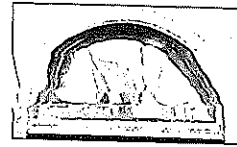


Franklin Court

INDEPENDENT LIVING



Dear Applicant:

Thank you for your interest in Franklin Court Independent Living. Enclosed is the Preliminary Rental Application that you requested.

The apartments at Franklin Court have been carefully designed and constructed to provide comfortable independent living for seniors. This equal housing opportunity offers an affordable rent structure established under a U.S. Government subsidized Section 8 Program. Those who qualify will pay a rent based on 30 percent of their adjusted gross income.

To qualify, an individual or head of household must be at least 62 years of age and have an annual income no higher than \$33,850 for one person or \$38,700 for two people. When filling out the application form, please be careful to include all income and assets for all persons who would live in the apartment.

Please notify us immediately if you have any changes in your financial status, address or telephone number.

Please note that as of January 1st, 2012 all new move-ins are smoke free. All new residents as of January 1, 2012 must sign a no-smoking agreement. We are a non-smoking facility.

Once we have received and processed your application, we will send you a letter informing you of your status and whether you have been placed on the waiting list.

Again, thank you for your interest in Franklin Court Independent Living. If you have any questions, please do not hesitate to call on me.

Sincerely,

A handwritten signature in cursive script, appearing to read 'M. Knapman'.

Marie L. Knapman
Property Manager

150-160 Franklin Street Bristol, RI 02809

Tel: 401-254-1010 ext.1301 or 1302 Fax: 401-253-8153

Managed by East Bay Community Development Corp.

Application Received date:

Please fill out each item as completely as possible:

Do you own a car? Yes / No If yes, please describe: _____

Do you have any pets? Yes / No If yes, please describe: _____

1. Your Name: _____ Home Phone: _____ Cell: _____

Present Address: _____
Street & Apt. City State Zip Code

Mailing Address, if different: _____

Please complete the following information about each person to occupy apartment

Name: _____ Sex: _____ Relationship: HEAD DOB _____ SS# _____

Name: _____ Sex: _____ Relationship: _____ DOB _____ SS# _____

2. RACE (Please note that completing this section is optional. This information will be used only for Fair Housing Programs as required by federal and state laws)

White _____ Black _____ Asian _____ Native American _____ Hispanic _____ Other: _____

3. Are you, your spouse or any member of your household a full-time student? _____

4. Please list all landlords for the past five years, in reverse order. If more space is needed, please attach a separate sheet of paper. If you have lived at your current address for five years, give name and address of your present apartment.

Name and address of current landlord: _____

Date from: _____ to _____ Monthly Rent: _____ Reason for leaving: _____

Previous landlord: _____

Previous address: _____

Date from: _____ to _____ Monthly Rent: _____ Reason for leaving: _____

5. IF CURRENTLY EMPLOYED (Please include employment of all persons to occupy apartment)

Name of Employer: _____

Business Address: _____

Length of Employment: _____ Annual Gross Wages: _____

6. OTHER SOURCES OF INCOME (Please include all persons to occupy apartment)

Social Security: Monthly Amount: \$ _____ Social Security Number: _____

SSI: Monthly Amount: \$ _____ Social Security Number: _____

Veteran's Benefits: Monthly Amount: \$ _____ Social Security Number: _____

Pension: Monthly Amount: \$ _____ Social Security Number: _____

Alimony: \$ _____ Child Support: \$ _____

Other: (Please explain): _____

7. MEDICAL EXPENSES: Amount of your yearly health insurance payments: \$ _____

Amount of your yearly medical expenses not covered by insurance: \$ _____

8. ASSETS (List all accounts, including: savings, checking, certificates, etc.)

Bank Name and Address: _____

Account Number: _____ Amount: \$ _____ Interest Rate: _____

Bank Name and Address: _____

Account Number: _____ Amount: \$ _____ Interest Rate: _____

Bank Name and Address: _____

Account Number: _____ Amount: \$ _____ Interest Rate: _____

Stocks - Name: _____ Number of Shares: _____ Value: \$ _____

Bonds - Name: _____ Number of Shares: _____ Value: \$ _____

Cash Surrender Value of Life Insurance Policy: \$ _____

Property Owned: _____ Net Sales Value: \$ _____

Street City State Zip

9. During the past two (2) years, have you given more than \$1,000 or disposed of other assets for less than their fair market value? Yes No If yes, please explain: _____

10. CREDIT REFERENCES: (Charge Accounts, Bank Loans, Time Payments, Etc.) Name and Address of companies)

1. _____

2. _____

3. _____

11. PERSONAL REFERENCES (Please included Name, Address & Phone Number)

1. _____

2. _____

3. _____

12. Do you require an apartment modified for a wheelchair or any other type of "Reasonable Accommodations." (As defined under Section 504 (24CFR Part 8 dated 6/2/880)? Yes No

If yes, please explain: _____

Are you seeking admission on the basis of being handicapped or disabled? Yes No

If yes, you must provide proper verification of your handicap.

Do you require an apartment modified for a wheelchair? Yes No

Do you require any special accommodations 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 an accommodation to a disability.

13. CRIMINAL RECORD - Have you or any member of your household, who will live in the unit, been convicted of a misdemeanor in the last ten years? Yes No

Have you or any member of your household, who will live in the unit, been convicted of a felony in the last ten years?

Yes No If yes to either, please describe the circumstances, docket number, charge, date and court: _____

Do you use controlled substances (e.g. drugs) illegally? Yes No If yes, please explain: _____

14. Has your families' assistance or tenancy in subsidized housing program ever been terminated for fraud, non-payment of rent or failure to cooperate with the re-certification procedure? Yes No

Have you, or any member of your household, ever received housing assistance from any housing agency or other landlord?

This includes rental assistance programs: Yes No

If yes, please state:

Name of head of household at that time: _____

Relationship to present applicant: _____

Name of Housing Agency or Landlord: _____

Date moved out: _____ Reason moved out: _____

15. Have you or any household member ever been evicted? Yes No If yes, please describe the circumstances, including date of eviction: _____

16. Have you been denied housing in the past five years? Yes No If yes, please describe the circumstances: _____

I, the undersigned, understand that this is a preliminary rental application and in no way, ensures my occupancy. Additional information may be required at a later date to complete the processing of this application.

My signature below certifies that the information contained in this application is true and authorizes the management to verify that information. I understand that any false statements will result in the cancellation of this application.

Please be advised that East Bay CDC Management Company and Franklin Court (Elder Care Apartments) does not discriminate against applicants in the provision of service, or in any other manner on the grounds of race, color, creed, religion, sex, handicap or national origin.

Date

Signature of Applicant

Date

Signature of Applicant

SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING

This form is to be provided to each applicant for federally assisted housing

Instructions: Optional Contact Person or Organization: You have the right, by law, to include as part of your application for housing, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. **You may update, remove or change the information you provide on this form at any time.** You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form.

Applicant Name: _____

Mailing Address: _____

Telephone Number: _____ Cell Phone Number: _____

Name of Additional Contact Person or Organization: _____

Address: _____

Telephone Number: _____ Cell Phone Number: _____

E-Mail Address (if applicable): _____

Relationship to Applicant: _____

Reason for Contact: (check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Emergency | <input type="checkbox"/> Assist with Recertification Process |
| <input type="checkbox"/> Unable to Contact you | <input type="checkbox"/> Change in lease terms |
| <input type="checkbox"/> Termination of rental assistance | <input type="checkbox"/> Change in-house rules |
| <input type="checkbox"/> Eviction from unit | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Late payment of rent | |

Commitment of Housing Authority or Owner: If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed in resolving the issues or in providing any services or special care to you.

Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to any one except as permitted by the applicant or applicable law.

Legal Notification: Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding any additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR Section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability and familial status under the Fair Housing Act and the prohibition on age discrimination under the Age Discrimination Act of 1975.
____ Check here if you choose not to provide the contact information.

Signature of Applicant

Date

The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 USC 3501). The public reporting burden is estimated at 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Section 644 of the Housing and Community Development Act of 1992 (42 UDC 13604) imposed on HUD the obligation to require housing providers participating in HUD's assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend or person associated with a social, health, advocacy or similar organization. The objective of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any delivery of services or special care to the tenant and assist with resolving any tenancy issues arising during the tenancy of such tenant. This supplemental application is to be maintained by the housing provider and maintained as confidential information. Providing the information is basic to the operations of the HUD Assisted-Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fraud, waste and mismanagement. In accordance with the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless the collection displays a currently valid OMB control number.