

**Lincoln Housing Authority**  
**10 Franklin Street, Lincoln, Rhode Island 02865**

Ph. 401.724.8910

Fax 401.723.1350

**PRE-APPLICATION for Public Housing for Elderly & Disabled at Lincoln & Manville Manor**

Persons in Household	Income Limits
1	\$57,350
2	\$65,550
3	\$73,750
4	\$81,900
5	\$88,500
6	\$95,050

**This is not a Housing Choice Voucher (HCV) application and cannot be used for the HCV Program. Please read carefully. Complete all sections that apply to you. Incomplete applications will not be processed.**

Lincoln Housing Authority (LHA) uses a two-step application process. Applicants must first complete this pre-application to determine a person's preliminary eligibility. Once the eligibility determination is made, LHA places the person's name on a waitlist by the date and time the pre-application was received. LHA has a residency preference. If you live or work in Lincoln, and meet the local preference requirements, your name is placed on the preference waitlist. If the person does not meet the preference requirements, his/her name is placed on the non-preference waitlist. The LHA processes its list according to unit size, and local preference.

1. To be eligible for admission to public housing, an applicant must:
  - a) be a family member as defined in LHA's Admission and Continued Occupancy policy;
  - b) meet the HUD citizenship or immigration status requirements;
  - c) have an annual income at the time of admission that does not exceed the income limits established by HUD;
  - d) provide documentation of Social Security numbers for all family members;
  - e) meet or exceed the Applicant Selection Criteria, including attending and successfully completing an LHA-approved pre-occupancy orientation session, if requested to do so;
  - f) repay any money owed to LHA or any other housing authority or federally assisted program;
  - g) not have had a lease terminated by a PHA or other federally assisted program;
  - h) be willing and able to comply with the Housing Authority lease, HUD regulations, and LHA policies;
  - i) not have any family members engaged in any criminal activity that threatens the life, health, safety, or right to peaceful enjoyment of the premises by other residents, and not have any family member engaged in any drug-related criminal activity.
2. Each year LHA updates its Public Housing waitlist. An Annual Update will be sent out each year in January. If you do not return the updated application by January 15th we will assume that you are no longer interested in housing and your name will be removed from the waitlist. An applicant whose name is removed from the wait list will not be permitted to reapply for 12 months from the date their name was removed.
3. Applicants with disabilities may seek assistance with the completion of the application at LHA's office at the above address.
4. Last Step: When your name gets closer to the top of the waitlist, LHA will contact you to schedule an appointment for an interview and to update your application.
5. LHA will conduct credit checks and criminal record checks on all applicants.



Please visit our website at: [www.lincolnhousing.org](http://www.lincolnhousing.org)

**The Lincoln Housing Authority is an Equal Housing Provider**

Revision 5/19/2023

**Lincoln Housing Authority**  
**Elderly/Disabled Preliminary Application**  
 10 Franklin Street Lincoln, RI 02865

**Date:** \_\_\_\_\_  
**Name:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
 \_\_\_\_\_  
**Marital Status:** \_\_\_\_\_

<b># of Bedrooms (please circle only one):</b> <b>0 (studio) or 1 or 2</b>
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**Home Phone #:** \_\_\_\_\_  
**Work Phone #:** \_\_\_\_\_  
**Email address:** \_\_\_\_\_

**Race:** (check one):  
 White  Black  
 Asian/Pacific Islander  
 American Indian/Native Alaskan  
 Other

**Ethnicity:** (check one):  
 Hispanic  
 Non-Hispanic

**Household Composition (Be sure to include YOUR name)**

#	Legal Name	Sex M/F	US Citizen	Relation	Date of Birth	Social Security	Place of Birth
1.				Head of Household			
2.							
3.							
4.							
5.							
6.							

**INCOME**

Name	Occupation	Source of Income	Monthly Income	Annual Income
		Wages from Employer		
		Social Security/SSI		
		TANF/SNAP		
		Pension (Company)		
		CHILD SUPPORT		
		Other		

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		Other		

**ASSETS**

Name	Type of Asset	Name of Bank, Ins. Co., Funeral Home, Broker, Property Address	Amount
	Savings		
	Checking		
	CD		
	Money Market		
	Life Ins. (cash surrender value)		
	Stocks/Bonds		
	Funeral Account		
	Real Estate		
	Other		

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	Real Estate		
	Other		

Length of time at present address:		Landlord's Phone number:	
Landlord's Name:			
Landlord address:			
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Landlord's Name:			
Landlord address:			

Have you or any household members ever lived in public or assisted housing? **YES** \_\_\_ **NO** \_\_\_

Do you owe any money to any Housing Authority or federally assisted housing program? **YES** \_\_\_ **NO** \_\_\_

Have you ever been evicted or violated your lease while participating in a federal housing program or by a private landlord?? **YES** \_\_\_ **NO** \_\_\_

If yes, please explain: \_\_\_\_\_

Do you or any household members use medical marijuana? **YES** \_\_\_ **NO** \_\_\_

Have you ever committed fraud in a federally assisted housing program?  
or been asked to repay money for knowingly misrepresenting information? **YES** \_\_\_ **NO** \_\_\_

Have you or any household member ever been arrested, convicted or pled nolo contendere to any crimes?  
**YES** \_\_\_ **NO** \_\_\_

If yes, please explain: \_\_\_\_\_

Are you or a household member subject to the Lifetime sex offender  
registration requirement? **YES** \_\_\_ **NO** \_\_\_

Have you or a household member been charged with or convicted of  
illegal use, possession, manufacture, selling, or distributing controlled  
substances within the past ten (10) years? **YES** \_\_\_ **NO** \_\_\_

*Please note: Local, state, and FBI investigations are conducted on all applicants prior to any  
housing assistance. Eligibility is subject to passing these tests.*

**Elderly/Disabled Housing – check one box below**

\_\_\_ 0 bedroom/Efficiency/Studio – These apts. become available most often

\_\_\_ 1 bedroom unit – If you check this, you will be called only when this unit becomes available

\_\_\_ 2 bedroom unit—If you check this, you will be called only when this unit becomes available

If disabled, do you or a household member require special accommodations? **YES** \_\_\_ **NO** \_\_\_

If yes, please state accommodations: \_\_\_\_\_

If you are requesting a FIRST FLOOR, you **must** attach a doctor's note with an explanation for the need  
of a reasonable accommodation.

**VETERAN**

1. Are you a Veteran? **YES** \_\_\_ **NO** \_\_\_

2. Induction Date: \_\_\_\_\_ Discharge Date: \_\_\_\_\_

3. Do you receive Veteran's Benefits? **YES** \_\_\_ **NO** \_\_\_

4. Are you a Disabled Veteran ? **YES** \_\_\_ **NO** \_\_\_

I/We, the undersigned, understand that this is not a contract and does not bind either party.

I/We certify that the above information is true and complete to the best of my/our knowledge.

I/We have no objections to inquiries being made for the purpose of verifying the statements made herein.

I/We further understand that false statements, misrepresentation, or omission of information on this form are grounds for termination of the pre-application and may be punishable under federal and state laws.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Spouse  
(or co-applicant) Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Important:** If you move, you are required to notify the Authority in writing or you cannot be considered for assistance.

Equal Housing Opportunity



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***FOR OFFICE USE ONLY***

Date application received: \_\_\_\_\_

Time received: \_\_\_\_\_

By: \_\_\_\_\_

# of Bedrooms: \_\_\_\_\_



**Lincoln Housing Authority**  
10 Franklin Street  
Lincoln, Rhode Island 02865  
(401) 724-8910      FAX (401) 723-1350  
TDD Relay Service 1-800-745-5555

Attention Lincoln Resident Applicants,

Please be advised that being a resident living in the town of Lincoln or working in the town of Lincoln gives you a considerable advantage on our waitlist for public housing. Because of this advantage, we require 2 valid forms of identification proving your **Lincoln residency**, which gives you points for being a Lincoln Resident. Without 2 forms of identification, your application will be processed without the point advantage.

Here are some examples of items you can include to prove your residency:

1. Valid Driver's license showing Lincoln address
2. Voter Registration Card
3. Car Registration
4. Utility Bills (phone, gas, electric, cable) showing your Lincoln address
5. Medical Bills showing your Lincoln address
6. Bank Statements or Credit card statements
7. A rental agreement or lease notarized by your landlord
8. Insurance policies
9. Social Security Award Letter
10. Employment paystubs
11. Pension Statements
12. Supplemental Health Insurance Bill or statement
13. 3 months' bank statements

We appreciate your assistance in this application process!



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## RELEASE and AUTHORIZATION

Authorization to obtain any/all information held confidential/classified/restricted or otherwise held by your agency.

The Lincoln Housing Authority and/or agents thereof are authorized by the individual(s) listed below to seek, possess and copy any/all information deemed necessary to establish acceptance or rejection or continued occupancy of subsidized housing. This waiver/release grants permission to the Lincoln Housing Authority to request/seek/possess and copy any/all information regarding, but not limited to, the following:

- |                                       |                               |
|---------------------------------------|-------------------------------|
| 1. Income (including Social Security) | 2. Federal law enforcements   |
| 3. Banking Institutions               | 4. Present and past landlords |
| 5. Medical Expenses                   | 6. Credit Report              |
| 7. Other (specify) _____              |                               |

I, the undersigned, am an applicant/tenant for a Public Housing Assistance Program. The information being requested on this form is for the purpose of determining my eligibility for the Program.

I hereby request and authorize you to release this information. I understand that the information will be kept in STRICT CONFIDENCE and will be used for program purposes only. I would appreciate your immediate attention in supplying the requested information and returning the form to the Lincoln Housing Authority within five (5) days of receipt. A self-addressed stamped envelope has been included for your convenience.

I understand that a photocopy of this release is as valid as the original.

Thank you for your cooperation and prompt assistance with this request.

I understand that this Release is to remain in full force and effect for the duration of my/our application and tenancy with the Lincoln Housing Authority.

**This consent form expires 15 months after signed.**

Name (please print) \_\_\_\_\_ Name (please print) \_\_\_\_\_

Signature \_\_\_\_\_ Signature \_\_\_\_\_

Social Security Number \_\_\_\_\_ Social Security Number \_\_\_\_\_

Date \_\_\_\_\_ Date \_\_\_\_\_



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 ORI # RIA00V49Q

**CRIMINAL BACKGROUND REPORT WAIVER**

I hereby authorize Lincoln Housing Authority and its designated agents and representatives (hereinafter individually and collectively referred to as Owner) to conduct a Criminal Background review. A criminal report will be generated and used as part of my application for housing.

I understand that the scope of the criminal report/investigative criminal report may include, but is not limited to, the following areas:

Verification of social security number, current and previous residences; criminal history records from any criminal justice agency in any or all federal, state, county, jurisdictions; birth records; motor vehicle records to include traffic citations and registration; and any other public records.

I further authorize any individual, company, firm, corporation, or public agency (including the Social Security Administration and law enforcement agencies to divulge any and all information, verbal or written, pertaining to me which the individual company, firm, corporation, or public agency may have, to include information or data received from other sources.

I hereby release Owner, the Social Security Administration, and its agents, officials, representatives, or assigned agencies, including officers, employees, or related personnel both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heir, family, or associates because of compliance with this authorization and request to release. You may contact me as indicated below.

I understand this authorization automatically expires 15 months from the date executed below and that I have the right to revoke the authorization at any time, providing I do so in writing.

Print Name: \_\_\_\_\_  
 (First) (Middle) (Last) (Maiden)

Former Name(s) and Dates that name used \_\_\_\_\_

Current Address Since: \_\_\_\_\_  
 (Mo/Yr) (Street) (City) State/Zip

Previous Address From: \_\_\_\_\_  
 (Mo/Yr) (Street) (City) State/Zip

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_