



Dear Applicant:

Thank you for contacting Joseph Caffey Apartments & Jordan-Caffey Townhomes to inquire about submitting an application for housing.

Joseph Caffey Apartments & Jordan-Caffey Townhomes are Low Income Housing Tax Credit Communities. Once we receive a completed application, signed by all household members 18 years of age and older, you then be will be notified regarding your initial eligibility status.

**Completed applications must be returned to the following location only:**

**Omni Development Corporation**

**810 Eddy Street**

**Providence, RI 02905**

Enclosed you will find the following information:

- Application for Housing
- HUD-92006 "Optional Contact" form

**Incomplete and/or missing forms WILL NOT BE ACCEPTED.**

Completed applications will be date and time stamped upon their receipt. An applicant's place on the waitlist will be determined solely by date the completed application is received. If there is no waiting list for the type of unit you are applying for, we will contact you regarding an initial meeting.

At the meeting, we will need to independently verify all of your income and assets prior to determining eligibility. There are other qualifying criteria described in our Tenant Selection Plan (TSP). All applications are subject to the complete screening process defined in the TSP prior to any offer for an apartment. Applicants not meeting the requirements of the tenant selection plan may be rejected.

If you are a person with disabilities and require a reasonable accommodation, please contact us at (401) 461-4442 to process the request for a reasonable accommodation.



**HOW DID YOU HEAR ABOUT Joseph Caffey Apartments & Jordan-Caffey Townhomes?**

(Please check an option)

Drive By / Sign                       Friends or Family  
 Internet                                       Newspaper/Advertisement  
 Other: (Describe) \_\_\_\_\_

<p><b><u>FOR OFFICE USE ONLY</u></b></p> <p><b><u>DO NOT COMPLETE THIS BOX</u></b></p> <p>Application Date: _____</p> <p>Application Time: _____</p> <p>Gross Annual Income: _____</p> <p>Waiting List: _____</p>
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**EMAIL ADDRESS:** \_\_\_\_\_

**Do you have a SECTION 8 VOUCHER?:** YES  NO

**APPLICATION FOR HOUSING**

Low-Income Housing Tax Credit

**Please Print Clearly**

This Application is for housing at:	<b>Project(s): Joseph Caffey Apartments; Jordan-Caffey Townhomes</b>
Please complete this application and return to:	<b>Name: OMNI DEVELOPMENT CORP.</b>
	<b>Address: 810 EDDY STREET</b>
	<b>PROVIDENCE, RI 02905</b>

Applications are placed in order of date and time received. An applicant may be interviewed only after the receipt of this tenant application.

**A. GENERAL INFORMATION**

Applicant Name(s): \_\_\_\_\_

Address: \_\_\_\_\_

Street                                      Apt.#                                      City                                      State                                      ZIP

Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

No. of BR's in current unit: \_\_\_\_\_ Do you  RENT or  OWN (check one)

Amount of current monthly RENT or MORTGAGE payment: \_\_\_\_\_ \$ \_\_\_\_\_

If owned, do you receive monthly rental income from property?  Yes  No (check one)

Check utilities paid by you:  Heat  Electricity  Gas  Other (specify)

Approximate monthly cost of utilities paid by you (excluding phone and cable TV): \$ \_\_\_\_\_

Building Style preference:  No preference  Midrise (4 story bldg. w/ elevator)  Townhome

Bedroom size requested:  One BR  Two BR  Three BR  Four BR  HANDICAP BR

	<b>Name</b> <i>(FIRST &amp; LAST NAME)</i>	<b>Relationship to Head</b>	<i>(Optional)</i> <b>GENDER</b>	<b>Birth Date</b> <i>(MM/DD/YY)</i>	<b>Social Security #</b>	Are you a FULL-TIME <b>STUDENT?</b>
1.		<b>HEAD</b>				[ ] YES [ ] NO
2.						[ ] YES [ ] NO
3.						[ ] YES [ ] NO
4.						[ ] YES [ ] NO
5.						[ ] YES [ ] NO
6.						[ ] YES [ ] NO
7.						[ ] YES [ ] NO
8.						[ ] YES [ ] NO

Will **ALL** of the persons in the household be or have been full-time students during five calendar months of this year or plan to be in the next calendar year at an educational institution (other than a correspondence school) with regular faculty and students?  Yes  No

Have there been any changes in household composition in the last twelve months? <input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If yes, explain:</i>
Do you anticipate any changes in household composition in the next twelve months? <input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If yes, explain:</i>
Is there someone not listed above who would normally be living with the household? <input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If yes, explain:</i>

**IF YES, answer the following questions....**

Are any full-time student(s) married and filing a joint tax return?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are any student(s) enrolled in a job-training program receiving assistance under the Job Training Partnership Act?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are any full-time student(s) a TANF or a title IV recipient?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are any full-time student(s) a single parent living with his/her minor child who is not a Dependant on another's tax return and whose children are not dependents of anyone other than a parent?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is any student a person who was previously under the care and placement of a foster care program (under Part B or E of Title IV of the Social Security Act)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**C. INCOME**

List **ALL** sources of income for **ALL** Members as requested below. If a section doesn't apply, cross out or write NA.

Household Member Name	Source of Income	Gross Monthly Amount
	Social Security	\$
	Social Security	\$
	Social Security	\$
		\$
	SSI Benefits	\$
	SSI Benefits	\$
	SSI Benefits	\$
	Pension (list source)	\$
	Pension (list source)	\$
	Veteran's Benefits (list claim #)	\$
	Veteran's Benefits (list claim #)	\$
	Unemployment Compensation	\$
	Unemployment Compensation	\$
	Title IV/TANF	\$
	GPA (General Public Assistance)	\$
	Contributions to the Household (monetary or not)	\$
	Full-Time Student Income (18 & Over Only)	\$
	Financial Aid ( <b>grants &amp; scholarships</b>	\$
	<b>exceeding of the amount of tuition may have to</b>	
	<b>be included in total income)</b>	
	Interest Income (source)	\$
	Interest Income (source)	\$
	Long Term Medical Care Insurance Payments in excess of \$180/day	\$
	Scheduled Payments from Investments	\$

Household Member Name	Source of Income	Monthly Amount
	<b>Employment amount</b>	\$
	Employer:	
	Position Held	
	How long employed:	
	<b>Employment amount</b>	\$
	Employer:	
	Position Held	
	How long employed:	
	<b>Employment amount</b>	\$
	Employer:	
	Position Held	
	How long employed:	
	<b>Employment amount</b>	\$
	Employer:	
	Position Held	
	How long employed:	
	<b>Alimony</b>	
	Are you <i>legally entitled</i> to receive alimony?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, list the amount you are <i>entitled</i> to receive.	\$
	Do you receive alimony?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes list amount you receive.	\$
	<b>Child Support</b>	
	Are you <i>legally entitled</i> to receive child support?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes list the amount you are <i>entitled</i> to receive.	\$
	Do you receive child support?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, list the amount you receive.	\$
	<b>Other Income</b>	\$
	<b>Other Income</b>	\$
	<b>Other Income</b>	\$
<b>TOTAL GROSS ANNUAL INCOME</b> (Based on the monthly amounts listed above x 12)		\$
TOTAL GROSS ANNUAL INCOME FROM PREVIOUS YEAR		\$
<b>Do you anticipate any changes in this income in the next 12 months?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is any member of the household legally entitled to receive income assistance?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is any member of the household likely to receive income or assistance ( <i>monetary or not</i> ) from someone who is not a member of the household as listed on Page 2 etc)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>If yes to any of the above, explain:</b>		
.....		
.....		
Is the income received?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**D. ASSETS**

If your assets are too numerous to list here, please request an additional form.

If a section doesn't apply, cross out or write NA.

Checking Accounts	#	Bank	Balance \$	
	#	Bank	Balance \$	
	#	Bank	Balance \$	
Savings Accounts	#	Bank	Balance \$	
	#	Bank	Balance \$	
	#	Bank	Balance \$	
Trust Account	#	Bank	Balance \$	
Certificates	#	Bank	Balance \$	
	#	Bank	Balance \$	
	#	Bank	Balance \$	
	#	Bank	Balance \$	
Credit Union	#	Bank	Balance \$	
	#	Bank	Balance \$	
Savings Bonds	#	Maturity Date	Value \$	
	#	Maturity Date	Value \$	
	#	Maturity Date	Value \$	
Life Insurance Policy		#	Cash Value \$	
<b>(WHOLE or UNIVERSAL POLICIES ONLY)</b>		#	Cash Value \$	
<b>Do not list Death Policies</b>		#		
Mutual Funds	Name:	#Shares:	Interest or Dividend \$	Value \$
	Name:	#Shares:	Interest or Dividend \$	Value \$
	Name:	#Shares:	Interest or Dividend \$	Value \$
Stocks	Name:	#Shares:	Dividend Paid \$	Value \$
	Name:	#Shares:	Dividend Paid \$	Value \$
	Name:	#Shares:	Dividend Paid \$	Value \$
Bonds	Name:	#Shares:	Interest or Dividend \$	Value \$
	Name:	#Shares:	Interest or Dividend \$	Value \$
Investment Property				Appraised Value \$

Real Estate Property: <b><i>Do you own any property?</i></b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b><i>If yes</i></b> , Type of property		
Location of property (Address)		
Appraised Market Value	(+)	\$
Mortgage or outstanding loans balance due	(-)	\$
Amount of annual insurance premium	(-)	\$
Amount of most recent tax bill	(-)	\$
Does any member of the household have an asset(s) owned jointly with a person who is NOT a member of the household as listed on Page 2?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b><i>If yes</i></b> , describe:		
Do they have access to the asset(s)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you sold/disposed of any property in the last 2 years?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b><i>If yes</i></b> , Type of property:		
Market value when sold/disposed		\$
Amount sold/disposed for		\$
Date of transaction:		
Have you disposed of any other assets in the last 2 years (Example: Given away money to relatives, set up Irrevocable Trust Accounts)?		
	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b><i>If yes</i></b> , describe the asset:		
Date of disposition:		
Amount disposed		\$
Do you have any other assets not listed above (excluding personal property)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b><i>If yes</i></b> , please list:		
<b>E. ADDITIONAL INFORMATION</b>		
Are you or any member of your family currently using an illegal substance?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you or any member of your family ever been convicted of a felony?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b><i>If yes</i></b> , describe:		
Are you or any member of your family subject to a state lifetime sex offender Registration program in any state?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
List all of the states that applicants have resided in for HUD State Lifetime Sex Offender Requirements:		
Have you or any member of your family ever been evicted from any housing?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b><i>If yes, describe</i></b>		
Have you ever filed for bankruptcy?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b><i>If yes, describe</i></b>		
Will you take an apartment when one is available?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b><i>Briefly describe your reasons for applying:</i></b>		

**F. REFERENCE INFORMATION**

Current Landlord	Name:	
	Address:	
	Phone:	
	How Long?	
Prior Landlord	Name:	
	Address:	
	Phone:	
	How Long?	

Credit Reference #1:

Address:

Phone #:

Credit Reference #2:

Address:

Phone #:

**EMERGENCY CONTACT**

In case of emergency notify:

Relationship:

Address:

Phone #:

**G. VEHICLE & PET INFORMATION (if applicable)**

List any cars, trucks, or other vehicles owned. Parking will be provided for one vehicle. Arrangements with Management will be necessary for more than one vehicle.

Type of Vehicle:

License Plate #:

Year/Make:

Color:

Type of Vehicle:

License Plate #:

Year/Make:

Color:

Do you own any pets?

Yes

No

*If yes, describe:***CERTIFICATION**

I/We hereby certify that I/We Do/Will Not maintain a separate subsidized rental unit in another location. I/We further certify that this will be my/our permanent residence. I/We understand I/We must pay a security deposit for this apartment prior to occupancy. I/We understand that my eligibility for housing will be based on applicable income limits and by management's selection criteria. I/We certify that all information in this application is true to the best of my/our knowledge and I/We understand that false statements or information are punishable by law and will lead to cancellation of this application or termination of tenancy after occupancy. All adult applicants, 18 or older, must sign application.

\_\_\_\_\_  
(Signature Head of Household)\_\_\_\_\_  
(Date)\_\_\_\_\_  
(Signature Co-Head of Household)\_\_\_\_\_  
(Date)\_\_\_\_\_  
(Signature Adult Household Member)\_\_\_\_\_  
(Date)\_\_\_\_\_  
(Signature Adult Household Member)\_\_\_\_\_  
(Date)



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.

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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.