

CHLT-RI Rental Application for Income Certification

PLEASE COMPLETE ALL SECTIONS OF THE APPLICATION. INCOMPLETE APPLICATIONS WILL BE RETURNED TO THE APPLICANT FOR COMPLETION. APPLICATION AND SUPPORTING DOCUMENTS SHOULD BE SUBMITTED IN HARD COPY EITHER IN-PERSON OR VIA MAIL. PLEASE PROVIDE COPIES OF ALL SUPPORTING DOCUMENTS AS WE ARE UNABLE TO RETURN DOCUMENTS TO YOU.

☐ **New Tenant**

(New Tenants only) Address of property: _____

(New Tenants only) Desired Move In Date: _____

☐ **Renewal Tenant**

(Existing Tenants only) Lease Renewal Date: _____

APPLICANT

Name: _____

Address: _____

City _____ Zip _____

Phone _____

Email _____

Last 4 digits of Social Security #: _____

Date of Birth: ____/____/____

MARITAL STATUS: ☐ Single ☐ Married
☐ Separated ☐ Divorced

SEX: ☐ Male ☐ Female ☐ Non-binary/Non- conforming

RACE OF APPLICANT:

- ☐ American Indian/Alaska Native
- ☐ White/Caucasian
- ☐ Black/African American
- ☐ Nat. Hawaiian or Other Pacf. Islander
- ☐ Asian
- ☐ Two or more races
- ☐ Other _____
- ☐ I do not wish to disclose this information

ETHNICITY OF APPLICANT

- ☐ Hispanic or Latino
- ☐ Non-Hispanic or Latino
- ☐ I do not wish to disclose

CO-APPLICANT

Name: _____

Address: _____

City _____ Zip _____

Phone _____

Email _____

Last 4 digits of Social Security #: _____

Date of Birth: ____/____/____

MARITAL STATUS: ☐ Single ☐ Married
☐ Separated ☐ Divorced

SEX: ☐ Male ☐ Female ☐ Non-binary/Non- conforming

RACE OF CO-APPLICANT:

- ☐ American Indian/Alaska Native
- ☐ White/Caucasian
- ☐ Black/African American
- ☐ Nat. Hawaiian or Other Pacf. Islander
- ☐ Asian
- ☐ Two or more races
- ☐ Other _____
- ☐ I do not wish to disclose this information

ETHNICITY OF CO-APPLICANT

- ☐ Hispanic or Latino
- ☐ Non-Hispanic or Latino
- ☐ I do not wish to disclose

PLEASE LIST ALL PEOPLE WHO WILL BE RESIDING IN THE UNIT:

Name	Relationship	Age	Individual will reside in unit at least 50% of the year	
			YES	NO
_____	_____	_____	YES	NO
_____	_____	_____	YES	NO
_____	_____	_____	YES	NO
_____	_____	_____	YES	NO
_____	_____	_____	YES	NO
_____	_____	_____	YES	NO

TOTAL HOUSEHOLD SIZE: _____

DO YOU OWN A VEHICLE: ☐ No ☐ Yes, how many? _____

CURRENT PRIMARY EMPLOYMENT:

Applicant

Company: _____

Address: _____

City, State _____ Zip _____

Date of hire _____

Position: _____

Gross Monthly Income \$ _____

☐ I am retired

Co-Applicant

Company: _____

Address: _____

City, State _____ Zip _____

Date of hire _____

Position: _____

Gross Monthly Income \$ _____

☐ I am retired

ADDITIONAL MONTHLY INCOME (check and complete all that apply):

Applicant

☐ Average overtime earning \$ _____

☐ Year round part time employment \$ _____

☐ Seasonal employment \$ _____

☐ Retirement or Pension income \$ _____

If multiple sources, please list: _____

Co-Applicant

☐ Average overtime earning \$ _____

☐ Year round part time employment \$ _____

☐ Seasonal employment \$ _____

☐ Retirement or Pension income \$ _____

If multiple sources, please list: _____

☐ Social Security Income \$_____

☐ Veteran benefits \$_____

☐ Unemployment income \$_____

☐ TDI \$_____

☐ Long-term Disability (not SSDI) \$_____

☐ Child Support \$_____

☐ Alimony \$_____

☐ Family Support \$_____

☐ SSI or SSDI \$_____

☐ RI Works \$_____

☐ Other Income \$_____

Explain Other: _____

☐ Social Security Income \$_____

☐ Veteran benefits \$_____

☐ Unemployment income \$_____

☐ TDI \$_____

☐ Long-term Disability (not SSDI) \$_____

☐ Child Support \$_____

☐ Alimony \$_____

☐ Family Support \$_____

☐ SSI or SSDI \$_____

☐ RI Works \$_____

☐ Other Income \$_____

Explain Other: _____

ASSETS – Assets will count at 1% of their value towards household income:

Total Checking Acct Balances (current statement) \$_____

Number of accounts: _____

Total Savings Acct Balances (current statement) \$_____

Number of accounts: _____

Total Money Market Acct Balances (current statement) \$_____

Number of accounts: _____

Total 401(k) balances (current statement) \$_____

Number of accounts: _____

Total IRA/Roth IRA balances (current statement) \$_____

Number of accounts: _____

Total Investment or Brokerage Acct Balances (current statement) \$_____

Number of accounts: _____

Total CD balances (current statement) \$_____

Number of accounts: _____

Other Asset(s) \$_____

Explain Other: _____

SECTION 8: I have a Section 8 Voucher ☐ Yes ☐ No

REAL ESTATE:

☐ I have an ownership interest in a home or other real estate.

Address: _____

☐ I currently own a home/real estate that is on the market but not under contract

Current mortgage balance \$_____

List price \$_____

☐ I currently own a home that is already under contract

Current mortgage balance \$_____

Contract price \$ _____

☐ I have sold a home in the last 12 months

Proceeds from sale \$_____

CERTIFICATIONS

Applicant and co-applicant, if applicable, to initial next to EACH certification

_____ I/We certify that the information contained in this application and certification are true and accurate to the best of my/our knowledge and belief.

_____ I/We understand that I/We are applying to rent a deed restricted home that requires annual income certification.

_____ I/We understand that if we wish to be considered for lease renewal at the end of the lease term, we are required to submit our renewal application 30-45 days before our lease term ends.

_____ I/We certify I/We have accurately disclosed all persons who will be residing in the property in the coming 12-month period and that our income eligibility is based on my/our certification that I/We are a household of _____ persons.

_____I/We understand that if we are not RI residents already, we will be required to demonstrate that I/We have become RI residents within 30 days of having taken occupancy of the unit.

_____ I/We understand that income eligibility is determined based on the gross income for all household members from all sources that are anticipated to be received during the coming 12-month period, and certify that all sources of income anticipated to be received during the coming 12-month period have been accurately disclosed.

_____ I/We understand that if any information contained in this application and certification is determined to be untrue or inaccurate, my/our income certification application may be denied.

Applicant	Date
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Co-Applicant	Date
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REQUIRED SUPPORTING DOCUMENTATION

Please provide copies of the following documents as they relate to EACH person in the household

_____ 1 (one) year current personal federal tax returns with all schedules, 1099s and W2s;

(a) 2 (two) years, if self-employed

(b) If you are not required by the IRS to submit a tax return based on your sole source of income being nontaxable income and you did not file a return, please provide a notarized attestation attesting to that fact;

(c) If you have not filed a tax return but are required to, please provide current IRS Verification of Non-Filing Letter;

(d) If you filed an extension, please provide a copy of the confirmation email that the IRS accepted your request.

_____ If self-employed, current year to date Profit and Loss Business Statement and Balance Sheet;

_____ 2 (two) month's most recent pay stubs for each source of employment;

_____ For students 18-23 years old, documentation of full or part time school enrollment status;

_____ Social Security, Pension, Retirement, VA, SSI, SSDI, or Disability payments Benefit letter(s);

_____ Documentation of child support and/or alimony payments;

_____ Proof of legal separation or divorce;

_____ Copy of current Driver's License or government issued identification card for each adult in the household;

_____ If monthly financial support is being provided by a family member, please provide a notarized attestation from the person providing the support attesting to the maximum amount of support provided on a monthly basis;

_____ If any adult in the household claims to have no income and does not plan to in the coming 52 weeks preceding occupancy and/or has no assets held in their name, please provide a notarized attestation attesting to the applicable facts;

_____ 6 (six) month's most recent checking account statements (all pages);*see below

_____ 6 (six) month's most recent money market account statements (all pages);*see below

_____ 6 (six) month's most recent savings account statement (all pages);*see below

_____ Copy of Section 8 Voucher (if applicable)

_____ Most recently issued statement(s) for 401(k), 403 (b), IRA, ROTH IRA, etc. Statements;

_____ Most recently issued statement(s) for investment and brokerage accounts;

_____ Most recent issued statement(s) for CDs;

_____ Documentation for any other assets;

_____ If you currently selling a home, please provide a copy of the most recent mortgage statement and a copy of the Purchase and Sales agreement, and a final closing disclosure when it becomes available;

_____ If you have sold a home in the last 12 months, please provide a copy of the final settlement statement;

*For all non-verifiable deposits over \$100 or if multiple non-verifiable deposits appear on a single day regardless of amount, please provide a written explanation, itemized by deposit, as to the source and nature of the deposit. Please also provide the appropriate supporting documentation when applicable. Examples of a non-verifiable deposit are: ATM deposits, mobile deposits, counter credits, Venmo, Cash App, Zelle or the like.

If you have any questions with regards to completing this application,
please call **Niva Barros at 401.721.5680 ext. 101**