

**CUMBERLAND MANOR
ELDERLY AND DISABLED
PRE-APPLICATION FOR PUBLIC HOUSING**

For Agency Use Only:

Date/Time: _____

Initials: _____

1. HEAD OF HOUSEHOLD

Social Security/Alien Registration #: _____ Date of Birth: _____

First Name: _____ Middle: _____ Last Name: _____

Home Address: _____

City/Town: _____ State: _____ Zip Code: _____

Telephone: _____ E-mail: _____

Mailing Address (if different from Home Address): _____

City/Town: _____ State: _____ Zip Code: _____

Preferences:

☐ **I currently reside in the Town of Cumberland, Rhode Island**

☐ **I am a US veteran, or I am currently servicing in the US Armed Forces**

2. LIST ALL MEMBERS WHO WILL BE LIVING IN THE UNIT:

Member Number	Member's Full Legal Name	Relation To Head	Birth Date	Age	Sex M/F	Social Security or Alien Registration Number	US Citizen Y or N
Head (1)							
(2)							
(3)							
(4)							

3. TOTAL GROSS ANNUAL HOUSEHOLD INCOME: _____

4. 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 4.A. or 4.B., please state specific accommodation requirements needed. DO NOT provide disability specific information. _____

5. Have you or anyone in your household who will reside in the unit been convicted of a felony?

_____ Yes _____ No If yes, when? Please describe charges and outcome.:

Are you a registered sex offender? _____ Yes _____ No

6. RACE & ETHNICITY (Not mandatory. For HUD statistical purposed only.)

RACE - Check all that apply:

- ☐ White
☐ Black/African American
☐ American Indian/Alaska Native
☐ Asian
☐ Native Hawaiian/Other Pacific Islander

ETHNICITY - Check one:

- ☐ Hispanic or Latino
☐ Non-Hispanic or Non-Latino

7. I CERTIFY THAT THE ABOVE INFORMATION IS ACCURATE AND COMPLETE.

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 penalty of perjury. I understand that it is my responsibility to inform Cumberland Manor of any change in address or household composition to maintain my status on the waiting list.

Signature of Head of Household

Date

Complete ALL information and return the application to:

Cumberland Manor
One Mendon Road
Cumberland, RI 02864
401-724-8590

Income Limits

Persons in Household	Income Limits
1	\$62,180
2	\$71,800
3	\$80,750
4	\$89,700