HK HallKeen Management

PRELIMINARY RENTAL APPLICATION

-Equal Housing Opportunity-

MANAGEMENT WILL PROVIDE HELP IN REVIEWING THIS DOCUMENT.
IF NECESSARY, PERSONS WITH DISABILITIES MAY ASK FOR THIS APPLICATION IN LARGE PRINT TYPE OR OTHER ALTERNATE FORMATS.

Application Date: _____

Property Name:	**Kent Farm Apartment Homes**
Address:	**25 Gemini Drive 1G**
City, State, Zip:	**East Providence, RI 02914**
Telephone Number:	**401-438-1576**
TDD#:	**Call 7-1-1**
Email Address:	**kentfarmapartments@hallkeen.com**

Return Completed Application To: **Kent Farm Apartment Homes**
25 Gemini Drive 1G
East Providence, RI 02914

APPLICATION FOR ADMISSION

Note: ***Please fill in all sections completely. If a section does not apply, please draw a line through or write "N/A".*** Failure to do so will result in processing delays or rejection of your application. If you need help completing this application, please contact the Rental Office.

Applicant: _____ **Telephone:** _____

Email Address: _____

Current Address:
_____ Street — _____ Apt. #
_____ City, State — _____ Zip Code

Current Landlord:
_____ Name — _____ Telephone
_____ Street — _____ Fax #
_____ City, State — _____ Zip Code
_____ Email Address

RACE (Optional Section: Information will be used for fair housing programs only, as required by State and Federal Laws.)

☐ American Indian/Alaskan Native ☐ Asian or Pacific Islander ☐ Other (not white or Hispanic)

☐ Black (not of Hispanic origin) ☐ Hispanic ☐ White (not of Hispanic origin)

SIZE OF APARTMENT NEEDED:

☐ 1BR ☐ 2BR ☐ 3BR

How did you hear about this property? _____

ADDITIONAL INFORMATION:

- Do you currently hold a *Mobile Voucher?* ☐Yes ☐No
- Are you requesting a *Hearing/Visual Adapted Unit?* ☐Yes ☐No
- Are you requesting a *Wheelchair Adapted Unit?* ☐Yes ☐No
- Do any members of the household have any *accessibility or reasonable accommodation requests*, c*hanges in a unit* or *development* or *alternate ways we need to communicate with you*?
  ☐Yes ☐ No
  If yes, please explain/provide details: _____
- Do you or a member in your household *consider yourself to be homeless* or *at-risk of being homeless*?
  ☐Yes ☐ No
  If yes, please explain/provide details: _____
- Have you been a victim of a Presidentially Declared disaster? ☐Yes ☐ No
  If yes, please explain/provide details: _____
- Are you or any member of the household a US Military Veteran? ☐Yes ☐ No
- Have you ever been *evicted* from your home for any reason? ☐Yes ☐ No
  If yes, please explain/provide details: _____
- Have you or any household member ever been *convicted* of any crime? ☐Yes ☐ No
  If yes, please explain/provide details: _____
- Have you or any household member suffered actual or threats of physical violence by a spouse or other member of the household? ☐Yes ☐ No
  If yes, please explain/provide details: _____
- Are you or any member of your household required to register as a sex offender under Rhode Island or any other state law? ☐Yes ☐No
  If yes, list the name of the persons and the registration requirements (i.e. place where registration needs to be filed, length of time for which registration is required): _____
  _____
- Please list all states that you have ever lived in: _____
  _____

CURRENT HOUSING:

- Present Housing Cost Per Month $ _____
- Does your current housing cost include utilities (gas, electric, heat, hot water)? ☐Yes ☐ No
- How Long Have You Lived at Present Address? _____ Years / _____ Months
- Do You Own Any Pets? _____ If yes, what type: _____
- What are the reasons for moving? _____

FAMILY COMPOSITION: List all who will occupy the apartment.
YOU MUST INCLUDE YOURSELF (Any person not listed will not be allowed to move in)

FULL NAME OF EACH PERSON	RELATIONSHIP TO HEAD OF HOUSEHOLD	DATE OF BIRTH (00/00/0000)	Gender (Optional)	SOCIAL SECURITY NUMBER	STUDENT STATUS Full-time/FT Part-time/PT
1)	Head of Household				☐FT ☐ PT ☐ N/A
2)					☐FT ☐ PT ☐ N/A
3)					☐FT ☐ PT ☐ N/A
4)					☐FT ☐ PT ☐ N/A
5)					☐FT ☐ PT ☐ N/A
6)					☐FT ☐ PT ☐ N/A
7)					☐FT ☐ PT ☐ N/A
8)					☐FT ☐ PT ☐ N/A

Does the Head of Household have full custody of all household members under the age of 18 ☐Yes ☐ No

If no, please explain _____
(Please be prepared to supply copy of child support/custody agreement and divorce decree.)

(HUD only): If you have no social security number, you claim you are exempt because:
☐ **You are an ineligible non-citizen**
☐ **You were 62 as of 1/31/2010 and receiving housing assistance as of 1/31/2010**

LANDLORD REFERENCES: Provide full names & addresses of Landlords where you have lived over the last (5) **five** years. Please include both long term and temporary residences.

1) Previous Address_____
Dates Lived at This Address_____
Name of Landlord _____
Landlord Telephone #_____ Landlord E-mail address_____
Landlord Address _____

2) Previous Address_____
Dates Lived at This Address_____
Name of Landlord _____
Landlord Telephone #_____ Landlord E-mail address_____
Landlord Address_____

3) Previous Address_____
Dates Lived at This Address _____
Name of Landlord _____
Landlord Telephone #_____ Landlord E-mail address_____
Landlord Address _____

4) Previous Address_____
Dates Lived at This Address_____
Name of Landlord _____
Landlord Telephone #_____ Landlord E-mail address_____
Landlord Address _____

Please list all states where the applicant and/or members of the applicant's household have resided.

_____

CHARACTER REFERENCES: (If you are unable to furnish landlord or other housing references) *They must have known you for one (1) year or more and not be related to you*.

1.) Character Reference Name _____
Telephone #: _____ | E-mail Address: _____
Address: _____

2.) Character Reference Name _____
Telephone #: _____ | E-mail Address: _____
Address: _____

3.) Character Reference Name _____
Telephone #: _____ | E-mail Address: _____
Address: _____

EMPLOYMENT: Is any member of the household employed? ☐Yes ☐ No
If yes, please list below. *List each member by their corresponding number from Page 3.*

Member #_____
Name of Present Employer_____Telephone _____
Email address: _____ Fax: _____
Employer's Address_____
Length of Employment: _____ Position: _____
Job Type: ☐ Seasonal ☐ Temporary ☐ Permanent ☐ Part-Time ☐ Full-Time
Do you receive tips? ☐Yes ☐ No If yes, how much do you average each week? $_____
If hourly, rate per hour? $_____ Number of hours scheduled each week: _____ hours
Gross earnings (before taxes): $_____ ☐ Weekly ☐ Bi-Weekly ☐ Monthly

Member #_____
Name of Present Employer_____Telephone _____
Email address: _____ Fax: _____
Employer's Address_____
Length of Employment: _____ Position: _____
Job Type: ☐ Seasonal ☐ Temporary ☐ Permanent ☐ Part-Time ☐ Full-Time
Do you receive tips? ☐Yes ☐ No If yes, how much do you average each week? $_____
If hourly, rate per hour? $_____ Number of hours scheduled each week: _____ hours
Gross earnings (before taxes): $_____ ☐ Weekly ☐ Bi-Weekly ☐ Monthly

Member #_____
Name of Present Employer_____Telephone _____
Email address: _____ Fax: _____
Employer's Address_____
Length of Employment: _____ Position: _____
Job Type: ☐ Seasonal ☐ Temporary ☐ Permanent ☐ Part-Time ☐ Full-Time
Do you receive tips? ☐Yes ☐ No If yes, how much do you average each week? $_____
If hourly, rate per hour? $_____ Number of hours scheduled each week: _____ hours
Gross earnings (before taxes): $_____ ☐ Weekly ☐ Bi-Weekly ☐ Monthly
Gross earnings (before taxes): $_____ ☐ Weekly ☐ Bi-Weekly ☐ Monthly

Member #_____
Name of Present Employer_____Telephone _____
Email address: _____ Fax: _____
Employer's Address_____
Length of Employment: _____ Position: _____
Job Type: ☐ Seasonal ☐ Temporary ☐ Permanent ☐ Part-Time ☐ Full-Time
Do you receive tips? ☐Yes ☐ No If yes, how much do you average each week? $_____
If hourly, rate per hour? $_____ Number of hours scheduled each week: _____ hours
Gross earnings (before taxes): $_____ ☐ Weekly ☐ Bi-Weekly ☐ Monthly

DOES ANYONE IN THE HOUSEHOLD HAVE OTHER SOURCES OF INCOME (Other income is income such as *Welfare, Social Security, SSI, Pensions (including Veteran's Benefits), Disability Compensation, Unemployment Compensation, Interest, Alimony, Child Support, Annuities, Dividends, Income from Rental Property, Military Pay, Scholarships, Grants and/or Monetary Gifts/Support from Someone that isn't a member of the household*)? ☐Yes ☐No

If yes, list below by household member and income type:

	Type of Income	Gross Earnings (Before Taxes)
Member #_____	_____	$_____per_____ (week, month, year)
Member #_____	_____	$_____per_____ (week, month, year)
Member #_____	_____	$_____per_____ (week, month, year)
Member #_____	_____	$_____per_____ (week, month, year)
Member #_____	_____	$_____per_____ (week, month, year)
Member #_____	_____	$_____per_____ (week, month, year)
Member #_____	_____	$_____per_____ (week, month, year)
Member #_____	_____	$_____per_____ (week, month, year)

DOES ANY HOUSEHOLD MEMBER HAVE INCOME FROM ASSETS *(Assets include Checking Accounts, Savings Accounts, Direct Express Cards, EBT and DOR Cards, Pay Cards, 401K Accounts, IRA Accounts, Term Certificates, Money Markets, Stocks, Bonds, Mutual Funds, etc.)*? ☐Yes ☐No **If yes, list below:**

Member #_____
Name of Financial Institution: _____
Email address: _____ Fax: _____
Financial Institution Address: _____
Account #_____ Type of Account: _____Current Balance $ _____
Interest Rate: _____% If Stock, Number of Shares:_____ Dividends per Share: $ _____

Member #_____
Name of Financial Institution: _____
Email address: _____ Fax: _____
Financial Institution Address: _____
Account #_____ Type of Account: _____Current Balance $ _____
Interest Rate: _____% If Stock, Number of Shares:_____ Dividends per Share: $ _____

Member #_____
Name of Financial Institution: _____
Email address: _____ Fax: _____
Financial Institution Address: _____
Account #_____ Type of Account: _____Current Balance $ _____
Interest Rate: _____% If Stock, Number of Shares:_____ Dividends per Share: $ _____

Member #_____
Name of Financial Institution: _____
Email address: _____ Fax: _____
Financial Institution Address: _____
Account #_____ Type of Account: _____Current Balance $ _____
Interest Rate: _____% If Stock, Number of Shares:_____ Dividends per Share: $ _____

DOES ANY HOUSEHOLD MEMBER HAVE OTHER ASSETS such as Real Estate, Cash Value of Life Insurance, Treasury Bills, etc.? ☐Yes ☐No **If yes, list below:**

Household Member	Type of Asset	Cash Value of Asset
Member #_____	_____	$_____
Member #_____	_____	$_____
Member #_____	_____	$_____
Member #_____	_____	$_____
Member #_____	_____	$_____
Member #_____	_____	$_____
Member #_____	_____	$_____
Member #_____	_____	$_____

Has any household member disposed of any assets for less than fair market value in the last two years?
☐ Yes ☐No If yes, please list below:

ASSET	MARKET VALUE	AMOUNT RECEIVED	DATE DISPOSED OF
_____	$_____	_____	_____
_____	$_____	_____	_____

In Case of Emergency, whom should we contact?

Name: _____Relationship: _____
Phone#_____ Email Address: _____
Address: _____

Name: _____Relationship: _____
Phone#_____ Email Address: _____
Address: _____

CONFLICT OF INTEREST:

Do you work for or have any immediate family members who work, or have any business or consulting relationship with the Property Owner, or HallKeen Management? Immediate family ties include (whether by blood, marriage, or adoption) the spouse, parent (including step-parent), child (including step-child), brother, sister (including a step-brother or step-sister), grandparent, grandchild or in-laws of the applicant(s).
☐Yes ☐No

If yes, please provide name(s) of immediate family member(s), relationship and company/owner name:

_____

IRC Section 152 (f)(2) defines, in part, a "student" as an individual, who during each of 5 calendar months during the calendar year in which the taxable year of the taxpayer begins is either (a) a full-time student at an educational organization or (b) is pursuing a full-time course of institutional on-farm training under the supervision of an accredited agent of an educational organization, as described more fully in the IRC.

The term "educational organization" includes elementary schools, junior and senior high schools, colleges, universities, and technical, trade and mechanical schools. It does not include on-the-job training courses.

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

IF YES, ANSWER THE FOLLOWING QUESTIONS:

- Are any full-time student(s) married and filing a joint tax return? ☐Yes ☐No
- Are any full-time student(s) enrolled in a job-training program receiving assistance under the Job Training Partnership Act? ☐Yes ☐No
- Are any full-time student(s) an AFDC or a title IV recipient? ☐Yes ☐No
- Are any full-time student(s) a single parent living with his/her minor child who is not a Dependent on another's tax return? ☐Yes ☐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)? ☐Yes ☐No

PLEASE RESPOND TO THE FOLLOWING QUESTIONS IF YOU WISH TO BE CONSIDERED FOR PRIORITIES, PREFERENCES OR SPECIAL DEDUCTIONS/CONSIDERATIONS (Where Applicable):

- Preference only provided for existing residents with a documented need for a unit transfer to an accessible unit.

I / We hereby certify that the information furnished on this application is true and complete, to the best of my/our knowledge and belief. Inquiries may be made to verify the statements herein. All information is regarded as confidential in nature. I hereby authorize the Landlord to obtain a consumer credit report and a criminal background report. I/We certify that I/We understand that false statements or information are punishable under applicable State or Federal Law.

I / We hereby certify that we have received a notice from the management agent describing the right to reasonable accommodations for persons with disabilities.

I/ We hereby certify that this apartment will be this household's primary residence.

Signed under the pains and penalties of perjury:

_____	_____	_____	_____
Head of Household/Applicant	Date	Co-Applicant	Date
_____	_____	_____	_____
Other Adult Household Member	Date	Other Adult Household Member	Date

HallKeen Management does not discriminate on the basis of race, color, religion, sex, national origin, sexual orientation, age, familial status or physical or mental disability in the access or admission to its programs or employment, or in its programs, activities, functions or services.

Professionally Managed by:
HallKeen Management
1400 Providence Highway, Suite 1000
Norwood, MA 02062
(781) 762-4800

GENERAL AUTHORIZATION FOR RELEASE OF INFORMATION

NAME: _____

ADDRESS: _____

_____

I, the above-named individual, have authorized HallKeen Management to verify the accuracy of the information which I have provided to them, from the following sources (specify):

Child Care Expenses	Veteran's Benefits
Criminal Activity (CORI)	Federal, State, or Local Benefits
Courts	Banks, Credit Unions
Family Composition	IRAs, CDs, 401k, 403b
Law Enforcement Agency	Interest, Dividends
Credit Bureau	Financial Institutions, Brokerages
Employment	Mutual funds
Self-Employment	Alimony, Child Support
Unemployment Compensation	Other income-regular Gifts or allowances from another person
Pensions	Commissions, Tips, Bonus
Annuities	Landlords, Rental History
Social Security	Identity & Marital Status
Supplemental Security Income	Handicapped Assistance Expenses
State Welfare Agencies	Medical Insurance Premiums
State Employment Security Agency	Un-reimbursed Medical Expenses
Workman's Compensation	School & College Tuition Fees
Health & Accident Insurance	Debit Cards
Direct Express Cards	Other Sources not listed above

I HEREBY GIVE YOU MY PERMISSION TO RELEASE THIS INFORMATION TO:

HallKeen Management subject to the condition that it be kept confidential. I would appreciate your prompt attention in supplying the information requested on the attached page to HallKeen Management within five (5) days of receipt of this request. I understand that a photocopy of this authorization is as valid as the original.

Thank you for your assistance and cooperation.

Signed under pain and penalty of perjury.

Head of Household	**Date**	**Spouse**	**Date**
Other Adult Member	**Date**	**Other Adult Member**	**Date**

To: HallKeen Management

Re: **Release to Obtain Information**

In consideration for being permitted to apply for this apartment at Kent Farm Apartments, I, Applicant, do represent all information in this application to be true and accurate and that Owner/Manager/Employee/Agent may rely on this information when investigating and accepting this application. I, Applicant, hereby authorize the Owner/Manager/Employee/Agent to make independent investigations to determine my credit, financial and character standing, including, but not limited to, credit and criminal background reports.

I, Applicant, authorize any person or Credit/Criminal Background Checking Agency having any information on me, to release any and all such information to the Owner/Manager/ Employee/Agent or Credit Checking Agencies. Applicant hereby releases, remises, and forever discharges, from any action whatsoever, in law and equity, all Owners, Managers, and Employees, or Agents, both of Landlord and their Credit Checking Agencies in connection with processing, investigating, or credit checking this application, and will hold them harmless from any suit or reprisal whatsoever.

All applicants over the age of 18 must sign:

Applicant: _____ _____ _____
Signature Social Security # Date

_____
Print Name

Applicant: _____ _____ _____
Signature Social Security # Date

_____
Print Name

Applicant: _____ _____ _____
Signature Social Security # Date

_____
Print Name

Applicant: _____ _____ _____
Signature Social Security # Date

_____
Print Name

Pursuant to fair housing laws, advertising/marketing must not indicate any preference or limitation, or otherwise discriminate based on race, color, disability, religion, sex, familial status, sexual orientation, gender identity, national origin, genetic information, ancestry, children, marital status, or public assistance recipient. This prohibition includes phrases such as “active adult community” and “empty nesters”. Exceptions may apply if the preference or limitation is pursuant to a lawful eligibility requirement.

NOTICE OF RIGHT TO REASONABLE ACCOMMODATION

If you have a disability and you need:

A change in the rules or policies or how we do things that would make it easier for you to live here and use the facilities or take part in programs on site,

A change or repair in your apartment or a special type of apartment that would make it easier for you to live here and use the facilities or take part in programs on site,

A change or repair to some other part of the housing site that would make it easier for you to live here and use the facilities or take part in the programs on site, or

A change in the way we communicate with you or give you information,

You can ask for this kind of change, which is called a **Reasonable Accommodation.**

If you can show that you have a disability and if your request is reasonable, if it is not too expensive, and if it is not too

difficult to arrange, we will try to make the changes you request.

We will give you an answer within fifteen business days following our review of your information unless there is a problem getting the information we need or unless you agree to a longer time frame. We will let you know if we need more information or verification from you or if we would like to talk with you about other ways to meet your needs.

If we turn down your request, we will explain the reasons and you can give us more information if you think that will help.

If you need help filling out the reasonable accommodation request form, or if you want to give us your request some other way, we will assist you.

You can get a reasonable accommodation request form from your property manager or contact:

HallKeen Management, Inc.
1400 Providence Highway, Suite 1000
Norwood, MA 02062
(781) 762-4800