



**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 is for an applicant that resides in Bristol, RI or works at least 20 hours per week in Bristol, RI.
- B. \_\_\_ United States Veteran Preference.
- C. \_\_\_ Domestic Violence Preference - Violence Against Women’s Act. VAWA is a preference for victims of domestic violence, sexual assault or stalking.
- D. \_\_\_ Working Family Preference. For the head, spouse, cohead, or sole member is currently working at least 20 hours per week. For families where the head and spouse, or sole member is a person aged 62 or older, or is a person with disabilities, will also be given the benefit of the working preference.

**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 been convicted of any crime within the past 3 years?**  Yes  No

**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

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:**



**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.

---

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:**



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.

<b>Applicant Name:</b>	
<b>Mailing Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>Name of Additional Contact Person or Organization:</b>	
<b>Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>E-Mail Address (if applicable):</b>	
<b>Relationship to Applicant:</b>	
<b>Reason for Contact:</b> (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	
<b>Commitment of Housing Authority or Owner:</b> 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.	
<b>Confidentiality Statement:</b> The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
<b>Legal Notification:</b> 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.

--	--

**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.

# Smoke Free Policy

The Town of Bristol Housing Authority

Adopted by the Board of Commissioners April 13, 2017

Effective June 13, 2017

## PURPOSE:

Out of concern for the effect that second hand smoke has on those with respirators or other health related conditions, and because Environmental Tobacco Smoke can migrate between unit in multifamily housing, causing respiratory illness, heart disease, cancer and other adverse health effects, The Town of Bristol Housing Authority (BHA) Board of Commissioners has declared that Benjamin Church Manor located at 1014 Hope Street, Bristol, Rhode Island, will be designated as Smoke Free. The parties intend to mitigate (a) the known health effects of second-hand smoke, as well as the irritation it can cause; (b) the increased costs of maintenance and cleaning resulting from smoking; (c) the risk of fire associated with smoking; and (d) the increased costs of fire insurance for a non-smoke free building. Tenants and all members of tenant's family or household are parties to a written lease with the landlord (lease.) All residents, guests, employees, contractors, and business invitees must abide by the following rules and regulations.

## DEFINITIONS:

Smoking means inhaling, exhaling, breathing, or carrying any lighted or heated cigarette, cigar, or other tobacco product or plant product in any manner or form. The term smoking also includes the use of electronic cigarettes.

**Electronic cigarette** means any electronic device that provides vapor derived from liquid nicotine and/or other substance to the user while simulating smoking. This term shall also include these devices whether manufactured or referred to as e-cigarette, e-cigar, e-pipe or under any product name.

**Water Pipes or Hookah** refer to devices for smoking that use charcoal or coal to heat tobacco and draw smoke through water and hose.

## REGULATION OF SMOKING (INDOOR AND OUTDOOR):

**Smoke-Free Complex:** Tenant acknowledges and agrees that the premises to be occupied by tenants and tenant's household members are designated as a smoke free living environment. The tenants and tenant's household members will not smoke anywhere in the unit rented by tenant, or the building where the tenant's unit is located. This includes any and all common areas and/or adjoining grounds of that building and other areas of the rental community. Tenant will not permit any guests, visitors, or contractors under the control of the tenant to smoke in these areas.

A location at each public housing site will be designated by Management that is twenty-five (25) feet from entranceways where smoking of tobacco products by residents and guests will be permitted. Other plant based or synthetic products including marijuana, otherwise prohibited by the federal government, are not permitted anywhere in or on the premises. The twenty-five-foot distance is a reasonable distance from any unit to ensure that tobacco smoke does not enter enclosed area of buildings. BHA does however reserve the right to revoke this provision of a designated smoking areas at any time if it is determined that smoking in that area poses a safety hazard, increases insurance liability, or contradicts regulation or policy published after this policy is instituted.

Contractors and vendors of the Bristol Housing Authority or its residents are not allowed to smoke anywhere in or on premises. They must use sidewalks or off-property areas.

Any and all smoking waste or litter is to be disposed of. Dedicated receptacles are provided, and it is mandatory that these be used for the disposal of extinguished smoking remains to avoid fire hazard.

**Tenant Duties as to Promotion of No-Smoking Policy, Report of Violation and Responsibility for Damage** includes the tenant's responsibility to inform tenant's guests of the no-smoking policy. Tenant also has the responsibility of giving landlord prompt written statement of any incident where tobacco smoke is migrating into tenant's unit from sources outside tenant's unit.

Tenants will be financially responsible for damages incurred by tenant and/or tenant's guest(s). If direct or indirect property damage or personal injury occur as a result of a tenant or tenant's guest(s) violation of the No-Smoking Policy, tenant will be financially responsible to pay for this damage.

**Landlord Duties to Promote No Smoking Policy** include the posting of no-smoking signs at entrances, exits, hallways, common areas, etc. Landlord will also post the designated area(s) where smoking will be permitted.

**Other Tenants are Third party Beneficiaries of Tenant's Agreement** in that the Tenant agrees that the other tenants of the BHA are the third-party beneficiaries of tenant's smoke free addendum agreements with landlord (meaning the Tenant's commitments in this Addendum are made to the other Tenants as well as to Landlord.) A tenant may sue another tenant for an injunction to prohibit smoking or for damages but does not have the right to evict another tenant. Any suit between tenants shall not create a presumption that the landlord breached this addendum.

**Effect of Breach and Right to Terminate Lease:** The first and second violation of this smoke free policy will result in a written warning. The third violation will be considered a material breach of this policy. A material breach of the policy shall be a material breach of the lease and grounds for immediate termination of the lease by BHA.

**DISCLAIMER:**

**Landlord is Not a Guarantor of Smoke-Free Environment.** Tenant acknowledges that the landlord's adoption of a smoke free living environment and the efforts to designate the rental complex as smoke free, do not in any way change the standard of care that BHA would have to a tenant household to render buildings and premises designated as smoke free any safer, more habitable, or improved in terms of air quality standards than any other premises, nor make the landlord or any of its managing agents the guarantor of tenant's health or of the smoke-free condition of the tenant's unit and common areas.

BHA cannot warrant or promise that the rental premises or common areas will be free from secondhand smoke. Resident acknowledges the BHA's ability to police, monitor, enforce the agreements of this policy is dependent in significant part on voluntary compliance by residents and residents' guests. Residents with respiratory ailments, allergies or any other physical or mental condition related to smoke are put on notice that BHA does not assume any higher duty of care to enforce this policy than any other BHA obligation under the lease. BHA will however, take reasonable steps to enforce the smoke free terms of its lease and to make the complex smoke free. Landlord is not required to take steps in response to smoking unless landlord has been given written notice of said smoking.

**NO SMOKING POLICY AGREEMENT**

I have received and read a copy of BHA's No Smoking Policy and agree to abide by its provisions. acknowledge that the terms of my lease area applicable to my agreement to the Policy.

**Head of Household's Printed Name:** \_\_\_\_\_

_____ <b>Head of Household / Applicant Signature</b>	_____ <b>Date</b>
_____ <b>Resident/Applicant Signature</b>	_____ <b>Date</b>
_____ <b>Employee Signature</b>	_____ <b>Date</b>

**PLEASE SIGN AND RETURN SIGNATURE PAGE**