



**SECTION 811  
PRE-APPLICATION**

Referral Source:    MFP    NHTP    NHPRI    BHDDH    Coordinated Entry

Contact Name: \_\_\_\_\_ Agency: \_\_\_\_\_ Phone: \_\_\_\_\_

**APPLICANT INFORMATION**

Applicant Name: \_\_\_\_\_

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

City/State/ZIP: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Sex: \_\_\_\_\_

Race: White \_\_\_ Black \_\_\_ American Indian \_\_\_ Asian \_\_\_ Pacific Islander \_\_\_

Other \_\_\_\_\_

Ethnicity: Hispanic or Latino \_\_\_ Not Hispanic or Latino \_\_\_ Other \_\_\_\_\_

**What is your current housing situation? (Check only one box)**

- Homeless/Stay in a shelter
- Hospital
- Nursing Home
- Group Home
- Other \_\_\_\_\_

**Do you require a handicap accessible unit?**    Yes    No

**Access Type:**    Mobility    Vision    Other \_\_\_\_\_

**Have you ever been convicted of the production of Methamphetamine in federally subsidized housing?**    Yes    No

**Are you a required to register as a lifetime sex offender?**    Yes    No

## HOUSEHOLD MEMBERS

Full Name	DOB	SSN	Disabled (Y/N)	Relationship (Head/Spouse/Other Youth/Live-In Aide, etc.)	Full Time Student (Y/N)

## FAMILY INCOME AND ASSETS

First Name	Gross Income	How Often	Annual	Source of Income

List total cash value and total income received for assets owned by all family members.

Type of Asset	Cash Value of Asset	Annual Income Received from Asset

### Certification of Applicant

By signing this certification you are agreeing to the terms.

I hereby certify that the information I have provided in this pre-application is true and accurate.

I understand that:

- ✓ Any misrepresentation or false information will result in my application being cancelled or denied, or in termination of housing assistance;
- ✓ This is a pre-application for project based rental assistance through the Section 811 PRA program offered by Rhode Island Housing and its administering agencies and is not an offer for housing
- ✓ At the time I am offered a housing unit I will be required to provide verification of the information I have provided here, in accordance with federal housing regulations
- ✓ My participation in the Section 811 PRA housing program is subject to my being eligible and in compliance with HUD and Rhode Island Housing regulations; and that I will be subject to a criminal history check.

I agree that Rhode Island Housing can share my information with participating owner agents and/or representatives of Section 811 partner agencies for the purposes of determining program eligibility.

---

Signature of Head of Household

Date