



**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