



EAST BAY COMMUNITY DEVELOPEMENT CORP

Information Sheet

Thank you for your interest in East Bay CDC rental housing located in Bristol/Warren RI. Enclosed is the application for housing.

Please complete this application in its entirety, use N/A if not applicable. Return this application in person by scheduling a time to drop off the documentation by calling 401-253-2080 ext. 1104 at the East Bay CDC office located at 150 Franklin Street, Bristol, RI.

All necessary and or required documents must accompany your completed application in order to be eligible. Failure to complete the application in its entirety and provide necessary documents will result in a delay of preliminary approval. No applicants will be added to the waiting list until preliminary approvals are granted.

Necessary Documentation:

- Completed Application, in its entirety
- Most recent tax return for all applicants
- Copy of the last 2 months of consecutive pay stubs—if applicable

Proof of other sources of income and assets, ie:

- Social Security award letter
- Unemployment documentation
- Pension documentation
- Last 4 bank statements for saving and checking accounts
- Most recent statement for stocks, bonds, 401(k), IRA etc.
- Most recent EBT card receipt, if applicable

Copy of drivers license or photo ID of applicant/co-applicant, copy of social security cards for all occupants of the household, copy of birth certificates for all occupants of the household.

Signed release to conduct a criminal and credit background check by applicant/co-applicant, and all adults contained on last page of application.

\$25.00 Application Fee per Adult upon unit availability

Rejection Criteria

Application may be returned or rejected if:

- * Application and supporting documentation is incomplete
- * Combined family income exceeds the LIHTC/HOME program income limits.
- * Family size is not appropriate for units in the Sweetbriar development
- * Applicant had a conviction for any type crime
- * Poor credit history
- * Applicant is unable to obtain utilities in their name
- * Previous landlords would be disinclined to rent to the applicant again for reasons pertaining to behavior of the applicant, family members, guest and/or invitees of the applicant during tenancy.
- * Misrepresentation of information on the rental application

Applicants will be notified in writing with an explanation if the application is rejected. A rejected applicant has fourteen (14) days to respond in writing or to request a meeting to discuss the rejection.

Please note that Sweetbriar units are smoke free units, smoking will not be allowed in the unit or common area within the buildings.

No pets will be allowed.

Please feel free to contact this office should you have any questions or require assistance with completing this application.

East Bay Community Development Corporation
Management



150 Franklin Street
Bristol, Rhode Island
401-253-2080

SWEETBRIAR HOUSING CREDIT UNIT - RENTAL APPLICATION

The information collected below will be used to determine whether you qualify as a tenant. Information will not be disclosed without your consent. Verification of income, employment and assets are required and permitted by law. **Failure to complete the applications in its entirety could result in a delay or rejection of this application. Please note N/A (not applicable) where necessary**

Household Information						
<u>Applicant's Name</u>	Date of Birth	Soc. Sec. No.		Phone	Full Time Yes <input type="checkbox"/> Student NO <input type="checkbox"/>	
Present Street Address	City	State	Zip Code	Current Rent	# Yrs at address	
Race: please note that completing this section is optional. Information will be used for only for Fair Housing Programs as required by federal and state laws.						
White Black Asian Hispanic Native American Other:						
Prior Address if less than 2yrs	City	State	Zip Code	# Yrs at address		
<u>Co-Applicant's Name</u>	Date of Birth	Soc. Sec. No.		Phone	Full Time Yes <input type="checkbox"/> Student NO <input type="checkbox"/>	
Present Street Address	City	State	Zip Code	Current Rent	# Yrs at address	
Race: please note that completing this section is optional. Information will be used for only for Fair Housing Programs as required by federal and state laws.						
White Black Asian Hispanic Native American Other:						
Prior Address if less than 2yrs	City	State	Zip Code	# Yrs at current address		
Name of other person in household	Relationship	Social Security No.	Date of Birth	Full Time Student	M/F	Race
				Yes <input type="checkbox"/> NO <input type="checkbox"/>		
				Yes <input type="checkbox"/> NO <input type="checkbox"/>		
				Yes <input type="checkbox"/> NO <input type="checkbox"/>		
				Yes <input type="checkbox"/> NO <input type="checkbox"/>		
				Yes <input type="checkbox"/> NO <input type="checkbox"/>		
				Yes <input type="checkbox"/> NO <input type="checkbox"/>		

Do you currently hold a Section 8 Voucher

Yes

No

Do you expect any additions to the household within the next twelve months?

Yes No

If Yes Name _____ Relationship _____

Explanation _____

Name _____ Relationship _____

Explanation _____

Do you have full custody of your child(ren) (if no proof of amount of time child will be living in Yes No

Explanation _____

Does anyone planning to live with you require special accommodations?

Yes No

Explanation _____

Employment Information**Applicant Employment Information**

Name of current employer		Address of employer	
Business phone number	Position / title		
Hours worked weekly	Rate of pay pr hour	Annual Gross Income	No. of yrs on job

Name of current employer		Address of employer	
Business phone number	Position / title		
Hours worked weekly	Rate of pay pr hour	Annual Gross Income	No. of yrs on job

Name/address of previous employer, if less than 2yrs	No. yrs employed	Business phone
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Co - Applicant Employment Information

Name of current employer		Address of employer	
Business phone number	Position / title		
Hours worked weekly	Rate of pay pr hour	Annual Gross Income	No. of yrs on job

Name of current employer		Address of employer	
Business phone number	Position / title		
Hours worked weekly	Rate of pay pr hour	Annual Gross Income	No. of yrs on job

Name/address of previous employer, if less than 2yrs	No. yrs employed	Business phone
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Other Household Member Employment Income

Name/Household Member:

Name of employer		Address of employer	
Business phone number	Position / title		
Hours worked weekly	Rate of pay pr hour	Annual Gross Income	No. of yrs on job

Name/Household Member:

Name of employer		Address of employer	
Business phone number	Position / title		
Hours worked weekly	Rate of pay pr hour	Annual Gross Income	No. of yrs on job

Other Income Information

Include yearly totals of anticipated income from all sources for the next 12 months

Source of Income	Applicant	Co-applicant	Other household member	Total
Self-Employment Income	\$	\$	\$	
Armed Forces/Military Income	\$	\$	\$	
Unemployment Insurance	\$	\$	\$	
Workers Compensation	\$	\$	\$	
Social Security	\$	\$	\$	
SSI Benefits	\$	\$	\$	
Temporary Disability Insurance	\$	\$	\$	
Veteran's Benefits	\$	\$	\$	
Pensions, Other Retirement Funds	\$	\$	\$	
TA-Temporary Assistance	\$	\$	\$	
Commissions	\$	\$	\$	
Regular Gifts or Contributions	\$	\$	\$	
Settlement Payments	\$	\$	\$	
Bonuses/Severance Packages	\$	\$	\$	
Rental Income	\$	\$	\$	
Interest and/ or Dividends	\$	\$	\$	
Alimony	\$	\$	\$	
GPA-General Public Assistance	\$	\$	\$	
Other:	\$	\$	\$	
Child Support	\$	\$	\$	

Child Support Paid By: Child Support Enforcement Agency
 Court of Law
 Directly for Individual
 Other

Name of Agency _____
 Name of Court _____
 Name of Person _____
 Explain _____

Asset Information

Assets	Cash Value	Income / Interest From Asset	Bank Name	Account Number
Checking Account	\$	\$		
Checking Account	\$	\$		
Savings	\$	\$		
Savings	\$	\$		
EBT Card	\$	\$		
Direct Express Debit Card	\$	\$		
Stocks, Bonds	\$	\$		
CD's, Money Mkts	\$	\$		
Retirement, Pensions	\$	\$		
IRA / 401K	\$	\$		
Real Estate, Rental, land	\$	\$		
Trust Funds	\$	\$		
Whole Life Insurance Policy	\$	\$		
Other Assets	\$	\$		
	\$	\$		

Has any member of your household disposed of or given away any asset(s) for LESS than fair market value within the last 2 years?

Household Member _____

Explanation _____

Vehicle Identification

License Plate # _____

Make/Model/Year _____

Vehicle #1 _____

Vehicle #2 _____

History

YES

NO

Has anyone named on this application been convicted of a felony?

Has anyone named on this application been convicted for dealing or manufacturing of illegal drugs?

Has anyone named on this application been convicted of property damage?

Has anyone on this application been evicted from a rental unit?

Emergency Contact

List someone in the area that is not on this application

Name _____

Address _____

Phone _____

Relationship _____

Years Known _____

Housing References

Current Landlord

Name _____

Address _____

Phone _____

Rental Address _____

Dates From: _____ To: _____

Own Rent No. of Bedrooms _____

Current monthly rent _____

Current average cost of monthly utilities paid (Excluding phone and cable) _____

Utilities paid Oil Electric Gas Water Other _____

Other Landlord (if less than 3 years)

Name _____

Address _____

Phone _____

Rental Address _____

Dates From: _____ To: _____

Own Rent

Name _____

Address _____

Phone _____

Rental Address _____

Dates From: _____ To: _____

Own Rent

Current monthly rent _____

Personal Reference

Name _____

Address _____

Phone _____

Relationship _____

Years Known _____

Certification/Consent

I understand that management is relying on this information to prove my household's eligibility for the Housing Credit Program.

I certify that all information and answers to the above questions are true and complete to the best of my knowledge.

I consent to release the necessary information to determine my eligibility. Including Income and Asset verification

I understand that providing false information or making false statements may be grounds for denial of my application

I also understand that such action may result in criminal penalties.

I authorize my consent to have management verify the information contained in this application for purposes of proving my eligibility for occupancy. Including Income and Asset verifications.

I will provide all necessary information including source names, addresses, phone numbers, account numbers where applicable and any other information required for expediting this process. I understand that my occupancy is contingent on meeting management's resident selection criteria and the Housing Credit Program requirements.

All adult applicants, 18 or older, must sign application

Applicant

Date

Co-applicant

Date

Co-Tenant

Date

Co-Tenant

Date

I/We agree that a photocopy of this authorization may be used for the purpose stated above. The original of this authorization is on file and will stay in effect for a year and one month from the date signed. I/We understand that I/We have a right to review this file and correct any information that is incorrect.

EQUAL HOUSING OPPORTUNITY

Rev.01/14/13

TENANT/APPLICANT RELEASE AND CONSENT

I/We _____, the undersigned hereby authorize all persons or companies in the categories listed below to release without liability, information regarding employment, income and/or assets to **East Bay CDC** for purposes of Verifying information on my/our apartment rental application

TYPES OF INFORMATION*

I/We understand that previous or current information regarding me/us may be needed. Verifications and inquiries that may be requested include, but are not limited to: personal identity; employment, income and assets; medical or child care allowances. I/We understand that this authorization cannot be used to obtain any information about me/us that is not pertinent to my eligibility for and continued participation as a Qualified Tenant.

GROUPS OR INDIVIDUALS THAT MAY BE ASKED .

The groups or individuals that may be asked to release the above information include, but are not limited to:

Past and present employers	Welfare agencies	Veterans Administration
Previous landlords (including Public Housing Agencies)	State unemployment agencies	Retirement systems
Support and alimony providers	Medical and child care providers	Banks and other financial institutions
Social Security Administration		

CONDITIONS

I/We agree that a photocopy of this authorization may be used for the purposes stated above. The original of this authorization is on file and will stay in effect for a year and one month from the date signed. I/We understand that I/We have a right to review this file and correct any information that is incorrect.

SIGNATURES

_____ Applicant/Tenant	_____ (print name)	_____ Date
_____ Applicant/Tenant	_____ (print name)	_____ Date
_____ Adult Member	_____ (print name)	_____ Date
_____ Adult Member	_____ (print name)	_____ Date