Pawtucket Housing Authority
214 Roosevelt Avenue
Pawtucket, RI 02860
(401) 721-6000

FOR OFFICE USE ONLY:
PBV – PARK STREET

PRE-APPLICATION FOR PROJECT BASED VOUCHER – PARK STREET

1. Personal Information

Enter you Social Security Number

_____
Date of Birth (MM/DD/YYYY)

( )
Area Code *Telephone Number*

_____
Email Address

2. Name and Address of Head of Household

Last Name First Name MI (Maiden)

Mailing Address Apartment #

City State Zip Code

3. Sex
☐ Male
☐ Female

4. Race
☐ White ☐ Black ☐ Asian
☐ American Indian
☐ Pacific Islander

5. Marital Status
☐ Single ☐ Married
☐ Divorced ☐ Widowed

6. Ethnicity
☐ Hispanic
☐ Non-Hispanic

7. Limited English Proficiency (LEP)
Are you an individual with LEP?
☐ Yes ☐ No
If yes, what is your primary language?
_____

8. Monthly Income *(FOR ALL ADULT MEMBERS):*
My household's GROSS MONTHLY income is $ _____
☐ **Wages** ☐ **Social Security** ☐ **SSI** ☐ **Child Support** ☐ **Pension** ☐ **TDI**
☐ **TANF** ☐ **Unemployment** ☐ **Asset/Interest** ☐ **Other**

9. Disability or Handicap: a) Do you or a member of your household have a disability or handicap and require a reasonable accommodation to help you complete the application process? ☐ Yes ☐ No
b) Do you require an accommodation in housing features as a result of your disability? ☐ Yes ☐ No
If yes, to **9a or 9b**, please attach a specific accommodation request related to the disability (DO NOT provide disability specific information)**.**

10. Family Composition: List all persons, including yourself, who will live in the unit.

Last Name	First Name	Relation to Head	Social Security # or Alien Registration #	Sex	US Citizens Y/N	Date of Birth

Has anyone in your household ever been convicted of a felony?

Is anyone in your household required to register as a Lifetime Sex Offender?

CERTIFICATION: The information you have provided is to determine if you are eligible for placement on the waiting list. By signing this pre-application, you are certifying that you have answered ALL questions and the information you have provided is true and accurate. If you have not filled out this pre-application completely, it will be considered an incomplete application and will be returned to you. It is your responsibility to inform the PHA of any change of address, telephone number, household composition, income or preferences. Your failure to keep us informed of these changes could result in our inability to notify you and your removal from the waiting list. Providing false information will result in cancellation or denial of your application or termination/eviction from housing. Knowingly providing false information to the PHA is a felony under Section 1001 of Title 18 of the United States Code.

_____ _____
Signature of Head of Household **Date**