

THE WESTERLY HOUSING AUTHORITY

5 CHESTNUT STREET, WESTERLY, RHODE ISLAND, 02891

TELEPHONE (401)596-4918 ~ FAX (401)348-0714

Dear Potential Applicant:

Thank you for applying to our **Family Public Housing** managed by the Westerly Housing Authority. Enclosed please find a **Pre-Rental Wait List Application for our Family Site properties**. Admission and occupancy is based on income; the financial guidelines do change annually.

All our properties are “**NO SMOKING**” (including **Cigarettes, Marijuana, Vaping and pipe**). Westerly residents are given preference on the waiting list. The properties consist of two- and three-bedroom units, a living room, kitchen and bathroom(s).

Please remember the following:

- You must complete all areas and sign and date the Pre-rental Application. All Pre-rental Applications will have to be returned if it is incomplete.
- Be sure to print neatly on the Pre-rental Application so that we can contact you when your name reaches the top of the list.
- Make sure to choose the preference and number of people that will be living in the household. All household income should be included in the gross income amount.
- If your telephone number or address changes, you need to notify us in writing.
- All potential applicants must complete the attached Pre-rental Application and attach with a copy of current photo identification, a copy of your birth certificate, a copy of your signed Social Security card.
- All applicants will be submitted to a Criminal Background Check.
- If your name is called on the Wait List, you will be required to fill out a Public Housing Family Application before being approved.

Thank you for your interest in our sites.

Westerly Housing Authority

Local Area Housing Developments information (not affiliated with Westerly Housing Authority):

Babcock Village Apartment – Elderly and Disabled – 401-596-7574

Merchants Village Apartments – Elderly, Disabled and Family – 401-596-9754

Canonchet Cliffs Apartments – Elderly and Disabled – 401-539-2223

Saugatucket Springs Apartments – Elderly Only – 401-941-2900



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For Office Use Only

Date _____ Time _____

Bedroom size _____

Income level _____

FAMILY HOUSING PRE-RENTAL WAIT LIST APPLICATION

No Smoking Community – These properties are **No Smoking Community**. Smoking is allowed in designated areas only. Smoking (**including cigarettes, marijuana, vaping and pipe**) is **prohibited** in apartments, on apartment balconies, porches, and/or patios, and in all indoor and outdoor common areas, including but not limited to parking lots, sidewalks, and hallways.

Please print clearly in Blue Pen. If an item(s) does not apply to you, answer “NO” or “N/A”, **do not leave anything blank.** If you need to make corrections, draw a line across and initial. Do NOT use Liquid Paper, Correction Tape, or White Out, etc.

| | |
|--|----------------|
| Applicant Name: (First, Middle Initial, Last): | |
| Co-Applicant Name: (First, Middle Initial, Last) | |
| Address: | |
| City, State, Zip Code: | |
| Home Phone: | Work Phone: |
| Cell Phone: | Date of Birth: |
| Driver's License or Government ID#: | Date of Birth: |
| Email Address: | ID State: |
| | SS #: |
| | SS #: |

Are you claiming a “Preference”? Certain preferences are assigned to applicants in order to provide housing opportunities for households with special circumstances.

Working Elderly or Disabled Westerly residence

Involuntary Displacement by Domestic Violence (VAWA)



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| Household Information: | Applicant | Co-Applicant |
|--|-----------|--------------|
| How many people will live in the unit? | | |
| How many children and the ages will be living in the apartment? | | |
| | | |
| What is the total Gross Annual Income? | | |
| Employer Name: | | |
| Employer Address: | | |
| Employer Phone Number: | | |
| What Type of Gross Annual Income for all household members? SS, SSI Benefits, Child support for all household members | \$ | \$ |

Are you or any member of your household required to register as a sex offender? _____.

If yes, list the name of the person(s) and the registration requirements (i.e. place where registration needs to be filed, length of time for which registration is required)

Pet Policy: The policy of the Westerly Housing Authority is to permit tenants to own only one common household pet (one dog, one cat, one bird etc.). Dog breeds cannot weigh more than 20lbs and fish tanks cannot be more than 20 gallons.

| | |
|--|--|
| Do you have a pet? | |
| What type of pet? (Dog, Cat, Bird, Fish) | |
| What is the dog breed and weight of the pet? | |
| Attach Veterinary Report of pet. | |

Signature Clause:

I certify all information and answers to the questions are true and complete to the best of my knowledge and understand providing false information or making false statements may result in denial of my application and/or criminal penalties.

All household members 18 and over must sign below:

| | | | |
|-----------|--|------|--|
| Signature | | Date | |
| Signature | | Date | |
| Signature | | Date | |

THIS SECTION IS FOR OFFICE USE ONLY

| | | |
|----------------|----------------|---------------------------------------|
| Date Received: | Time Received: | Received by: _____ As Agent for Owner |
|----------------|----------------|---------------------------------------|

Do Not Copy or Duplicate Any Page of Application

