

Commlsioners
Thomas Zampa, Chairman
Debra Tocco, Vice-Chairperson
Joan Card
Carol Brunero- Hoxie
Joshua Barrette
Lori Ruggieri



Executive Director
Stephen J. O'Rourke

WEST WARWICK HOUSING AUTHORITY

www.westwarwickha.org

62 Robert Street; West Warwick, RI 02893 Main: (401) 822-9430 Fax: (401) 822-9438 TDD: (401) 822-9435

REQUIRED ITEMS TO INCLUDE WITH PRELIMINARY APPLICATION

- ✚ BIRTH CERTIFICATE
- ✚ SOCIAL SECURITY CARD
- ✚ VALID PICTURE ID (BOTH FRONT AND BACK OF ID MUST BE COPIED)
- ✚ CURRENT SOCIAL SECURITY BENEFIT STATEMENT, PENSION STATEMENT, OR ANY OTHER INCOME YOU MAY RECEIVE
- ✚ MOST RECENT CHECKING ACCOUNT STATEMENT, STOCK, BONDS, OR OTHER INCOME INTEREST EARNED
- ✚ BLUE CROSS/BLEU SHIELD, UNITED HEALTH, AARP, HUMANA CARD (STATEMENT IF YOU PAY FOR YOUR HEALTH CARE)
- ✚ TAX BILL IF YOU OWN REAL ESTATE TO SHOW THE VALUE OF YOUR HOME

- ✚ WE REQUIRE A FIVE YEAR RENTAL HISTORY SO PLEASE BE PREPARED TO HAVE A LIST OF NAMES AND ADDRESSES OF YOUR PRESENT & PREVIOUS LANDLORDS WHEN YOU ARE CALLED IN FOR AN INTERVIEW.

PLEASE MAKE SURE YOUR APPLICATION IS COMPLETELY FILLED OUT, SIGNED AND DATED BY THE APPLICANT. APPLICATIONS THAT ARE MISSING COPIES OF THE REQUIRED DOCUMENTS WILL BE CONSIDERED INCOMPLETE AND WILL NOT BE PLACED ON OUR WAIT LIST.

Commissioners
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Dear Housing Applicants:

As of October 1, 2012, the West Warwick Housing Authority has become "**SMOKE FREE HOUSING**" at both buildings we manage, Clyde Tower and WW Manor. Smoking is prohibited in the buildings and on the exterior property at each site except in the designated "SMOKING SHELTERS" that are located outside the buildings.

Please note that the dwelling lease will include language that you agree to be "SMOKE FREE" except in the outside designated "SMOKING SHELTERS" if you smoke.

Sincerely,

West Warwick Housing Authority

Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING

This form is to be provided to each applicant for federally assisted housing

Instructions: Optional Contact Person or Organization: You have the right by law to include as part of your application for housing, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. **You may update, remove, or change the information you provide on this form at any time.** You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form.

Applicant Name:	
Mailing Address:	
Telephone No:	Cell Phone No:
Name of Additional Contact Person or Organization:	
Address:	
Telephone No:	Cell Phone No:
E-Mail Address (if applicable):	
Relationship to Applicant:	
Reason for Contact: (Check all that apply)	
<input type="checkbox"/> Emergency	<input type="checkbox"/> Assist with Recertification Process
<input type="checkbox"/> Unable to contact you	<input type="checkbox"/> Change in lease terms
<input type="checkbox"/> Termination of rental assistance	<input type="checkbox"/> Change in house rules
<input type="checkbox"/> Eviction from unit	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Late payment of rent	
Commitment of Housing Authority or Owner: If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.	
Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
Legal Notification: Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.	

Check this box if you choose not to provide the contact information.

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Signature of Applicant

Date

The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). The public reporting burden is estimated at 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Section 644 of the Housing and Community Development Act of 1992 (42 U.S.C. 13604) imposed on HUD the obligation to require housing providers participating in HUD's assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend, or person associated with a social, health, advocacy, or similar organization. The objective of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any delivery of services or special care to the tenant and assist with resolving any tenancy issues arising during the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and maintained as confidential information. Providing the information is basic to the operations of the HUD Assisted-Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fraud, waste and mismanagement. In accordance with the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless the collection displays a currently valid OMB control number.

Privacy Statement: Public Law 102-550, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions.

EMPLOYMENT: List all anticipated or actual employment in the next 12 months.

Family Member	Employer : Name/Address	Gross Earnings

SOURCES OF INCOME:

Source of Income	Family Member #1	Family Member #2	Family Member #3
Social Security			
SS Disability Insurance			
Pension			
Veteran's Benefits			
Unemployment			
Alimony			
Other:			
Other:			

ASSET INFORMATION:

	Bank	Balance	Interest Rate	Account Number
Checking				
Savings				

ASSETS:

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, please describe:

Other assets-Please explain: _____

List any assets disposed of within the last two years for less than market values:

MEDICAL EXPENSES:

Do you pay any portion of the cost of Medical Insurance/Hospitalization Coverage (i.e., Blue Cross, Medicare, etc?) Yes No If yes, how much? _____

Do you have medical expenses anticipated for the next 12 months that are not covered by medical insurance?

Prescriptions: \$ _____ Non-prescriptions: \$ _____ Other: \$ _____

HANDICAPPED/DISABLED ASSISTANCE INFORMATION

Are there non-reimbursed expenses anticipated during the next 12 months for attendant care and auxiliary apparatus for a family member with a disability or handicap that are necessary to enable a family member to be employed?

Yes No If yes, how much? \$ _____

Does any member of your household require special housing facilities or a Reasonable Accommodation? Yes No

If yes, please explain: _____

PROGRAM INFORMATION

Present monthly Rent: \$ _____ How much do you pay in utilities: \$ _____

Have you ever lived in public housing? Yes No

Do you owe back rent to this or another housing authority? Yes No

Have you ever been evicted for a lease violation from public housing or Section 8? Yes No

RACIAL DATA:

White African-American Native-American/Alaskan Native Asian/Pacific Islander

ETHNICITY:

Hispanic Non-Hispanic

Applicant's Signature: _____ Date: _____

WWHA Representative: _____ Date: _____

If you move, you are REQUIRED TO NOTIFY the Housing Authority with your new address. Failure to do so may result in having your name removed from the waiting list.

WARNING: false statements or information on this application are grounds to terminate your application for housing assistance and are punishable under Federal and State Law.