

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

**Ph. 401.724.8910**

**Fax 401.723.1350**

*LHA is a 100% Smoke-Free Grounds*

**PRE-APPLICATION for PUBLIC HOUSING at LINCOLN MANOR and MANVILLE MANOR**

Persons in Household	Income Limits
1	48,750
2	55,700
3	62,650
4	69,600
5	75,200
6	80,750

**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 wait list by the date and time the pre-application was received. LHA has a residency preference. If you live in Lincoln, and meet the local preference requirements, your name is placed on the preference wait list. If the person does not meet the preference requirements, his/her name is placed on the non-preference wait list. The LHA processes its list according to unit size, and local preference. The LHA units may be located on different floor levels and are accessible by stairs. There are no elevators at LHA.

1. 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 peacefully enjoyment of the premises by other residents, and not have any family member engaged in any drug-related criminal activity.
2. 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 wait list. 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.
3. Applicants with disabilities may seek assistance with the completion of the application at LHA's office at the above address.
4. Last Step: When your name gets closer to the top of the wait list, LHA will contact you to schedule an appointment for an interview and to update your application.
5. LHA will conduct credit checks and criminal record checks on all applicants.



Please visit our website at: [www.lincolnhousing.org](http://www.lincolnhousing.org)  
The Lincoln Housing Authority is an Equal Housing Provider

Revision 8/14/2020

*Lincoln Housing Authority*  
10 Franklin Street Lincoln, RI 02865

## Elderly/Disabled Preliminary Application

**Date:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
\_\_\_\_\_

# of Bedrooms (please circle only one):  
**0 or 1 or 2**

**Home Phone #:** \_\_\_\_\_

**Work Phone #:** \_\_\_\_\_

**Marital Status:** \_\_\_\_\_

**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 <i>M/F</i>	US <i>Citizen</i>	Relation	Date of <i>Birth</i>	Social Security	Place of <b>Birth</b>
1.				Head of Household			
2.							
3.							
4.							

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

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		Other		

<b>ASSETS</b>			
<b>Name</b>	<b>Type of Asset</b>	<b>Name of Bank, Ins. Co., Funeral Home, Broker, Property Address</b>	<b>Amount</b>
	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 Phone number:	
Landlord's Name:			
Landlord address:			

Length of time at prior address:		Landlord's Phone number:	
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?  
**YES** \_\_\_\_ **NO** \_\_\_\_

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

Do you or any household member 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.*

\_\_\_\_\_

**Elderly/Disabled Housing – check one box below:**

- \_\_\_\_ Efficiency/Studio apartment – These apts. become available most often (referred to as a zero bed)
- \_\_\_\_ 1 Bedroom unit – If you check this, you will be called only when this unit becomes available
- \_\_\_\_ 2 Bedroom unit – If you check this, you will be called only when this unit becomes available

If disabled, do you or a household member require special accommodations? **YES** \_\_\_\_ **NO** \_\_\_\_

If yes, please state accommodations: \_\_\_\_\_

If you are requesting a FIRST FLOOR, you **must** attach a doctor’s note with an explanation for the need of a reasonable accommodation.

**VETERAN**

- 1. Are you a veteran?  YES  NO
  
- 2. Induction Date: \_\_\_\_\_ Discharge Date \_\_\_\_\_
  
- 3. Do you receive Veterans Benefits?  YES  NO
  
- 4. Are you a Disabled Veteran?  YES  NO

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 for 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: \_\_\_\_\_