



Bristol Housing Authority

1014 Hope Street, Bristol, RI 02809

401.253.4464 FAX 401.253.9249

M. Candace Pansa, Executive Director

Board of Commissioners

John E. Faria, Chairman

Domenic C. Canina, Vice Chairman

Manuel N. Cotta, Jr.

Patricia A. Sardinha

Raymond C. Cordeiro

Dear Applicant:

We take pride in our management and in our apartment community. We actively seek good residents to make their home with us; and we strive to provide the best services we possibly can while they live at Benjamin Church Manor.

We screen our applicants very carefully and we completely verify all information provided to us on the application that you complete and from other sources available to us. We verify all items on the application and we check previous rental history.

The screening and verification process is used for every applicant the same way-fairly, consistently, uniformly. We work very diligently to observe both the spirit and the letter of the fair housing laws-not just because they are the law of the land, but because we sincerely believe, personally and as an authority, in fair housing and equal opportunity in fair housing for everyone.

An applicant who passes the screening criteria is offered an apartment when a suitable one is available. An applicant who does not satisfy the screening criteria is not accepted as a resident.

By making an application for an apartment here at Benjamin Church Manor, you acknowledge that these checks and verifications will be done, and give your permission for us to do so.

Please completely fill in your application. If you don't provide us with complete information, we will be unable to process the application successfully. If there is any item on the application that you do not understand, please call our office for assistance. If there is additional information that you feel might be of assistance to us in processing your application, please let us know. We are here to be of service to you and to others seeking housing.

We welcome your suggestions as to how we might do that task better and more efficiently. We will do our best to process your application quickly and give you an answer within a reasonable time.

Please sign and date this letter where indicated below, and give it to a member of our staff. We can provide you with a copy for your files. Thank you for making an application at Benjamin Church Manor; we sincerely hope that you will be a long-term resident with us. If you or anyone in your family is a person with disabilities and you require a specific accommodation in order to fully utilize our programs and services, please contact Jane Palumbo at 401-253-4464x12.

Sincerely,

M. Candace Pansa

M. Candace Pansa
Executive Director

MCP: jp

Applicant

Date



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BENJAMIN CHURCH MANOR IS A SMOKE FREE COMMUNITY

Thank you for applying for residency at Benjamin Church Manor, an independent, senior housing community.

Benjamin Church Manor is a **SMOKE-FREE** facility. This means smoking is **ONLY** permitted in designated smoking areas which are located 25 feet from all buildings on the complex.

The Commissioners and staff of the Bristol Housing Authority hold residents' safety as one of its highest priorities. Statistically, most fires in public housing units are caused by cigarettes left unattended; and second hand smoke can initiate respiratory complications.

If you have any questions regarding our smoke-free policy, please feel free to call Jane Palumbo, Public Housing Coordinator at 401-253-4464 Ext. 12.

Sincerely,

M. Candace Pansa
Executive Director



BENJAMIN CHURCH MANOR

1014 Hope Street ♦ Bristol, Rhode Island 02809 ♦ 401-253-4464

PRE-APPLICATION FOR PUBLIC HOUSING AT BENJAMIN CHURCH MANOR

(PLEASE PRINT ALL INFORMATION CLEARLY)

Date: _____

A. APPLICANT INFORMATION:

Full Name _____ Social Security # _____

Address _____ City _____ State _____ Zip _____

Home Telephone # _____ Cell Phone # _____

LIST THE NAMES, ADDRESSES AND PHONE NUMBERS OF PERSON(S) WHO CAN BE CONTACTED IN CASE OF EMERGENCY.

1. Name _____ Address _____ Telephone # _____

2. Name _____ Address _____ Telephone # _____

B. HOUSING STATUS:

Do you presently own a home? Yes No Have you owned a home within the past 24 months? Yes No
DOCUMENTATION WILL NEED TO BE PROVIDED AT TIME OF INTERVIEW IF APPLICABLE.

Why do you wish to move? _____

Have you ever been displaced or evicted? Yes No If yes, where and when? _____

Have you ever resided in a government subsidized unit? Yes No If yes, where? _____

How long have you lived at your current resident? _____

Present Landlord: Name _____ Address _____ Telephone # _____

Former Landlord: Name _____ Address _____ Telephone # _____

C. HOUSEHOLD COMPOSITION: (Please list all members of your household including yourself who are applying for residency. List head of household first as number (1) and then each family member.

Soc. Sec. #	Name of Family Member	Relationship	Date of Birth	Place of Birth	Age
		Head			

OVER

D. SOURCE(S) OF INCOME: (i.e., SOCIAL SECURITY, S.S.I., PENSION, ANNUITIES, ETC.)

<i>Family Member</i>	<i>Source & Type of Income</i>	<i>Gross Amount</i>
Head		

E. ASSETS:

<i>Type of Account</i>	<i>Name of Bank</i>	<i>Account No.</i>	<i>Amount</i>

Have you or your spouse given away, sold, deeded or transferred any items of value such as cash, land, buildings, shares, bank accounts, stocks, bonds, etc. during the past 24 months? Yes No

If yes, describe items and provide documentation _____

Date of Transfer: _____

F. VETERAN'S STATUS:

Are you a service-connected disabled Veteran? Yes No VA Claim No.: _____

G. PROGRAM INFORMATION:

Are you or anyone in your household disabled? Yes No

Does your health condition prevent you from climbing to a second floor unit? Yes No

Have you or anyone in your household ever been convicted of any crime, other than a traffic violation? Yes No

If yes, please explain _____

The above information is full, true and complete to the best of my knowledge. I have no objections to inquiries being made for the purpose of verifying the statements made herein. All information obtained will be used for management purposes only and will be held in confidence.

Signature

Date

Signature

Date

NOTE: Please be sure all items are filled out, particularly Sections C, D and E, or the form will be returned to you. Please remember that this is only a preliminary application. An in person interview will follow.

Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING

This form is to be provided to each applicant for federally assisted housing

Instructions: Optional Contact Person or Organization: You have the right by law to include as part of your application for housing, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. **You may update, remove, or change the information you provide on this form at any time.** You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form.

Applicant Name:	
Mailing Address:	
Telephone No:	Cell Phone No:
Name of Additional Contact Person or Organization:	
Address:	
Telephone No:	Cell Phone No:
E-Mail Address (if applicable):	
Relationship to Applicant:	
Reason for Contact: (Check all that apply)	
<input type="checkbox"/> Emergency	<input type="checkbox"/> Assist with Recertification Process
<input type="checkbox"/> Unable to contact you	<input type="checkbox"/> Change in lease terms
<input type="checkbox"/> Termination of rental assistance	<input type="checkbox"/> Change in house rules
<input type="checkbox"/> Eviction from unit	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Late payment of rent	
Commitment of Housing Authority or Owner: If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.	
Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
Legal Notification: Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.	

Check this box if you choose not to provide the contact information.

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Signature of Applicant

Date

The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). The public reporting burden is estimated at 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Section 644 of the Housing and Community Development Act of 1992 (42 U.S.C. 13604) imposed on HUD the obligation to require housing providers participating in HUD's assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend, or person associated with a social, health, advocacy, or similar organization. The objective of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any delivery of services or special care to the tenant and assist with resolving any tenancy issues arising during the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and maintained as confidential information. Providing the information is basic to the operations of the HUD Assisted-Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fraud, waste and mismanagement. In accordance with the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless the collection displays a currently valid OMB control number.

Privacy Statement: Public Law 102-550, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions.