone #: _____	
3. _____ _____	From _____ To _____
Telephone #: _____	

5. A. Do you or a member of your household have a disability or handicap and require a reasonable accommodation to help you complete the application process? Yes No
B. Do you require an accommodation in housing features as result of your disability? Yes No
If yes to 5.A. or 5.B., please state specific accommodation requirements needed. DO NOT provide disability specific information. _____

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 a 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. Do you own a pet? Yes No

Type of Pet: _____ Breed: _____ Color: _____ Weight: ___ lbs.

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

Race

- () White () Black () Asian
() Native American/Native Alaskan
() Hawaiian/Pacific Islander

Ethnicity

- () Hispanic
() Non-Hispanic

13. 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 to maintain my status on the waiting list.**

Signature of Applicant

Date

Signature of Applicant

Date