

TTY: 711

I am interested in:

- | | | | | |
|---|--|---|---|--|
| <input type="checkbox"/> Constitution Hill
0-5 bedroom
Woonsocket, RI | <input type="checkbox"/> Millrace
1-2 bedroom
Woonsocket, RI | <input type="checkbox"/> Clocktower
1-3 bedroom
Harrisville, RI | <input type="checkbox"/> Greenridge Commons
1-3 bedroom
Pascoag, RI | <input type="checkbox"/> Marshfield Commons
1-3 bedroom
North Smithfield, RI |
| <input type="checkbox"/> Studio | <input type="checkbox"/> One BR | <input type="checkbox"/> Two BR | <input type="checkbox"/> Three BR | <input type="checkbox"/> Four BR <input type="checkbox"/> Five BR |

Name: _____ Date of Birth: _____ SSN: _____
 Address: _____ City/State/Zip: _____
 Phone: _____ Email: _____ Number of Adults _____ Number of Children _____

Income Information:

Earner of Income	Source of Income	Total Monthly Income
		\$
		\$
		\$
		\$

Assets Information:

Owner of Account	Asset Type	Balance
		\$
		\$
		\$

Do you have a Housing Choice Voucher? ☐ Yes ☐ No

Current Landlord Information:

Length of Residency _____ Rent: \$ _____/month

Rental Address _____

Landlord Name _____

Landlord Phone _____

Previous Landlord Information:

Length of Residency _____ Rent: \$ _____/month

Rental Address _____

Landlord Name _____

Landlord Phone _____

Have you or any member of your household ever been convicted of a felony? Yes _____ No _____

If yes, please explain: _____

Has any landlord ever had to take legal action against you or any other household member for non-payment of rent and/or any other material non-compliance of your lease that resulted in your appearance in court?

Yes _____ No _____ If yes, please explain: _____

Have you been denied housing in the last 5 years? Yes _____ No _____

If yes, please explain: _____

Do you require an apartment modified for a wheelchair? Yes _____ No _____ If yes, please provide verification of need

Do you require any special accommodation on the basis of a handicap or disability? Yes _____ No _____

If yes, please state what special accommodations you require. _____

(Answering "no" does not preclude any subsequent request for accommodation to a disability). If yes, you must provide verification of need.

Are you or any member of your household subject to a registration requirement under a state sex offender registration program? Yes _____ No _____

If yes, please explain and indicate where: _____

Do you have any pets? Yes _____ No _____ If yes, please explain _____

Please note that this is a preliminary application and in no way assures occupancy. Additional information may be required to complete processing of your application. I hereby give Maloney Properties, Inc. authorization to investigate pertinent information in this application in order to determine my eligibility for housing or as a guarantor. I understand that this may include but is not limited to income verifications, landlord references, credit check, and criminal background checks. A false statement or misrepresentation can result in our removing your application from consideration.

Applicant Signature: _____

Date: _____