



**Blackstone Valley  
Community Action Program**  
32 Goff Avenue  
Pawtucket, Rhode Island 02860  
401.723.4520  
Fax 401.725.6550  
[www.bvcap.org](http://www.bvcap.org)

James R. Hoyt, Jr.  
*Chairman*

Vincent Ceglie  
*Executive Director*

Thank you for your interest in leasing out apartment located at 173 Pine Street 2<sup>nd</sup> Floor, Pawtucket, RI 02860. Attached is the rental application form and release of information that you will need to complete.

When submitting your completed application, please include a copy of the following information (**this applies to all members of your household as listed on your application**):

1. Birth Certificate
2. Social Security Card
3. Photo ID (All household members over the age of 18)
4. Proof of Citizenship Status (if applicable)
5. Proof of all current sources of income for all household members (Including, but not limited to: Employment, Unemployment, Social Security, SSI, DHS, Pensions, FIP, TDI, Worker's Compensation, Etc.)
6. Bank Statement (All accounts of each household member)

Please mail or hand-deliver your application to:

**Blackstone Valley Community Action Program**  
**32 Goff Avenue, Room 204**  
**Pawtucket, RI 02860**

**All applications must be received by Tuesday March 13<sup>th</sup>, 2018.**

Once we receive your application we will perform a background and credit check for all household members of legal age. We will also verify your household income.

Any application not fully completed, cannot be processed.

Should you have any questions, please contact us at 401-723-4520 x299.



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**RENTAL APPLICATION**



Each Applicant of legal age must complete a separate application.

**Location: 173 Pine Street, 2<sup>nd</sup> Floor, Pawtucket, RI 02860**

Applicant Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

**PLEASE LIST ALL PERSONS THAT WOULD OCCUPY THE APARTMENT:**

	NAME	SOCIAL SECURITY NUMBER	RELATIONSHIP
1			Head of Household
2			
3			
4			
5			
6			
7			
8			

**PLEASE PROVIDE YOU RESIDENCE HISTORY FOR THE PAST 3 YEARS**

CURRENT STREET ADDRESS (STREET, CITY, STATE, ZIP CODE):			
LANDLORD NAME:	LANDLORD ADDRESS:	LANDLORD PHONE NUMBER:	
LENGTH OF RESIDENCE:	RENT PAID PER MONTH:	OWN HOME: <input type="checkbox"/> YES <input type="checkbox"/> NO	
	LEASE EXPIRATION:	IF YES, APPROX VALUE:	BALANCE OWED:

PREVIOUS STREET ADDRESS (STREET, CITY, STATE, ZIP CODE):			
LANDLORD NAME:	LANDLORD ADDRESS:	LANDLORD PHONE NUMBER:	
LENGTH OF RESIDENCE:	RENT PAID PER MONTH:	OWN HOME: <input type="checkbox"/> YES <input type="checkbox"/> NO	
	LEASE EXPIRATION:	IF YES, APPROX VALUE:	BALANCE OWED:

PREVIOUS STREET ADDRESS (STREET, CITY, STATE, ZIP CODE):			
LANDLORD NAME:	LANDLORD ADDRESS:	LANDLORD PHONE NUMBER:	
LENGTH OF RESIDENCE:	RENT PAID PER MONTH:	OWN HOME: <input type="checkbox"/> YES <input type="checkbox"/> NO	
	LEASE EXPIRATION:	IF YES, APPROX VALUE:	BALANCE OWED:

List all the states you and any member of your household have resided in previously: \_\_\_\_\_

Have you ever been convicted, pleaded guilty or received a sentence in connection with a crime?  Yes  No  
If yes, please explain: \_\_\_\_\_

Are you or any member of your household subject to a Lifetime Sex Offender Registration in any state?  
 Yes  No

**PROVIDE ALL SOURCES OF INCOME THAT YOUR HOUSEHOLD RECEIVES (Use additional sheets if necessary):**

HOUSEHOLD MEMBER:	EMPLOYER:	EMPLOYER ADDRESS:		
EMP TELE:	EMP FAX:	SUPERVISOR NAME:	LENGTH OF EMPLOYMENT:	MONTHLY INCOME:
HOUSEHOLD MEMBER:	EMPLOYER:	EMPLOYER ADDRESS:		
EMP TELE:	EMP FAX:	SUPERVISOR NAME:	LENGTH OF EMPLOYMENT:	MONTHLY INCOME:

**OTHER SOURCES OF INCOME**

HOUSEHOLD MEMBER:	SOURCE:	MONTHLY INCOME FROM SOURCE:
HOUSEHOLD MEMBER:	SOURCE:	MONTHLY INCOME FROM SOURCE:
HOUSEHOLD MEMBER:	SOURCE:	MONTHLY INCOME FROM SOURCE:
HOUSEHOLD MEMBER:	SOURCE:	MONTHLY INCOME FROM SOURCE:

**PROVIDE ALL SOURCES OF ASSETS/BANK ACCOUNTS THE YOUR HOUSEHOLD HAS (Use additional sheets if necessary):**

BANK/FINANCIAL INSTITUTION:	ACCOUNT TYPE:	ESTIMATED VALUE:
	<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> CD	
BANK/FINANCIAL INSTITUTION:	ACCOUNT TYPE:	ESTIMATED VALUE:
	<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> CD	
BANK/FINANCIAL INSTITUTION:	ACCOUNT TYPE:	ESTIMATED VALUE:
	<input type="checkbox"/> Mutual Funds <input type="checkbox"/> IRA <input type="checkbox"/> Stocks <input type="checkbox"/> Bonds	
BANK/FINANCIAL INSTITUTION:	ACCOUNT TYPE:	ESTIMATED VALUE:
	<input type="checkbox"/> Life Insurance	
BANK/FINANCIAL INSTITUTION:	ACCOUNT TYPE:	ESTIMATED VALUE:
	<input type="checkbox"/> Other:	

Are you or any member of your household enrolled in an Institute of Higher Education?  
 Yes  No If yes, please indicate where: \_\_\_\_\_

Do you have a pet?  Yes  No

How did you hear about this apartment? \_\_\_\_\_

The following information will be required by Rhode Island Housing to monitor BVCAP's compliance with Equal Housing Opportunity and Fair Housing Laws. The Law provides that an applicant may not be discriminated against on the basis of the information supplied below or whether or not the information is furnished.

**Check all that are applicable:**

- |  |  |
|--|--|
| <input type="checkbox"/> Homeless  | <input type="checkbox"/> Person permanently disabled                         |
| <input type="checkbox"/> Person displaced by natural disaster                    | <input type="checkbox"/> Person living in substandard housing                |
| <input type="checkbox"/> Person displaced by public action                       | <input type="checkbox"/> Person living in overcrowded conditions             |
| <input type="checkbox"/> Person displaced by private action beyond their control | <input type="checkbox"/> Person paying rent greatly in excess of their means |

**Race/National Origin:**

- |   |  |
|---|--|
| <input type="checkbox"/> American Indian or Alaska Native | <input type="checkbox"/> Native Hawaiian or other Pacific Islander |
| <input type="checkbox"/> Asian                            | <input type="checkbox"/> White                                     |
| <input type="checkbox"/> Black or African American        | <input type="checkbox"/> Other: _____                              |
| <input type="checkbox"/> Hispanic or Latino               | <input type="checkbox"/> I do not wish to furnish this information |

Please note that this application in no way guarantees occupancy. Additional Information may be requested to complete processing of your application. Your signature gives written consent to the management to verify information in this application. A false statement or misrepresentation on your application will affect approval of residency.

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Signature

Date

To be completed by management:

Date and Time of completed application: \_\_\_\_\_

Estimated Annual Income: \_\_\_\_\_



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## RELEASE OF INFORMATION BACKGROUND CHECK/CREDIT CHECK/INCOME VERIFICATION

I authorize Blackstone Valley Community Action Program, Inc. to investigate the information provided by me or about me in connection with my application to lease an apartment from Blackstone Valley Community Action Program, Inc. I personally completed the application form and/or reviewed and confirmed all information provided on the completed application. I hereby certify and declare that all of the information provided by me in connection with my application to lease an apartment or continue leasing an apartment is true and correct.

My signature below authorizes Blackstone Valley Community Action Program, Inc. to perform a background and credit check and all entities listed on the application to release information regarding landlord history, employment verification, credit, criminal and eviction record information.

**All applicants over legal age must provide consent below.**

Printed Name of Applicant: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Printed Name of Co-Applicant: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Printed Name of Co-Applicant: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Printed Name of Co-Applicant: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_

Date: \_\_\_\_\_