



PROVIDENCE HOUSING AUTHORITY
 100 BROAD STREET
 PROVIDENCE, RI 02903
 (401) 751-6400



**PRE-APPLICATION FOR
 PUBLIC HOUSING PROGRAMS**



FOR OFFICE USE:
 Date: _____
 Appl. #: _____
 Br. Size: _____

A. NAME: _____ **Tel. No.** _____

Mailing Address: _____

City: _____ **State:** _____ **ZIP:** _____

B. FAMILY COMPOSITION: List all persons, including yourself, who will live in the unit.

	Full Name	Relationship	Sex	Date of Birth	Social Security Number
1.		<i>Head</i>			
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					

C. ASSET INFORMATION

	Name of Bank	Balance	Interest Rate
Checking			
Savings			

- Do you own any stocks or bonds? **yes** **no** If yes , value: \$ _____
- Are you an owner/co-owner of any property? **yes** **no**
- If yes, explain: _____
- Assets disposed of within the last two years for less than market value, please explain: _____

D. SOURCES OF INCOME

List ALL sources of income anticipated in the next 12 months for each family member. Please specify weekly, monthly or yearly.

Source of Income	Amount	Circle One
1. Employment	\$	weekly, monthly, yearly
2. Public Assistance	\$	weekly, monthly, yearly
3. Social Security	\$	weekly, monthly, yearly
4. SSI	\$	weekly, monthly, yearly
5. Pension	\$	weekly, monthly, yearly
6. Veterans Benefits	\$	weekly, monthly, yearly
7. Unemployment	\$	weekly, monthly, yearly
8. Worker's Compensation	\$	weekly, monthly, yearly
9. Child Support	\$	weekly, monthly, yearly
10. Alimony	\$	weekly, monthly, yearly
11. Other (Please Describe Below)	\$	weekly, monthly, yearly

E. REASONABLE ACCOMMODATION

[Please read the attached Notice of Rights to Accessible Units RA-5]

If you or a member of your household have a disability or handicap and think you need a reasonable accommodation please check here:

Explain: _____

F. RACIAL DATA

The following information on race and ethnicity is required for statistical purposes to determine the degree to which programs are utilized by minority families.

White Black American Indian/ Alaskan Native Asian/ Pacific Islander

G. ETHNICITY

Hispanic Not Hispanic

WARNING: False statements or information on this pre-application are grounds to terminate your request for housing assistance, and are punishable under Federal and State Law.

Applicant's Signature: _____ Date: _____

PHA Representative's Signature: _____ Date: _____

IMPORTANT: If you move, you are required to notify the Authority in writing. Failure to do so will result in the removal of your name from the waiting list.

