



People Improving Communities  
and Neighborhoods

4 South Main Street ■ Fall River, MA 02721 ■ Tel (508) 679-5233 ■ Email: PICAN@peopleinc-fr.org

Please print clearly. Please use black or blue ink ONLY. Applications with white out or applications completed in pencil will not be accepted. If something below does not apply to you, please write "N/A".

Application must be completed in its entirety. Filling out a Pre-Application does not guarantee eligibility or qualification for an apartment at this development.

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Telephone: (     ) \_\_\_\_\_ Work Telephone: (     ) \_\_\_\_\_

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

List ALL persons who will occupy the apartment. Please fill in all requested information.

	Name	Birthdate	SS#	Gender	Relationship	Annual Wage
Applicant						
Co-Applicant						
(3)						
(4)						

How did you hear about PICAN? \_\_\_\_\_

Do you or any members of your household require any reasonable accommodations to be made to your apartment (i.e., wheelchair access, apparatus for the hearing impaired, etc.)?    Yes    No

If yes, please describe: \_\_\_\_\_

Does the household have a Federal or State mobile housing voucher?    Yes    No

PICAN will not discriminate based on mobile voucher holder status. This question is asked for the sole purpose to: (1) determine an applicant household's ability to pay rent for a unit that does not have project based rental subsidy; or (2) advise applicant households who are applying for a unit with project-based rental subsidy that if they move into such a unit that already has subsidy with the unit, they will be required by their voucher agency to give up their mobile voucher.

PICAN prohibits the admission to its communities of persons with a lifetime registration requirement under a state sex offender registration program.

- Do you have a registration requirement under a state sex offender registration program? \_\_\_\_\_
- If so, in what state? \_\_\_\_\_
- Is the registration requirement a lifetime requirement?     Yes     No

I understand that this is a smoke-free community, which means that smoking is prohibited in the individual apartments and the interior and exterior common areas. \_\_\_\_\_  
(Initial above)

I understand that pets are not allowed in the individual apartments and interior and exterior common areas. \_\_\_\_\_  
(Initial above)

**Present Housing:** Do you    Own    Rent    Other

If "other", what is your relationship to the current landlord? \_\_\_\_\_

Name of **Present** Landlord: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Tel. #: (    ) \_\_\_\_\_ Fax #: (    ) \_\_\_\_\_

Dates of Residency: From \_\_\_\_\_ To \_\_\_\_\_ Monthly rent: \$ \_\_\_\_\_ Utilities: \$ \_\_\_\_\_

If above listed residency is less than 5 (five) years, please complete the following:

Name of **Previous** Landlord: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Tel. #: (    ) \_\_\_\_\_ Fax #: (    ) \_\_\_\_\_

Dates of Residency: From: \_\_\_\_\_ To: \_\_\_\_\_ Monthly rent: \$ \_\_\_\_\_ Utilities: \$ \_\_\_\_\_

Name of **Previous** Landlord: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Tel. #: (    ) \_\_\_\_\_ Fax #: (    ) \_\_\_\_\_

Dates of Residency: From: \_\_\_\_\_ To: \_\_\_\_\_ Monthly rent: \$ \_\_\_\_\_ Utilities: \$ \_\_\_\_\_

**Current Employment – Applicant**

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_  
 Work Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Telephone #: ( ) \_\_\_\_\_ Employment Dates: From \_\_\_\_\_ To \_\_\_\_\_  
 Verification Contact Person: \_\_\_\_\_ Tel. #: ( ) \_\_\_\_\_ Fax #: ( ) \_\_\_\_\_

**Current Employment – Co-Applicant**

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_  
 Work Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Telephone #: ( ) \_\_\_\_\_ Employment Dates: From \_\_\_\_\_ To \_\_\_\_\_  
 Verification Contact Person: \_\_\_\_\_ Tel. #: ( ) \_\_\_\_\_ Fax #: ( ) \_\_\_\_\_

**Total Income: A household’s income is the total anticipated amount of money received by ALL members of the household over the next 12 months based on their current income and any income earned from assets (starting from the date of the application and projecting forward 12 months). This excludes income earned by live-in-aides.**

Applicant Employment Salary:      Weekly \$ \_\_\_\_\_ Bi-weekly \$ \_\_\_\_\_ Monthly \$ \_\_\_\_\_  
 Co-Applicant Employment Salary:      Weekly \$ \_\_\_\_\_ Bi-weekly \$ \_\_\_\_\_ Monthly \$ \_\_\_\_\_

			<b><u>Monthly Amount</u></b>
Social Security:	<input type="checkbox"/> Applicant	<input type="checkbox"/> Co-Applicant	\$ _____
Suppl. Soc. Income (SSI):	<input type="checkbox"/> Applicant	<input type="checkbox"/> Co-Applicant	\$ _____
Veteran’s Assistance:	<input type="checkbox"/> Applicant	<input type="checkbox"/> Co-Applicant	\$ _____
Pensions:	<input type="checkbox"/> Applicant	<input type="checkbox"/> Co-Applicant	\$ _____
Other Income:	_____		\$ _____

Income means money from ANY source including Wages (tips, bonus, and commission, if applicable) Military Pay, Veterans Benefits, Disability Insurance Payments, SSA, SSI Federal, SSI State, Child Support, Alimony, Pension, Adoption Subsidy Payments, Education Grants, Stipends, Scholarships, Trade Union Benefits, Unemployment, Self- Employment Income, Public Assistance, Interest earned from Assets, Annuities, Workers Compensation, and Recurring Contributions such as: money someone gives you to pay your bills OR gives you as spending money OR the person uses to pay your bills directly.

**Assets**

Stocks: \_\_\_\_\_ Bonds: \_\_\_\_\_ Real Estate: \_\_\_\_\_  
 \_\_\_\_\_ 401(k)/Retirement Fund: \_\_\_\_\_  
 Other \_\_\_\_\_

Assets include checking and saving accounts, investments, stocks or bonds, mutual funds/trust accounts, certificates of deposit, IRA accounts (for example, 401K, Roth Keogh, or other retirement investments), whole life insurance policy, and real estate of **all household members**. If any household member currently owns property, the total amount of equity in the home shall be added to their total value of assets.

<u>Credit References</u>		
<u>Name</u>	<u>Type of Account</u>	<u>Account No.</u>
_____	_____	_____
_____	_____	_____

<u>Bank References</u>			
<u>Name</u>	<u>Bank Address</u>	<u>Type of Account</u>	<u>Account No.</u>
_____	_____	_____	_____
_____	_____	_____	_____

**In Case of Emergency, Please Contact:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Home Telephone: (     ) \_\_\_\_\_ Work Telephone: (     ) \_\_\_\_\_

**I understand that this is a preliminary application. I also understand that additional information may be requested at a later date to complete the processing.**

**Certification of applicant:** (All adult applicants, 18 or older, must sign the Pre-Application.)

I/We certify that all information in this application is true to the best of my/our knowledge and I/we understand

- ✓ that false statements or information will lead to rejection of this Pre-Application or termination of tenancy after occupancy;
- ✓ that in consideration for being permitted to apply for this apartment, I, the Applicant, do represent all information in this application to be true and that the owner/manager/employee/agent may rely on this information when investigating and accepting this Pre-Application;
- ✓ that the owner/manager/agent will rely on the information provided by the Applicant, once verified, to make a determination that the Applicant is eligible and qualified for housing.
- ✓ that I, the Applicant, must notify the properties, for which I have submitted a Pre-Application, of any change of address in writing and I understand that my Pre-Application may be cancelled if I fail to do so.

Applicant hereby authorizes the owner/manager/agent to make independent investigations to determine my credit, financial standing, criminal background, including sex offender registration history, landlord history, and personal references. No determination of actual suitability for housing will be made until the applicant comes to the top of the waiting list, completes the full rental application, and screening is completed by the Agent and suitability for housing is determined.

Applicant authorizes landlords, personal references, and credit and screening agencies to release any and all information to the owner/manager/employee or their agents or background checking agencies.

Applicant hereby releases, remises, and forever discharges, from any action whatsoever, in law and equity, and all owners, managers and employees or agents, both of landlord and their credit checking agencies in connection with processing, investigating, or credit checking this application, and will hold harmless from any suit or reprisal whatsoever, except as otherwise limited by laws relating to the use of personal information, credit history, or criminal background.

People Improving Communities and Neighborhoods, does not discriminate on the basis of race, color, religion, sex, national origin, familial status, physical or mental disability, ancestry, marital status, sexual orientation, age (except minors), or lawful source of income in the access or admission to its programs or employment, or in its programs, activities, functions or services.

The above statements are made under the penalties of perjury and all must be verified.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Leasing Agent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PENALTIES FOR MISUSING THIS CONSENT:** Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD and any owner (or any employee of HUD or the owner) may be subject to penalties for unauthorized disclosures of improper use of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willingly requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, for misusing the social security number as provided under the Social Security Act at 208 (a) (6), (7) and (8). Violation of these provisions are cited as violations of 42 U.S.C. 408 (a) (6), (7) and (8).

#### RIGHT TO REASONABLE ACCOMMODATION

The Agent for this property provides persons with disabilities the opportunity to request a reasonable accommodation in order to apply to and participate in such programs and activities. The Agent for this property will consider a reasonable accommodation, upon request, for qualified people with disabilities when an accommodation is necessary to ensure equal access to the development, its amenities, services and programs. Reasonable accommodations may include changes to the building, grounds, or an individual unit; changes to policies, practices, and procedures; and mitigating circumstances.

#### LIMITED ENGLISH PROFICIENCY

The Agent provides people whose primary language is not English and as a result have limited English proficiency, the opportunity to request free language assistance in order to apply to or participate in its programs and activities.

#### FAIR HOUSING/EQUAL OPPORTUNITY INFORMATION

The Agent for this property does not discriminate on the basis of race, color, religion, national origin, gender, disability, familial status, marital status, sexual orientation, genetic information, veteran/military status, receipt of public assistance, ancestry, age, gender identity or other basis prohibited by federal, state, or local law in the access or admission to its programs or employment or its programs, activities, functions or services.