Lincoln Housing Authority
10 Franklin Street, Lincoln, Rhode Island 02865

Ph. 401.724.8910 **Fax 401.723.1350**

PRE-APPLICATION for Public Housing for Elderly & Disabled @ Lincoln & Manville Manor

Persons in Household	Income Limits
1	$64,050
2	$73,200
3	$82,350
4	$91,450
5	$98,800
6	$106,100

This is not a Housing Choice Voucher (HCV) application and cannot be used for the HCV Program.
Please read carefully. Complete all sections that apply to you. Incomplete applications will not be processed.

Lincoln Housing Authority (LHA) uses a two-step application process. Applicants must first complete this pre-application to determine a person's preliminary eligibility. Once the eligibility determination is made, LHA places the person's name on a waitlist by the date and time the pre-application was received. LHA has a residency preference. If you live or work in Lincoln and meet the local preference requirements, your name is placed on the preference waitlist. If the person does not meet the preference requirements, his/her name is placed on the non-preference waitlist. The LHA processes its list according to unit size and local preference.

1. This pre-application is valid for all public housing units operated by LHA.

2. To be eligible for admission to public housing, an applicant must:
   a) be a family member as defined in LHA's Admission and Continued Occupancy policy;
   b) meet the HUD citizenship or immigration status requirements;
   c) have an annual income at the time of admission that does not exceed the income limits established by HUD;
   d) provide documentation of Social Security numbers for all family members;
   e) meet or exceed the Applicant Selection Criteria, including attending and completing an LHA-approved pre-occupancy orientation session, if requested to do so;
   f) repay any money owed to LHA or any other housing authority or federally assisted program;
   g) not have had a lease terminated by a PHA or other federally assisted program;
   h) be willing and able to comply with the Housing Authority lease, HUD regulations, and LHA policies;
   i) not have any family members engaged in any criminal activity that threatens the life, health, safety, or right to peaceful enjoyment of the premises by other residents, and not have any family member engaged in any drug-related criminal activity.

3. Each year LHA updates its Public Housing waitlist. An Annual Update will be sent out each year in January. If you do not return the updated application by January 15th we will assume that you are no longer interested in housing and your name will be removed from the waitlist. An applicant whose name is removed from the wait list will not be permitted to reapply for 12 months from the date their name was removed.

4. Applicants with disabilities may seek assistance with the completion of the application at LHA's office at the above address.

5. Last Step: When your name gets closer to the top of the waitlist, LHA will contact you to schedule an appointment for an interview and to update your application.

6. LHA will conduct credit checks and criminal record checks on all applicants.

The Lincoln Housing Authority is an Equal Housing Provider

Revision 10/2025

Lincoln Housing Authority Family Housing Preliminary Application
10 Franklin Street Lincoln, RI 02865

Date: _____

Name: _____

Address: _____

_____

Marital Status: _____

# of Bedrooms (please circle only one**):**
2 or 3

Home Phone #: _____

Work Phone #: _____

Email address:_____

Race: (check one):

____ White ____ Black
____ Asian/Pacific Islander
____ American Indian/Native Alaskan
____ Other

Ethnicity: (check one):

____ Hispanic
____ Non-Hispanic

Household Composition (Be sure to include YOUR name)

	Legal Name	**Sex** *M/F*	*US Citizen*	**Relation**	*Date of Birth*	*Social Security*	*Place of Birth*
1.				Head of Household			
2.							
3.							
4.							
5.							
6.							

INCOME

Name	Occupation	Source of Income	Monthly Income	Annual Income
		Wages from Employer		
		Social Security/SSI		
		TANF/SNAP		
		Pension (Company)		
		CHILD SUPPORT		
		Other		

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ASSETS

Name	Type of Asset	Name of Bank, Ins. Co., Funeral Home, Broker, Property Address	Amount
	Savings		
	Checking		
	CD		
	Money Market		
	Life Ins. (cash surrender value)		
	Stocks/Bonds		
	Funeral Account		
	Real Estate		
	Other		

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Length of time at present address:		Landlord's Phone number:	
Landlord's Name:			
Landlord address:			

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Landlord's Name:			
Landlord address:			

Have you or any household members ever lived in public or assisted housing? ***YES*** ____ ***NO*** _____

Do you owe any money to any Housing Authority or federally assisted housing program? ***YES*** ____ ***NO*** _____

Have you ever been evicted or violated your lease while participating in a federal housing program or by a private landlord?? ***YES*** ____ ***NO*** _____

If yes, please explain: _____

Do you or any household members use medical marijuana? ***YES*** ____ ***NO*** _____

Have you ever committed fraud in a federally assisted housing program or been asked to repay money for knowingly misrepresenting information? ***YES*** ____ ***NO*** _____

Have you or any household member ever been arrested, convicted or pled nolo contendre to any crimes? ***YES*** ____ ***NO*** _____

If yes, please explain: _____

_____

_____

Are you or a household member subject to the Lifetime sex offender registration requirement? ***YES*** ____ ***NO*** _____

Have you or a household member been charged with or convicted of illegal use, possession, manufacture, selling, or distributing controlled substances within the past ten (10) years? ***YES*** ____ ***NO*** _____

Please note: Local, state, and FBI investigations are conducted on all applicants before any housing assistance. Eligibility is subject to passing these tests.

_____

Do you or a household member require a reasonable accommodation? ***YES*** ____ ***NO*** _____

If yes, please specify one or more of the following: ___ 1st floor (there are no elevators on-site)

___ Barrier-Free Unit (ex: wheelchair accessible) ___ Unit adaptation for sensory impairments

___ A provision of the Authority Lease or Other_____

Family Public Housing – check one box below

____ 2 bedroom unit – These are for 2-6 persons and must be used as a 2-bedroom apartment.

____ 3 bedroom unit – These are for 3-8 persons and must be used as a 3-bedroom apartment.

____ Do you have any children in the household 7 years old or younger?

Have any of your children been tested for elevated blood levels resulting from lead paint poisoning?

If yes, what were the test results? _____

_____

_____

I/We, the undersigned, understand that this is not a contract and does not bind either party.

I/We certify that the above information is true and complete to the best of my/our knowledge.

I/We have no objections to inquiries being made of the purpose of verifying the statements made herein. I/We further understand that false statements, misrepresentation, or omission of information on this form are grounds for termination of the pre-application and may be punishable under federal and state laws.

Applicant Signature: _____ Date: _____

Spouse
(or co-applicant) Signature: _____ Date: _____

Important: If you move, you are required to notify the Authority in writing or you cannot be considered for assistance.

Equal Housing Opportunity

FOR OFFICE USE ONLY

Date application received: _____ *Time received:* _____

By: _____ *# of Bedrooms:* _____