WARREN HOUSING AUTHORITY

PUBLIC HOUSING PROGRAM-KICKEMUIT VILLAGE



Thank you for your interest in the Public Housing Program at Kickemuit Village. Warren Housing Authority's Public Housing Program is comprised of one housing site located at 20 Libby Lane, Warren, RI 02885, containing 153 units available to low-income families. Our complex consists of 58 efficiency units, 93 one bedroom units and 2 two bedroom units with utilities included.

Application for Kickemuit Killage are available online at (https://www.warrenhousing.org/public-housing-program/) and at our main office loacted at:

Warren Housing Authority
Main Office
20 Libby Lane, Warren, RI 02885
Monday-Friday 8:00am-3:30pm

Please be advised, Warren Housing Athority does not provide waitlist position numbers.

INCOMPLETE APPLICATIONS WILL BE REJECTED

EQUAL HOUSING OPPORTUNITY

20 Libby Lane • Warren, RI 02885 • Phone: 401-245-7019 • Fax: 401-245-1392

WARREN HOUSING AUTHORITY

PUBLIC HOUSING PRE-APPLICATION

WHAT THIS APPLICATION IS ABOUT

This application collects information that the Warren Housing Authority (WHA) needs to consider your eligibility for housing assistance through the Public Housing program.

IMPORTANT THINGS TO KNOW

- If you are selected off the waitlist for an available unit, you will have to submit additional supporting documents.
- Application will be accepted by mail, via the document drop-box located at the main office or email, ldoherty@warrenhousing.org.
- If you are 62 years of age or older or a person with disabilities and require special assistance to complete this application, please contact the office at 401-245-7019 option 7 or via email at pha@warrenhousing.org and arrangements will be made to accommodate your needs.
- Completed applications will be entered on the wait list in order they are received, the wait list is sorted by preference points and date and time of the submitted application.

WHAT HAPPENS AFTER YOU SUBMIT THIS FORM

- The WHA will review your application to be sure it is complete. If your application is complete, you will receive a letter stating you have been placed on the waitlist. Incomplete applications will be rejected and returned.
- You will receive a yearly update form that must be completed and sent back to the Housing Authority for you to remain on the Wait List.

IF YOUR SITUATION CHANGES AFTER YOU COMPLETE THIS APPLICATION

- Contact the office at 401-245-7019 ext. 10 to update any change to your application, including phone number, current address and any income or asset information.

IF YOU NEED HELP WITH THIS APPLICATION

The Warren Housing Authority can answer your questions. For assistance, contact us:

By phone: 401-245-7019, option 7

By email: pha@warrenhousing.org

By mail/In person:

Warren Housing Authority
Main Office
20 Libby Lane
Warren, RI 02885

Head of Household

You are the "Head of Household." This means the lease will be in your name, please tell us about yourself in this section.

Head of Household Information

Full Name (First, Middle, and Last)

Write your name as it appears on your social security card or other legal documents.

Date of Birth (MM/DD/YYYY)

		/			/				

Social Security Number (if any)

Preferred Language

o English

o Espanol

o Other:_____

Do you have a disability?

o Yes

o No

Number of people in your household (including yourself)

Citizenship Status

o Eligible Citizen

o Eligible Non-Citizen

o Ineligible Non-Citizen

Primary Race:

_____

Hispanic/Latino: o Yes o No

Current Phone Number (required)

Head of Household Contact Information

Current Address (required)

City	State	Zip Code

Do you rent or own your current address?

o Rent, please provide landlords name and phone number: _____

o Own

Are you currently living in subsidized housing?

o Yes, Name of Housing Authority: _____

o No

CO-HEAD OR SPOUSE OF HOUSEHOLD – OPTIONAL SECTION

You can add another adult who lives with you as a co-head or spouse. This person can help with managing your recertifications and will be listed on the lease.

Co-Head or Spouse Information

Full Name (First, Middle, and Last)
Write their name as it appears on your social security card or other legal documents.

Date of Birth (MM/DD/YYYY)

		/			/				

Social Security Number (if any)

Preferred Language
o English
o Espanol
o Other:_____

Do they have a disability?
o Yes
o No

Citizenship Status
o Eligible Citizen
o Eligible Non-Citizen
o Ineligible Non-Citizen

Primary Race:
_____

Hispanic/Latino: o Yes o No

Current Phone Number (required)

Additional Household Members

List below any other adults or children who live in the home full time. If you listed a co-head in prior section, do not list person here. If you are applying as an individual person, skip to the preference points section.

Additional Household Member #1

Full Name (First, Middle, and Last)
Write their name as it appears on your social security card or other legal documents.

Date of Birth (MM/DD/YYYY)

		/			/				

Social Security Number (if any)

Preferred Language
o English
o Espanol
o Other:_____

Do they have a disability?
o Yes
o No

Citizenship Status
o Eligible Citizen
o Eligible Non-Citizen
o Ineligible Non-Citizen

Primary Race:
_____

Hispanic/Latino: o Yes o No

Additional Household Member #2

Full Name (First, Middle, and Last)
Write their name as it appears on your social security card or other legal documents.

Date of Birth (MM/DD/YYYY)

		/			/				

Social Security Number (if any)

Preferred Language
o English
o Espanol
o Other:_____

Do they have a disability?
o Yes
o No

Citizenship Status
o Eligible Citizen

o Eligible Non-Citizen

o Ineligible Non-Citizen

Primary Race:
_____

Hispanic/Latino: o Yes o No

Preference points questions

Are you or your spouse a veteran?
o Yes

o No

Do you work in Warren, RI?
o Yes, Name and address of employer:_____
_____

o No

Background questions

Have you or any household member(s) been evicted from Public Housing or Section 8 housing?
o Yes

o No

Do you or any household member(s) owe money to any Public Housing Authority?
o Yes

o No

Have you or any adult household member ever been convicted of a crime other than a traffic violation?
o Yes

o No

Are you or any household member currently on parole or probation?
o Yes

o No

A "yes" to any of the above questions will not necessarily disqualify you from admission.

INCOME

Are you or anyone in the household receiving or expecting to receive any of these benefits or income in the next 12 months? (Mark all that apply)

- ☐ Social Security/SSI/Disability/SSDI
- ☐ RI DHS ($39.92)/RI Works/RI Bridges
- ☐ Money received regularly from family or friends
- ☐ Pension or Retirement Account Distributions
- ☐ Trust Distributions
- ☐ Self-employment or Seasonal Income
- ☐ Independent-contracting income (Door dash, Uber, etc. generally receives a 1099 form)
- ☐ Unemployment
- ☐ Veterans Benefits
- ☐ Workers Compensation
- ☐ Real Estate income/sales
- ☐ Wages, tips, and gratuities
- ☐ Other:_____
- ☐ No household members are receiving any type of income

For all income and benefits selected above, complete information below

BENEFIT/INCOME SOURCE #1

Type of Benefit	**Which household member receives it?**
Payment Frequency (Weekly, Monthly, Yearly)	**How much is paid each time?** (Estimated)
	$

BENEFIT/INCOME SOURCE #2

Type of Benefit	**Which household member receives it?**
Payment Frequency (Weekly, Monthly, Yearly)	**How much is paid each time?** (Estimated)
	$

BENEFIT/INCOME SOURCE #3

Type of Benefit

Which household member receives it?

Payment Frequency (Weekly, Monthly, Yearly)

How much is paid each time? (Estimated)

$

BENEFIT/INCOME SOURCE #4

Type of Benefit

Which household member receives it?

Payment Frequency (Weekly, Monthly, Yearly)

How much is paid each time? (Estimated)

$

BENEFIT/INCOME SOURCE #5

Type of Benefit

Which household member receives it?

Payment Frequency (Weekly, Monthly, Yearly)

How much is paid each time? (Estimated)

$

ASSETS

Do you or anyone in your household have any assets? (Examples include any bank accounts, properties, money stored in mobile payment apps, luxury items, recreational vehicles, collectables, stocks, life insurance policies. DO NOT INCLUDE retirement accounts, IRAs or Educational Savings Accounts.)

o Yes

o No (Skip to Real Estate Assets section)

Bank Accounts and Other Assets

What type of assets or other assets does your household have? (mark all that apply)

☐ Bank Accounts (checking, savings or Money Market)

☐ Stocks, Bonds or Mutal Funds

☐ Annuities

☐ Cash Value of Life Insurance

☐ Money stored in Mobile Apps (Cash App, Venmo, Apple Cash, Direct Express)

☐ Luxury Items

☐ Cryptocurrency Accounts

☐ Other: _____

For all bank accounts and assets selected above, complete the information below.

BANK ACCOUNT OR ASSET #1

Name of Asset Holder	Type of Asset	Balance or Current Value
		$

How much income do you expect to earn from this asset in the next year?

$

This includes interest, dividends, and other earnings. Any assets for which you received Form 1099 tax documents should be counted here.

BANK ACCOUNT OR ASSET #2

Name of Asset Holder	Type of Asset	Balance or Current Value
		$

How much income do you expect to earn from this asset in the next year?

$

This includes interest, dividends, and other earnings. Any assets for which you received Form 1099 tax documents should be counted here.

BANK ACCOUNT OR ASSET #3

Name of Asset Holder	Type of Asset	Balance or Current Value
		$

How much income do you expect to earn from this asset in the next year?

$

This includes interest, dividends, and other earnings. Any assets for which you received Form 1099 tax documents should be counted here.

BANK ACCOUNT OR ASSET #4

Name of Asset Holder	Type of Asset	Balance or Current Value
		$

How much income do you expect to earn from this asset in the next year?

$

This includes interest, dividends, and other earnings. Any assets for which you received Form 1099 tax documents should be counted here.

Real Estate Assets

Do you or anyone in your household own any form of real estate? (Examples include land, houses, commercial buildings or timeshare)

o Yes | Address:

o No (Skip to Disposal of Assets)

Mark the type(s) of real state assets your household owns:

□ Timeshare
□ Residential Property
□ Commercial Property
□ Other Property (Land)

How much is the property worth in cash? $

What are the reasons your household can't live at this property? (Mark all that apply)

□ Property is not residential (commercial or land)

□ Property does not meet State or Local housing laws

□ Property is too small, or the household or property does not meet the disability needs of all household members

□ The property is in poor condition and not safe to live in

□ Other:_____

Are you currently offering the property for sale?

o Yes

o No

Do you or any member of your household have legal authority to sell the property?

o Yes

o No

Disposal of Assets

The U.S. Department of Housing and Urban Development (HUD) requires the WHA to check whether you or anyone in your household has given away, gotten rid of, or sold any assets for less than they were worth in the past 2 years.

Assets include (but are not limited to):

- Life Insurance policies with cash value
- Property, land or other valuable investments
- Money in savings accounts, stocks, bonds or retirement funds
- Cash from inheritance or insurance payouts

In the past 2 years, have you or any household members sold, given away or transferred any assets for less than they were worth?

o Yes (Fill out the information below)

o No

What was the asset?	What was the value of the asset at that time?
	$
When did you get rid of it?	How much money did you receive for it?
	$

Please note that under 18 U.S.C. 1001, **it is a felony to intentionally make false or misleading statements, or to submit documents containing false information**, to any U.S. government agency. By signing, you agree that the information provided is complete and correct to the best of your knowledge.

	Signature of Head of Household	**Date**
SIGN ➡		

Certification and Consent

Please take a moment to review your responses in this packet. By signing below, you confirm that the statements you've made in these forms are complete and true.

Do you certify that the statements you've made in these forms are complete and true, based on the information available to you?

o Yes

o No (**We cannot accept your submission**.)

Do you understand that intentionally making false statements or misrepresentations is a criminal offense and that they may result in denial of assistance?

o Yes

o No (**We cannot accept your submission**.)

Do you understand that if selected from the wait list you must follow the rules and regulations established by HUD and by the WHA as outlined in the Public Housing Admission and Continued Occupancy Plan?

o Yes

o No (**We cannot accept your submission**.)

Please note that under 18 U.S.C. 1001, **it is a felony to intentionally make false or misleading statements, or to submit documents containing false information**, to any U.S. government agency. By signing, you agree that the information provided is complete and correct to the best of your knowledge.

	Signature of Head of Household	**Date**
SIGN ➡		

Information Release – Optional Section

Fill out this page if you want to name an individual that the WHA can contact in case you have any issues with your application or need special assistance. Consider listing a family member, friend or trusted organization/case manager.

Do you want to add a contact for ongoing support?

o No

o Yes (Fill out the person's contact details below)

Name of Contact:

Name of Organization (if any):

Phone Number:

Do you understand that by giving this information, you allow the WHA to share records with the person/organization above?

o Yes, I understand

o No, I do not wish to continue adding a contact for ongoing support with my application

When should WHA contact this person:

Explain:

_____

_____

_____