



WWW.SMITHHILLCDC.ORG

Thank you for your interest in applying to *Smith Hill Community Development Corporation* rental housing. *Smith Hill CDC* strives to provide quality, affordable rental housing choices. We have many rental units, some of which we manage ourselves and some that are managed by *Dimeo Properties, Inc.* This unified application will make you eligible for all of our housing and you may receive calls from both property managers. You can find the pictures and locations of all Smith Hill CDC properties on our website, www.smithhillcdc.org. Please be sure to submit all the required information. For more information, please see

RETURN YOUR COMPLETED, SIGNED APPLICATION TO:

SMITH HILL APARTMENTS
365 SMITH STREET, SUITE 4
PROVIDENCE, RI 02908
(401) 490-4328

Your application is being returned because:

You did not complete all areas or you did not sign the application.

OTHER

Application

INSTRUCTIONS FOR COMPLETING THIS APPLICATION

PLEASE READ CAREFULLY. INCOMPLETED APPLICATION WILL NOT BE ACCEPTED.
APPLICATION WITH WHITE OUT WILL NOT BE ACCEPTED

- **COMPLETE ALL AREAS.** 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.
- **SIGNATURES** are required by all adult applicants (18 and older).

INCLUDE WITH YOUR APPLICATION

1. **PREVIOUS YEAR TAX RETURN - EL AÑO PASADO DECLARACIÓN DE IMPUESTOS**
2. **MOST RECENT PAYSTUBS (MINIMUM OF 8 PAYSTUBS)**
TALONES MÁS RECIENTES (MÍNIMO 8 TALONES)
3. **COPIES OF SOCIAL SECURITY CARD(S)** are required for **everyone** on the application.
COPIA DE LA TARJETA DEL SEGURO SOCIAL
4. **COPIES OF BIRTH CERTIFICATE(S)** are required for **everyone** on the application.
CERTIFICADO DE NACIMIENTO
5. **COPIES OF PHOTO IDENTIFICATION** are required for everyone 18 AND OVER on the application. **IDENTIFICACION CON FOTO**
6. **PROOF OF CITIZENSHIP** is required for everyone on the application.
PRUEBA DE NACIONALIDAD
7. **FIVE YEARS OF RENTAL HISTORY - CINCO ANOS DE HISTORIA DE RENTA**
8. **COPY OF BCI REPORT FROM ATTORNEY GENERAL’S OFFICE**
COPIA DE INFORME de BCI DE la OFICINA de GENERAL DE ABOGADO

Annual Income Limits – 2021

<i>Minimum Income Limits</i>	<i>Number of Persons</i>	<i>Maximum</i>
<i>By Bedroom Size</i>	<i>In Household</i>	<i>Income Limits</i>
1 BDRM - \$30,300	1	\$ 39,180
2 BDRM - \$34,600	2	\$ 44,760
3 BDRM - \$38,950	3	\$ 50,340
4 BDRM - \$43,250	4	\$ 55,920
5 BDRM - \$46,750	5	\$ 60,420
	6	\$ 64,920
	7	\$ 69,360

Families whose gross household income, is at or above the listed minimum and below the listed maximum and meet certain other criteria are eligible for occupancy consideration.

OFFICE USE ONLY:	
RECEIVED BY:	_____
DATE RECEIVED:	_____
TIME RECEIVED:	_____
GROSS INCOME:	\$ _____
WAITING LIST:	_____

APPLICATION FOR HOUSING

PLEASE USE BLUE INK. PLEASE PRINT CLEARLY. PLEASE DO NOT USE WHITEOUT

This is an application for housing at:	Smith Hill Apartments
Please complete this application and return to:	365 SMITH STREET, SUITE 4 PROVIDENCE, RI 02908

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: One Bedroom Two Bedroom Three Bedroom Four Bedroom

Do you have a Section 8 Voucher or any other type of voucher? Yes No (circle one)

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.		HEAD					
2.							
3.							
4.							
5.							

Do you anticipate any additions to the household in the next twelve months? Yes No (Circle one)

If yes, explain

HUD HOUSING: Are ANY members of your household **CURRENTLY ENROLLED OR HAVE BEEN FOR 5 CONSECUTIVE MONTHS IN THIS CALENDAR YEAR enrolled** as a student at an institution of higher education for the purpose of obtaining a degree, certificate, or other program leading to a recognized educational credential? Yes No (Circle one)

If yes, list the name and age of household member(s): _____

Housing with tax Credits: Are ALL of the members of your household FULL TIME STUDENTS? (Currently or within 5 calendar months of the calendar year) Circle One		
IF YOU 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 or a 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	\$
	SSI Benefits	\$
	SSI Benefits	\$
	SSI Benefits	\$
	Pension (list source)	\$
	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 (Welfare)	\$
	Title IV/TANF (Welfare)	\$
	TDI (Temporary Disability Insurance-State)	\$
	Other compensation	\$
	Interest Income (source)	\$
	Interest Income (source)	\$
	Interest Income (source)	\$
	Interest Income (source)	\$



Household Member Name	Source of Income	Monthly Amount
	Employment amount	\$
	Employer:	
	Position Held	
	How long employed:	
	Employment amount	\$
	Employer:	
	Position Held	
	How long employed:	
	Employment amount	\$
	Employer:	
	Position Held	
	How long employed:	
	Employment amount	\$
	Employer:	
	Position Held	
	How long employed:	
	Alimony	(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.	\$
	Child Support	(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.	\$
	Regular recurring cash gifts	\$
	Regular recurring non-cash gifts	\$
	Other Income	\$
TOTAL GROSS ANNUAL INCOME (Based on the monthly amounts listed above x 12)		\$
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**

Checking Accounts	Bank/Credit Union Name		Balance \$	
	Bank/Credit Union Name		Balance \$	
	Bank/Credit Union Name		Balance \$	
Savings Accounts	Bank/Credit Union Name		Balance \$	
	Bank/Credit Union Name		Balance \$	
	Bank/Credit Union Name		Balance \$	
Trust Account	Bank/Credit Union Name		Balance \$	
Certificates	Bank/Credit Union Name		Balance \$	
	Bank/Credit Union Name		Balance \$	
	Bank/Credit Union Name		Balance \$	
	Bank/Credit Union Name		Balance \$	
IRA/401k	Bank/Credit Union Name		Balance \$	
	Bank/Credit Union Name		Balance \$	
Savings Bonds	Type/Series	Maturity Date	Value \$	
	Type/Series	Maturity Date	Value \$	
	Type/Series	Maturity Date	Value \$	
Whole Life Insurance	Policy Number(s)		Cash Value \$	
Whole Life Insurance	Policy number(s)		Cash Value \$	
Mutual Funds	Name:	#Shares:	Interest or Dividend \$	Value \$
	Name:	#Shares:	Interest or Dividend \$	Value \$
	Name:	#Shares:	Interest or Dividend \$	Value \$
Stocks	Name:	#Shares:	Dividend Paid \$	Value \$
	Name:	#Shares:	Dividend Paid \$	Value \$
	Name:	#Shares:	Dividend Paid \$	Value \$
Deed of Trust	Name:	Value\$:	Payments\$	Date of Value
	Describe:			



Real Estate Property: <i>Do you own any property?</i> (Circle one)	Yes	No
<i>If yes, Type of property</i>		
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
<i>If yes, Type of property</i>		
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
<i>If yes, describe the asset</i>		
Date of disposition		
Amount disposed	\$	

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

E. ADDITIONAL INFORMATION		
	(Circle one)	
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
<i>If yes, describe</i>		
Have you or any member of your family ever been evicted from any housing?	Yes	No
<i>If yes, describe</i>		
Have you had any pest/infestation issues anywhere you lived in the past six months?	Yes	No

Have you ever filed for bankruptcy? (Circle one)	Yes	No
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If yes, describe

Have you ever rented a federally-subsidized apartment? (Circle one)

If yes, list dates here: FROM: _____ TO: _____

Yes

No

Briefly describe how you heard about our apartments: _____

F. REFERENCE INFORMATION (Attach sheet(s) if necessary)

THIS SECTION MUST BE COMPLETE FOR AT LEAST THE PAST 5 YEARS

Current Landlord	Name:	
	Landlord's Address:	
	Phone Number(s):	
	Dates Rented:	From ____ - ____ - ____ TO PRESENT
	Current lease term:	From ____ - ____ - ____ TO ____ - ____ - ____
Prior Landlord	Name:	
	Landlord's Address:	
	Phone Number(s):	
	Dates Rented:	From ____ - ____ - ____ TO ____ - ____ - ____
	Apartment address:	
Prior Landlord	Name:	
	Landlord's Address:	
	Phone Number(s):	
	Dates Rented:	From ____ - ____ - ____ TO ____ - ____ - ____
	Apartment address:	
Prior Landlord	Name:	
	Landlord's Address:	
	Phone Number(s):	
	Dates Rented:	From ____ - ____ - ____ TO ____ - ____ - ____
	Apartment address:	

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? (Circle one)

Yes

No

If yes, describe animal, including current weight and weight at maturity:

In case of emergency, notify: _____ Relationship to you: _____

Address: _____ Phone Number: _____



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 authorized disclosures or improper uses 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 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 \$5000. 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 authorized 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

