

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

Ph. 401.724.8910

Fax 401.723.1350

PRE-APPLICATION for FAMILY HOUSING AT WOODLAND TERRACE

Persons in Household	Income Limits
2	\$71,950
3	\$80,950
4	\$89,900
5	\$97,100
6	\$104,300
7	\$111,500

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 successfully 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 05/2/2024

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)							
	<i>Legal Name</i>	Sex <i>M/F</i>	<i>US</i> <i>Citizen</i>	Relation	<i>Date of Birth</i>	<i>Social Security</i>	<i>Place of Birth</i>
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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		Other		

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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	Real Estate		
	Other		

Length of time at present address:

Landlord's Name:

Landlord address:

Landlord's Phone number:

Length of time at present address:

Landlord's Name:

Landlord address:

Landlord's Phone number:

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 contendere 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 prior to any housing assistance. Eligibility is subject to passing these tests.

If disabled, do you or a household member require special accommodations?

If yes, please state accommodations: _____

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



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FOR OFFICE USE ONLY

Date application received: _____

Time received: _____

By: _____

of Bedrooms: _____



Lincoln Housing Authority
10 Franklin Street
Lincoln, Rhode Island 02865
(401) 724-8910 FAX (401) 723-1350
TDD Relay Service 1-800-745-5555

Commissioners

KEVIN McPEAK
LOUISE LAFLAMME
BESSIE CARVALHO
GRACE NADEAU
KAREN ROSCIA

CLAUDETTE KULIGOWSKI, Executive Director
WILLIAM H. PEPPES, Chairman
BRIAN WILSON, Vice Chairman

Legal Counsel
LaPlante Sowa Goldman

LINCOLN RESIDENT APPLICANTS

Please be advised that being a resident **living** in the Town of Lincoln or if you are **employed** in the Town of Lincoln gives you an advantage on our waiting list for public housing.

In order to receive this advantage, please attach with this application a copy of your driver's license and car registration showing your Lincoln address. In addition, you must provide one (1) of the following:

- * A notarized copy of your rental agreement signed by you and your landlord
- * Town of Lincoln voter registration card
- * Utility Bill showing your Lincoln address (electric, gas, cable, phone)
- * current Social Security/Disability statement showing your Lincoln address
- * current Employment paystubs showing your Lincoln home address

If you are employed in the Town of Lincoln you will need to provide verification of your Lincoln employment.

If you can only provide a State ID, then you must provide two (2) of the above forms of verification.

Please know that you will NOT receive the residency preference until you provide the required documentation proving your Lincoln residency and/or employment in Lincoln. Also, this residency preference will be confirmed before a unit is offered.

We appreciate your assistance in this application process.

Thank you.



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RELEASE and AUTHORIZATION

Authorization to obtain any/all information held confidential/classified/restricted or otherwise held by your agency.

The Lincoln Housing Authority and/or agents thereof are authorized by the individual(s) listed below to seek, possess and copy any/all information deemed necessary to establish acceptance or rejection or continued occupancy of subsidized housing. This waiver/release grants permission to the Lincoln Housing Authority to request/seek/possess and copy any/all information regarding, but not limited to, the following:

- | | |
|---------------------------------------|-------------------------------|
| 1. Income (including Social Security) | 2. Federal law enforcements |
| 3. Banking Institutions | 4. Present and past landlords |
| 5. Medical Expenses | 6. Credit Report |
| 7. Other (specify) _____ | |

I, the undersigned, am an applicant/tenant for a Public Housing Assistance Program. The information being requested on this form is for the purpose of determining my eligibility for the Program.

I hereby request and authorize you to release this information. I understand that the information will be kept in STRICT CONFIDENCE and will be used for program purposes only. I would appreciate your immediate attention in supplying the requested information and returning the form to the Lincoln Housing Authority within five (5) days of receipt. A self-addressed stamped envelope has been included for your convenience.

I understand that a photocopy of this release is as valid as the original.

Thank you for your cooperation and prompt assistance with this request.

I understand that this Release is to remain in full force and effect for the duration of my/our application and tenancy with the Lincoln Housing Authority.

This consent form expires 15 months after signed.

Name (please print) _____	Name (please print) _____
Signature _____	Signature _____
Social Security Number _____	Social Security Number _____
Date _____	Date _____



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ORI # RIA00V49Q

CRIMINAL BACKGROUND REPORT WAIVER

I hereby authorize Lincoln Housing Authority and its designated agents and representatives (hereinafter individually and collectively referred to as Owner) to conduct a Criminal Background review. A criminal report will be generated and used as part of my application for housing.

I understand that the scope of the criminal report/investigative criminal report may include, but is not limited to, the following areas:

Verification of social security number, current and previous residences; criminal history records from any criminal justice agency in any or all federal, state, county, jurisdictions; birth records; motor vehicle records to include traffic citations and registration; and any other public records.

I further authorize any individual, company, firm, corporation, or public agency (including the Social Security Administration and law enforcement agencies to divulge any and all information, verbal or written, pertaining to me which the individual company, firm, corporation, or public agency may have, to include information or data received from other sources.

I hereby release Owner, the Social Security Administration, and its agents, officials, representatives, or assigned agencies, including officers, employees, or related personnel both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heir, family, or associates because of compliance with this authorization and request to release. You may contact me as indicated below.

I understand this authorization automatically expires 15 months from the date executed below and that I have the right to revoke the authorization at any time, providing I do so in writing.

Print Name: _____
(First) (Middle) (Last) (Maiden)

Former Name(s) and Dates that name used _____

Current Address Since: _____
(Mo/Yr) (Street) (City) State/Zip

Previous Address From: _____
(Mo/Yr) (Street) (City) State/Zip

Social Security Number: _____ Date of Birth: _____

Telephone Number: _____

Signature: _____ Date: _____

Per EIV via SSN - _____ Initials _____

Form CBC 11/19/2018