



**Trafalgar East Apartments**  
**5300 Post Road, East Greenwich, RI 02818**

## **APPLICATION FOR HOUSING**

Thank you for your interest in Trafalgar East Apartments. This location is pleased to offer the following sized apartments:

- [22 Efficiency](#)                      [47 One-Bedroom Apartments](#)                      [11 Two-Bedroom Apartments](#)

Please be advised that in order to qualify at this location, applicants must meet certain eligibility requirements. These requirements include:

- **Head of Household must be within the Low Income Housing Tax Credit Income Limit Guidelines**

### **APPLICATION INSTRUCTIONS**

1. **COMPLETE ALL SECTIONS OF THE APPLICATION.** Please read instructions carefully throughout the application, as an Incomplete Application will not be accepted. If an item does not apply to you, answer "No" on that question, or mark with a "0" if it is a dollar amount line or section.
2. **SIGNATURES are required** by all adult applicants (Age 18 and older).
3. **ATTACH THE FOLLOWING ITEMS TO THE APPLICATION:**
  - **Copies of BIRTH CERTIFICATE(S)** required for everyone on the application.
  - **Copies of SOCIAL SECURITY CARD(S)** required for everyone on the application.
  - **Copies of PHOTO IDENTIFICATION(S)** required for everyone 18 & OVER on the application.
  - Please provide a copy of your **CURRENT Award Letter from Social Security (If Applicable)**.
4. **RETURN YOUR COMPLETED & SIGNED APPLICATION (in person or by mail) TO:**

**Trafalgar East Apartments**  
**Attn: Management Office**  
**5300 Post Road, East Greenwich, RI 02818**  
Telephone: (401) 884-3555



**OFFICE USE ONLY:**

RECEIVED BY: \_\_\_\_\_  
DATE RECEIVED: \_\_\_\_\_  
TIME RECEIVED: \_\_\_\_\_  
GROSS INCOME: \$ \_\_\_\_\_  
WAITING LIST: \_\_\_\_\_

**APPLICATION FOR HOUSING**

**Please Print Clearly**

This is an application for housing at:	<b>Trafalgar East Apartments</b>
Please complete this application and return to:	Management Office Trafalgar East Apartments 5300 Post Road East Greenwich, RI 02818

Applications are placed in order of date and time received. An applicant may be interviewed only after the receipt of this tenant application.

**A. GENERAL INFORMATION**

Applicant Name(s): \_\_\_\_\_

Address: \_\_\_\_\_  
Street Apt.# City State ZIP

Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

No. of BR's in current unit: \_\_\_\_\_ Do you RENT or OWN (circle one)

Amount of current monthly rental or mortgage payment: \$ \_\_\_\_\_

If owned, do you receive monthly rental income from property? Yes No (circle one)

Check utilities paid by you:  Heat  Electricity  Gas  Other (specify)

Approximate monthly cost of utilities paid by you (excluding phone and cable TV): \$ \_\_\_\_\_

Bedroom size requested:  Efficiency BR  One BR  Two BR

Do you currently have a Section 8 Housing voucher? Yes No (circle one)

If yes, name of housing authority you have a voucher with: \_\_\_\_\_



### B. HOUSEHOLD COMPOSITION

List ALL persons who will live in the apartment. List the head of household first.

	Name	Relationship to head	Marital Status M-married D-divorced S-single L-legal separation E-estranged	Birth Date	Age	SS#	Student Y/N
1.		<b>HEAD</b>					
2.							
3.							
4.							
5.							
6.							

Do you anticipate any additions to the household in the next 12 months?      CIRCLE ONE      YES      NO

If yes, please explain: \_\_\_\_\_

Housing with Tax Credits: Are <b>ALL</b> of the members of your household FULL TIME STUDENTS? (Currently or within 5 calendar months of the calendar year)      CIRCLE ONE  _____ IF YOU HAVE ANSWERED YES ABOVE, PLEASE ANSWER THE FOLLOWING QUESTIONS	Yes	No
Are any full-time student(s) married and filing a joint tax return?	Yes	No
Are any student(s) enrolled in a job-training program receiving assistance under the Job Training Partnership Act?	Yes	No
Are any full-time student(s) a TANF/AFDC (Title IV) recipient?	Yes	No
Are any full-time student(s) a single parent living with his/her minor child who is not a Dependant on another's tax return?	Yes	No
Have any full-time student(s) formerly received foster care assistance?	Yes	No



### C. INCOME

List ALL sources of income as requested below.

If a section doesn't apply, write **NO** or **\$0.00**.

Household Member Name	Source of Income	Gross Monthly Amount
	Social Security	\$
	Social Security	\$
	Social Security	\$
	Social Security	\$
	SSI Benefits (Federal Paid)	\$
	SSI Benefits (Federal Paid)	\$
	SSI Benefits (State Paid)	\$
	SSI Benefits (State Paid)	\$

If you receive Social Security Benefits, How Do you Receive your Benefit Payments?  
Please check box AND list household member(s) name(s) next to appropriate payment method, below:

Household Member Name	Method of Payment
	<input type="checkbox"/> Direct Deposit to a Bank Account (such as a Checking/Savings Acct)
	<input type="checkbox"/> <b>Direct Express®</b> Debit Card
	<input type="checkbox"/> Representative Payee receives payment on my behalf
	<input type="checkbox"/> Other (Explain): _____

Household Member Name	Source of Income	Gross Monthly Amount
	Pension (list source)	\$
	Pension (list source)	\$
	Veteran's Benefits (list claim #)	\$
	Veteran's Benefits (list claim #)	\$
		\$
	Unemployment Compensation	\$
	Unemployment Compensation	\$
	Worker's Compensation	\$
	Title IV/TANF/AFDC/FIP/RIW (Welfare)	\$
	TDI (Temporary Disability Insurance-State)	\$
	Other (Describe): _____	\$
	Other (Describe): _____	\$



List ALL sources of income as requested below.

If a section doesn't apply, write **NO** or **\$0.00**.

Household Member Name	Source of Income	Gross Amount
	<b>Employment amount</b>	\$
	Employer:	
	<b>Employment amount</b>	\$
	Employer:	
	<b>Employment amount</b>	\$
	Employer:	
	<b>Employment amount</b>	\$
	Employer:	
	<b>Alimony</b>	(Circle one)
	Are you <i>entitled</i> to receive alimony?	Yes No
	If yes, list the amount you are <i>entitled</i> to receive.	\$
	Do you receive alimony?	Yes No
	If yes list amount you receive.	\$
	<b>Child Support</b>	(Circle one)
	Are you <i>entitled</i> to receive child support?	Yes No
	If yes list the amount you are <i>entitled</i> to receive.	\$
	Do you receive child support?	Yes No
	If yes, list the amount you receive.	\$
	<b>Regular recurring cash gifts</b>	\$
	<b>Regular recurring non-cash gifts</b>	\$
	<b>Other Income</b>	\$

<b>TOTAL GROSS ANNUAL INCOME*</b> (Total all income listed on Page 3 & 4)	\$
<i>*Based on: Monthly Amount(s) x 12 / Bi-Monthly Amounts x 24 / Weekly Amount(s) x 52 / Bi-weekly Amounts x 26 Hourly Amount(s) x Number of Hours per week x 52</i>	

If you have been employed in the past 12 months, write **YES** here and discuss with manager -----

Do you anticipate any changes in this income in the next 12 months? (circle one) **Yes** **No**

**If yes, explain:**

.....

.....

.....



### D. ASSETS

If your assets are too numerous to list here, please request an additional form.

**If a section doesn't apply, write NO or \$0.00**

Direct Express®	Debit Card For Social Security Payments	Household Member: _____	Balance \$
Direct Express®	Debit Card For Social Security Payments	Household Member: _____	Balance \$
Direct Express®	Debit Card For Social Security Payments	Household Member: _____	Balance \$

Type of Account	Household Member Name	Bank/Credit Union Name	Balance
Checking Accounts			\$
			\$
			\$
Savings Accounts			\$
			\$
			\$
Trust Account			\$
			\$
Certificates of Deposit (CD's)			\$
			\$
			\$
IRA/401k			\$
			\$
			\$
Do you receive any monthly payments from the IRA/401K Account(s)?			<input type="checkbox"/> YES <input type="checkbox"/> NO
If so, How Much do you receive? \$ _____ per			<input type="checkbox"/> Month <input type="checkbox"/> Year <input type="checkbox"/> Other _____

Savings Bonds	Household Member: _____	Type/Series: _____	Maturity Date: _____	Value \$
	Household Member: _____	Type/Series: _____	Maturity Date: _____	Value \$
	Household Member: _____	Type/Series: _____	Maturity Date: _____	Value \$
Whole Life Insurance Policies	Household Member: _____	Ins. Co: _____		Cash Value \$
	Household Member: _____	Ins. Co: _____		Cash Value \$

Mutual Funds	Household Member: _____	Fund Name: _____ # Shares: _____ Maturity Date: _____		Interest or Dividend \$
	Household Member: _____	Fund Name: _____ # Shares: _____ Maturity Date: _____		Interest or Dividend \$
	Household Member: _____	Fund Name: _____ # Shares: _____ Maturity Date: _____		Interest or Dividend \$
Stocks	Stock Name: _____	# of Shares: _____	Value: \$ _____	Dividend Paid: \$ _____
	Stock Name: _____	# of Shares: _____	Value: \$ _____	Dividend Paid: \$ _____
Deed of Trust	Name: _____	Value \$: _____	Date of Value: _____	Payments : \$ _____ per _____
	Describe: _____			



<b>Real Estate Property:</b>	<b><i>Do you own any property?</i></b>	(Circle one)	Yes	No
<b><i>If yes,</i></b> Type of property:				
Location of property:				
Appraised Market Value			\$	
Mortgage or outstanding loans balance due			\$	
Amount of annual insurance premium			\$	
Amount of most recent tax bill			\$	

Have you sold/disposed of any property in the last 2 years? (Circle one)			Yes	No
<b><i>If yes,</i></b> Type of property				
Market value when sold/disposed			\$	
Amount sold/disposed for			\$	
Date of transaction				

Have you disposed of any other assets in the last 2 years (Example: Given away money to relatives, set up Irrevocable Trust Accounts)?			(Circle one)	Yes	No
<b><i>If yes,</i></b> describe the asset					
Date of disposition					
Amount disposed				\$	

Do you have any other assets not listed above (excluding personal property)? (Circle one)			Yes	No
<b><i>If yes, please list:</i></b>				

<b>E. ADDITIONAL INFORMATION</b>			<b>(Circle one)</b>	
Are you or any member of your family currently using an illegal substance?			Yes	No
Have you or any member of your family ever been convicted of a felony?			Yes	No
<b><i>If yes, describe</i></b>				
Are any household members, subject to a lifetime sex offender registration requirement, in any state?			Yes	No
<b><i>If yes, which member(s) &amp; what state(s)?</i></b> Member(s): _____ State(s) _____				
Have you or any member of your family ever been evicted from any housing?			Yes	No
<b><i>If yes, describe</i></b>				
Have you had any pest/infestation issues anywhere you lived in the past 6 months?			Yes	No
Have you ever filed for bankruptcy?			Yes	No
<b><i>If yes, describe</i></b>				
Have you ever rented a federally-subsidized apartment?			Yes	No
<b><i>If yes,</i></b> list dates here: FROM: _____ TO: _____			Yes	No



**F. REFERENCE INFORMATION (Attach sheet(s) if necessary)**  
**THIS SECTION MUST BE COMPLETE FOR AT LEAST THE PAST 5 YEARS**

<b>Current Residence</b>	Landlord Name:	
	Landlord's Address:	
	Phone Number(s):	
	Dates Rented:	From ____ - ____ - ____ TO <i>PRESENT</i>
	Current lease term:	From ____ - ____ - ____ TO ____ - ____ - ____
<b>Prior Residence</b>	Apartment address:	
	Landlord Name:	
	Landlord's Address:	
	LL Phone Number(s):	
	Dates Rented:	From ____ - ____ - ____ TO ____ - ____ - ____
<b>Prior Residence</b>	Apartment address:	
	Landlord Name:	
	Landlord's Address:	
	LL Phone Number(s):	
	Dates Rented:	From ____ - ____ - ____ TO ____ - ____ - ____
<b>Prior Residence</b>	Apartment address:	
	Landlord Name:	
	Landlord's Address:	
	LL Phone Number(s):	
	Dates Rented:	From ____ - ____ - ____ TO ____ - ____ - ____

**G. VEHICLE AND PET INFORMATION (if applicable)**

List any cars, trucks, or other vehicles owned. (If none, write NONE)

Type of Vehicle:	License Plate #:
Year/Make:	Color:

Do you own any pets or service animals? <span style="float: right;">(Circle one)</span>	Yes	No
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*If yes, describe animal, including current weight and weight at maturity:*





PLEASE LIST ALL STATES IN WHICH ALL HOUSEHOLD MEMBER'S HAVE LIVED IN THEIR LIFETIME:

Household Member Name:

States Lived in:

_____	_____
_____	_____
_____	_____
_____	_____

**CERTIFICATION**

I/We understand I/We must pay a security deposit for this apartment prior to occupancy. I/We understand that my eligibility for housing will be based on applicable income limits and by management's selection criteria. 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 are punishable by law and will lead to cancellation of this application or termination of tenancy after occupancy.

All adult applicants, 18 or older, must sign application. By signing below you authorize the management agent and its employees to run criminal background checks including the sex offender registry, credit reports, and contact landlords.

*"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 or improper uses of information collected based on the consent form. Use of the information collected based of 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, against the officer or employee of HUD or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at 208 (a) (6), (7) and (8). Violations of these provisions are cited as violations of 42 U.S.C. 408 (a) (6), (7) and (8)."*

**SIGNATURE(S):**

_____ (Signature of Applicant)	_____ Date
_____ (Signature of Co-Applicant)	_____ Date
_____ (Signature of Other Adult)	_____ Date
_____ (Signature of Other Adult)	_____ Date

