



Bristol Housing Authority
BENJAMIN CHURCH MANOR
 1014 Hope Street, Bristol, RI 02809
 401.253.4464 FAX 401.253.9249
 Candace Pansa, Executive Director

PRE-APPLICATION FOR PUBLIC HOUSING ASSISTANCE

1. Head of Household Information

Last Name	First Name	M.I.	Sex	SS#	DOB
Current Address:					
Street	City	State	Zip Code		
Home Phone: _____			Cell Phone: _____		
Previous Address:					
Street	City	State	Zip Code		
Email Address: _____					
<u>PLEASE CHECK ALL THAT APPLY TO YOU</u>					
Race: <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> Other					
Ethnicity: <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic					

2. List All Other Individuals Who Will Be Living In the Apartment

Legal Name	Sex	Relationship to Head	Social Security #	D.O.B.	Race	Ethnicity Hispanic OR Non-Hispanic

3. LIST ALL INCOME AND SOURCES FOR ALL INDIVIDUALS Who Will Be Living In the Apartment

First Name	Gross Monthly Income	Source (SS, Pension, Wages, Other)



Do you claim any of the following preferences? Applicants are ranked on the waiting list according to preference, date, and time. Preferences will be verified when selected from the waiting list.

A. _____ Residency preference (for a family that resides within the BHA’s jurisdiction or works at least 20 hours per week within the BHA’s jurisdiction or has been notified they are hired to work at least 20 hours per week within the BHA’s Jurisdiction.

B. _____ United States Service-Connected Disabled Veteran. Claim #: _____

4. Are you or anyone in your household disabled? Yes No

5. Do you require a first-floor apartment due to a disability that prevents you from climbing to the second floor? Yes No

6. Do you need a fully modified apartment due to a disability? Yes No
(A fully modified apartment may include wider entryway to accommodate a wheelchair, lower counter, walk-in-shower)

7. Have you or anyone in your household ever been convicted of any crime. Yes No
If yes, please explain: _____

8. Have you or anyone in your household been evicted from Public or Assisted Housing for drug related activity within the past 3 years? Yes No

**INCOMPLETE APPLICATIONS/ OR UNSIGNED APPLICATIONS
WILL NOT BE PROCESSED**

Warning: Section 1001 of Title 18 of the U.S. code makes it a criminal offense to make willful false statements or misrepresentations to any department or agency of the U.S. as to any matter within its jurisdiction.

Applicant’s Signature Date

Other Household Member’s Signature Date

******PLACEMENT ON THE WAITING LIST DOES NOT INDICATE THAT THE FAMILY IS, IN FACT, ELIGIBLE FOR ADMISSION. A FINAL DETERMINATION OF ELIGIBILITY AND QUALIFICATION FOR PREFERENCES WILL BE MADE WHEN THE FAMILY IS SELECTED FROM THE WAITING LIST.*****

ALL STATEMENTS ARE SUBJECT TO VERIFICATION BY THE BRISTOL HOUSING AUTHORITY AND MAY OR MAY NOT CHANGE FAMILIES’ PLACE ON THE WAITING LIST.

NOTICE: YOU ARE REQUIRED TO NOTIFY THE BRISTOL HOUSING AUTHORITY IN WRITING OF ANY CHANGE OF ADDRESS. IF WE CAN NOT CONTACT YOU AT THE ADDRESS LISTED, YOUR NAME MAY BE REMOVED FROM THE WAITING LIST, AND YOU WILL HAVE TO RE-APPLY.

PHA INTAKE INFORMATION FOR OFFICE USE ONLY:

