



**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**

<b>Last Name</b>	<b>First Name</b>	<b>M.I.</b>	<b>Sex</b>	<b>SS#</b>	<b>DOB</b>
<b>Current Address:</b>					
Street	City	State	Zip		
<b>Preferred Phone:</b> _____ <b>Alternate Phone #:</b> _____					
<b>Previous Address:</b>					
Street	City	State	Zip		
<b>Email Address:</b> _____					
<b><u>PLEASE CHECK ALL THAT APPLY TO YOU</u></b>					
<b>Race:</b> <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					
<b>Ethnicity:</b> <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic					

**2. List all individuals that will be living in the apartment**

Legal Name	Sex	Relationship to Head	SS#	DOB	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 of Income (SS, Pension, Wages, Other)



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

**CHECK ALL THAT APPLY TO YOU**

- A. \_\_\_ Residency Preference (for an applicant that resides in Bristol, RI or works at least 20 hours per week in Bristol, RI.
- B. \_\_\_ Service-Connected Disabled American Veteran.
- C. \_\_\_ Violence Against Women’s Act. VAWA is a preference for victims of domestic violence, dating violence, sexual assault, or stalking.

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

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

**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 7 years?**  Yes  No

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.

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Applicant’s Signature

Date

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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.**

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**PHA INTAKE INFORMATION FOR OFFICE USE ONLY:**

