

4 South Main Street ■ Fall River, MA 02721 ■ Tel (508) 679-5233 ■ Email: PICAN@peopleinc-fr.org

Please print clearly. Please use black or blue ink ONLY. Applications with white out or applications completed in pencil will not be accepted. If something below does not apply to you, please write "N/A".

Application must be completed in its entirety. Filling out a Pre-Application does not guarantee eligibility or qualification for an apartment at this development.

Applicant Name: _____

Does the household have a Federal or State mobile housing voucher? □ Yes

If yes, please describe:

	List ALL persons who will occ	cupy the apartment	. Please fill ir	n all requeste	ed information.	
	Name	Birthdate	SS#	Gender	Relationship	Annual Wage
Applicant						
Co- Applicant						
(3)						
(4)						

PICAN will not discriminate based on mobile voucher holder status. This question is asked for the sole purpose to: (1) determine an applicant household's ability to pay rent for a unit that does not have project based rental subsidy; or (2) advise applicant households who are applying for a unit with project-based rental subsidy that if they move into such a unit that already has subsidy with the unit, they will be required by their voucher agency to give up their mobile voucher.

□ No

PICAN prohibits the admission to its communities of persons with a lifetime registration requirement under a state sex offender registration program. Do you have a registration requirement under a state sex offender registration program? If so, in what state? Is the registration requirement a lifetime requirement? ☐ Yes ☐ No I understand that this is a smoke-free community, which means that smoking is prohibited in the individual apartments and the interior and exterior common areas. (Initial above) I understand that pets are not allowed in the individual apartments and interior and exterior common areas. (Initial above) Present Housing: Do you □ Own □ Rent □ Other If "other", what is your relationship to the current landlord? Name of **Present** Landlord: Address: City: _____ State: ____ Zip: ____ Tel. #: () _____ Fax #: () _____ Dates of Residency: From ______ To _____ Monthly rent: \$ _____ Utilities: \$ _____ If above listed residency is less than 5 (five) years, please complete the following: Name of **Previous** Landlord: City: _____ State: ____ Zip: ____ Tel. #: () _____ Fax #: () _____ Dates of Residency: From: ______ To: _____ Monthly rent: \$ _____ Utilities: \$ _____ Name of **Previous** Landlord: Address: _____

Dates of Residency: From: ______ To: _____ Monthly rent: \$ ____ Utilities: \$ _____

Current Employment – Applicant									
Employer:	Occupation:								
Work Address:		_ City:	State: Zip:						
Telephone #: ()		_ Employment Dates: From	тто						
Verification Contact Person: _		Tel. #: () Fax #: ()						
Current Employment – Co-Applicant									
Employer:	oloyer:Occupation:								
Work Address:		_ City:	State: Zip:						
Telephone #: ()		_ Employment Dates: From	тто						
Verification Contact Person: _		Tel. #: () Fax #: ()						
Total Income: A household's income is the total anticipated amount of money received by ALL members of the household over the next 12 months based on their current income and any income earned from assets (starting from the date of the application and projecting forward 12 months). This excludes income earned by live-in-aides.									
Applicant Employment Salary: Co-Applicant Employment Sala	Weekly ary: Weekly	\$ Bi-weekly \$ \$ Bi-weekly \$	Monthly \$ Monthly \$						
			Monthly Amount						
Social Security:	□ Applicant	□ Co-Applicant	\$						
Suppl. Soc. Income (SSI):	□ Applicant	□ Co-Applicant	\$						
Veteran's Assistance:	□ Applicant	□ Co-Applicant	\$						
Pensions:	☐ Applicant	□ Co-Applicant	\$						
Other Income:			\$						
Income means money from ANY source including Wages (tips, bonus, and commission, if applicable) Military Pay, Veterans Benefits, Disability Insurance Payments, SSA, SSI Federal, SSI State, Child Support, Alimony, Pension, Adoption Subsidy Payments, Education Grants, Stipends, Scholarships, Trade Union Benefits, Unemployment, Self- Employment Income, Public Assistance, Interest earned from Assets, Annuities, Workers Compensation, and Recurring Contributions such as: money someone gives you to pay your bills OR gives you as spending money OR the person uses to pay your bills directly.									
		Assets							
Stocks:			al Estate:						
401(k)/Retirement Fund: Other									
			trust accounts, certificates of deposit, IRA						

Assets include checking and saving accounts, investments, stocks or bonds, mutual funds/trust accounts, certificates of deposit, IRA accounts (for example, 401K, Roth Keogh, or other retirement investments), whole life insurance policy, and real estate of <u>all household members</u>. If any household member currently owns property, the total amount of equity in the home shall be added to their total value of assets.

	<u>C</u>	redit References							
<u>Name</u>		Type of Account		Account No.					
				 					
	<u> </u>	Bank References							
<u>Name</u>	Bank Address		Type of Account	Account No.					
									
	In Case of E	Emergency, Please	Contact:						
Name:		Relationship: _							
Address:		City:	State:	Zip:					
Home Telephone: ()	Work Telepho	one: ()						
I understand that this is a plater date to complete the p		I also understand th	at additional information	may be requested at a					
Certification of applicant: (A	_	older, must sian the l	Pre-Application.)						
,		_	,	d					
✓ that false statements or	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 will lead to rejection of this Pre-Application or termination of tenancy after								
occupancy; ✓ that in consideration for	being permitted to apply	or this apartment, I, the	e Applicant, do represent all i	nformation in this					
	nd that the owner/manager		rely on this information when						
✓ that the owner/manager	/agent will rely on the info		e Applicant, once verified, to ı	make a					
✓ that I, the Applicant, mu	Applicant is eligible and quust notify the properties, fo I that my Pre-Application r	r which I have submitte	ed a Pre-Application, of any	change of address in					
Applicant hereby authorizes	the owner/manager/agen	t to make independent	investigations to determine n	-					
standing, criminal backgrour determination of actual suita full rental application, and so	bility for housing will be m	ade until the applicant	comes to the top of the waiting						
Applicant authorizes landlore	full rental application, and screening is completed by the Agent and suitability for housing is determined. Applicant authorizes landlords, personal references, and credit and screening agencies to release any and all information to the owner/manager/employee or their agents or background checking agencies.								
Applicant hereby releases, remanagers and employees of investigating, or credit check otherwise limited by laws rel	r agents, both of landlord a king this application, and w	and their credit checkin	g agencies in connection wit any suit or reprisal whatsoev	h processing, er, except as					
People Improving Communit origin, familial status, physic source of income in the acce	ties and Neighborhoods, c al or mental disability, and	loes not discriminate or estry, marital status, se	n the basis of race, color, reli exual orientation, age (excep	gion, sex, national t minors), or lawful					
The above statements are m	•		· -						
Applicant's Signature:			Date:						
Leasing Agent's Signature									

PENALTIES FOR MISUSING THIS CONSENT: 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 of 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, for misusing the social security number as provided under the Social Security Act at 208 (a) (6), (7) and (8). Violation of these provisions are cited as violations of 42 U.S.C. 408 (a) (6), (7) and (8).

RIGHT TO REASONABLE ACCOMMODATION

The Agent for this property provides persons with disabilities the opportunity to request a reasonable accommodation in order to apply to and participate in such programs and activities. The Agent for this property will consider a reasonable accommodation, upon request, for qualified people with disabilities when an accommodation is necessary to ensure equal access to the development, its amenities, services and programs. Reasonable accommodations may include changes to the building, grounds, or an individual unit; changes to policies, practices, and procedures; and mitigating circumstances.

LIMITED ENGLISH PROFICIENCY

The Agent provides people whose primary language is not English and as a result have limited English proficiency, the opportunity to request free language assistance in order to apply to or participate in its programs and activities.

FAIR HOUSING/EQUAL OPPORTUNITY INFORMATION

The Agent for this property does not discriminate on the basis of race, color, religion, national origin, gender, disability, familial status, marital status, sexual orientation, genetic information, veteran/military status, receipt of public assistance, ancestry, age, gender identity or other basis prohibited by federal, state, or local law in the access or admission to its programs or employment or its programs, activities, functions or services.