

**Blackstone Falls**  
1485 High Street  
Central Falls, RI 02863  
Tel: (401) 725-1188 Fax: (401) 726-8711  
Email: [manager@blackstonefalls.com](mailto:manager@blackstonefalls.com)

## Blackstone Falls Application for Subsidized Housing

*We thank you for your application. Please help us promptly process this application by clearly completing all of the required information.*

Date /Time of Application (**Office Use Only**) \_\_\_\_\_

Apartment Size Preferred      1 Bedroom                      2 Bedroom

Handicapped Unit Required?    YES                      NO

Desired Occupancy Date \_\_\_\_\_

How did you hear about Blackstone Falls Apartments? \_\_\_\_\_

PERSONAL INFORMATION	
Applicant's Full Name (as it appears on your Social Security Card)	
_____	
Date of Birth _____	
Gender	Male                      Female
Is this household member disabled?	YES                      NO
Social Security # _____	
Driver's License # and State of issue _____	
Home Phone # _____	Cell Phone # _____

Optional Information: This information will be utilized for statistical purposes in fulfilling our Affirmative Fair Marketing Plan.		
Race		
American Indian or Alaska Native	Asian	Black or African American
Native Hawaiian or Other Pacific Island	White	Other                      Did not specify
Ethnicity		
Hispanic or Latino	Not-Hispanic or Latino	Did not specify



Managed by The Shoreline Corporation



**EMPLOYMENT/ INCOME INFORMATION (CONTINUED)**

OTHER INCOME (Social Security, SSI, Pensions, VA Benefits, Alimony, Welfare, Unemployment, Interest and/or Dividends, Etc.)

Household Member	Type	Amount
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

IF STUDENT, LIST SCHOOL \_\_\_\_\_

Address of School \_\_\_\_\_

Are you a student enrolled in an institute of higher education?    YES                    NO

Present Grade Level \_\_\_\_\_ Expected Date of Graduation \_\_\_\_\_

**ASSETS**

BANK \_\_\_\_\_

Branch Address and Telephone # \_\_\_\_\_

Account # \_\_\_\_\_    Checking    Savings    Amount \$ \_\_\_\_\_

Account # \_\_\_\_\_    Checking    Savings    Amount \$ \_\_\_\_\_

BANK \_\_\_\_\_

Branch Address and Telephone # \_\_\_\_\_

Account # \_\_\_\_\_    Checking    Savings    Amount \$ \_\_\_\_\_

Account # \_\_\_\_\_    Checking    Savings    Amount \$ \_\_\_\_\_

OTHER ASSETS (Whole/Universal Life Insurance, Stocks, Bonds, Property, Etc.)

Name \_\_\_\_\_ Benefit Type \_\_\_\_\_ Amount \$ \_\_\_\_\_

Name \_\_\_\_\_ Benefit Type \_\_\_\_\_ Amount \$ \_\_\_\_\_

Name \_\_\_\_\_ Benefit Type \_\_\_\_\_ Amount \$ \_\_\_\_\_

Name \_\_\_\_\_ Benefit Type \_\_\_\_\_ Amount \$ \_\_\_\_\_

Name \_\_\_\_\_ Benefit Type \_\_\_\_\_ Amount \$ \_\_\_\_\_

Name \_\_\_\_\_ Benefit Type \_\_\_\_\_ Amount \$ \_\_\_\_\_

Do you have any assets other than those listed above?                    YES                    NO

**ADDITIONAL HOUSEHOLD MEMBERS**

List all other household members who will occupy the apartment (not including Applicant)

Name \_\_\_\_\_ Social Security # \_\_\_\_\_

Date of Birth \_\_\_\_\_ Relationship to Applicant \_\_\_\_\_

Is this household member disabled?      YES                      NO

Name \_\_\_\_\_ Social Security # \_\_\_\_\_

Date of Birth \_\_\_\_\_ Relationship to Applicant \_\_\_\_\_

Is this household member disabled?      YES                      NO

Name \_\_\_\_\_ Social Security # \_\_\_\_\_

Date of Birth \_\_\_\_\_ Relationship to Applicant \_\_\_\_\_

Is this household member disabled?      YES                      NO

Does anyone live with you who is not listed above?                      YES                      NO

Does anyone plan to live with you in the future who is not listed above?      YES                      NO

Does anyone planning to live with you require special accommodations?      YES                      NO

If you answered "YES" to any of the questions above please explain:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**CREDIT AND PERSONAL REFERENCES**

CREDIT REFERENCE \_\_\_\_\_ Account No. \_\_\_\_\_

Address \_\_\_\_\_

CREDIT REFERENCE \_\_\_\_\_ Account No. \_\_\_\_\_

Address \_\_\_\_\_

CREDIT REFERENCE \_\_\_\_\_ Account No. \_\_\_\_\_

Address \_\_\_\_\_

PERSONAL REFERENCE \_\_\_\_\_ Telephone # \_\_\_\_\_

Relationship to Applicant \_\_\_\_\_

PERSONAL REFERENCE \_\_\_\_\_ Telephone # \_\_\_\_\_

Relationship to Applicant \_\_\_\_\_

PERSONAL REFERENCE \_\_\_\_\_ Telephone # \_\_\_\_\_

Relationship to Applicant \_\_\_\_\_



**AUTHORIZATION**

*PLEASE READ CAREFULLY BEFORE SIGNING:*

In considering this application from you, Management will rely heavily on the information which you have supplied. It is important that the information be accurate and complete. By signing this application, you represent the accuracy of the information, and you authorize Management to verify any information that you have included. In addition, you authorize Management the right to conduct a credit and criminal background check. Applicant will be rejected for either falsifying or misrepresenting any information on this application.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**\* All applicants over the age of 18 must fill out an application.**

**APPLICATION RECEIPT**

Applicant's Full Name \_\_\_\_\_

Address of Applicant

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Official Date of Application \_\_\_\_\_

This acknowledges receipt from the above named person of a completed application for admission to Blackstone Falls on the date specified above. You will be notified of the preliminary decision regarding your eligibility for admission to this project within Twenty (20) days of the official date of application listed above.

By \_\_\_\_\_

For: The Shoreline Corporation

\*\*\* Please be sure to return this receipt with your application. We will send you a copy via mail for you to keep as your proof of application.