

# City of Woonsocket, RI

## TENANT'S APPLICATION

Woonsocket Lead Hazard Reduction Program

\*All information supplied will be kept completely confidential. At any time during the application process, the tenant may contact the City of Woonsocket Lead Hazard Reduction program manager to answer any questions. Please call 401-762-6400 ext. 2963 for all inquiries.

questions. Flease can 40.	1-702-0400	ext. 2903 for all friqu	intes.			
Tenant Name:		Sp	oouse:			
Address:			Apt#: _	Z	ip:	
Length of time at this add	dress:					
Email Address:						
Home/Cell Phone:		Work telephone:				
Employer:			Length or	f time at j	ob:	
How many bedrooms are	in your ap	partment? Ho	ow many people live in	your hou	sehold?	
Total monthly rent: \$		Do you rece	ive a rental subsidy?	□ YES	□ NO	
Which utilities do you pa	ıy?	None □ Hear	t □ Hot water	r	□ Electricity	
Landlord's Name		A	Address:			
Do you have a lease agr	eement?	□ YES □ N	0			
OCCUPANT & INCO	OME INF	ORMATION				
List ALL household men	nbers inclu	ding yourself, all adult	ts & children <b>even if ar</b>	n individ	ual has no income	
Name	Age	Race (*optional)	Social Security	Gross	Monthly Income	

### ADDITIONAL MONTHLY INCOME:

Average overtime earning: \$		Average overtime earning: \$		
Part time/seasonal employment:	\$	Part time/seasonal employment: \$		
Retirement/pension income: \$ _		Retirement/pension income: \$		
Social Security (SSI): \$		Social Security (SSI): \$		
Child Support/Alimony: \$		Child Support/Alimony: \$		
FIP Benefits: \$		FIP Benefits: \$		
Other Income: \$		Other Income: \$		
Explain Other:		Explain Other:		
ASSET INCOME:				
Checking Acct (6 month balance	e) \$			
Savings Acct (current balance)	\$			
401(k)	\$			
IRAs	\$			
CDs	\$			
Other Assets	\$			
Explain Other				

#### STATISTICAL INFORMATION

The following information is required by our funding sources. Information will be kept completely confidential.

a. # of persons living in unit	
b. # of children under six years old	
c. # of elderly (over 62)	
d. # of handicapped (non-elderly)	
e. # elderly handicapped	
f. Is the head of household a female?	

#### **CERTIFICATION:**

I certify that under penalty of perjury, all information on this application to the best of my/our knowledge is true. I/WE understand that false information given is sufficient grounds for rejection of this application. Furthermore, verification may be obtained from any source herein.

### PENALTY FOR FALSE OR FRAUDULENT STATEMENT, U.S.C.

Title 18, Section 1001, provides: "Whoever in any matter within the jurisdiction of any department of agency of the United States knowingly and willfully falsifies... or makes any false, fictitious or fraudulent statements or representations, or makes or uses any false writing or document knowing the same to contain any false, fictitious or fraudulent statements or entry, shall be fined not more than \$10,000 or imprisoned not more than five (5) years or both."

# This application must be submitted with the required documents listed on the TENANT REQUIRED INCOME/HOUSEHOLD INFORMATION CHECKLIST

#### TENANTS MUST SIGN AND DATE APPLICATION

Tenant – Print Name	Tenant - Signature	Date
Tenant – Print name	Tenant - Signature	Date