



**First Realty**  
Management

Dear Applicant,

Thank you for your interest in the ONE Neighborhood Builders apartment homes. Our apartments are located in the Olneyville and Elmwood neighborhoods of Providence. Each of our Studio, One Bedroom, Two Bedroom, Three Bedroom and Four Bedroom apartments are unique.

The apartments include certain amenities:

- Spacious Floor Plans
- Professional On-Site Management
- Minutes to downtown Providence
- Smoke Free Apartments at numerous locations
- Private Off-Street Parking
- 24 Hour Emergency Maintenance Services
- Conveniently located on RIPTA Bus line

Rental guidelines under the Low Income Housing Tax Credit Program apply.\*

2018 Rent Limits		
Bedroom Size	Ranges from:	To:
1 Bedroom	\$600	\$900
2 Bedroom	\$700	\$1,100
3 Bedroom	\$800	\$1,200
4 Bedroom	\$1,000	\$1,400

Income guidelines under the Low Income Housing Tax Credit Program also apply.\*

2018 Household Income Limits	50% Income	60% Income
1 Person	\$ 30,250	\$ 36,300
2 Person	\$ 34,600	\$ 41,520
3 Person	\$ 38,900	\$ 46,680
4 Person	\$ 43,200	\$ 51,840
5 Person	\$ 46,700	\$ 56,040
6 Person	\$ 50,150	\$ 60,180
7 Person	\$ 53,600	\$ 64,320
8 Person	\$ 57,050	\$ 68,460

We encourage you to contact us for more information  
or a tour of our apartments that are available for rent.

Elmwood Office – 401-455-0814

Olneyville Office – 401-383-5763

*\*Income and Rent guidelines are updated each year and subject to change.*



**First Realty**  
Management

**RENTAL PRE-APPLICATION**

**ONENeighborhood Builders (ONB)**

222 Manton Ave  
Providence, RI 02907  
(401) 383-5763 (TTY/TRS Relay: #711)  
Fax (401) 383-5803

**ONB Elmwood**

693 Broad Street  
Providence, RI 02907  
(401) 455-0814 (TTY/TRS: #711)  
Fax (401) 432-7001

Date/Time Stamp
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DATE OF APPLICATION	SIZE OF UNIT REQUESTED	DESIRED MOVE-IN DATE

**PERSONAL INFORMATION**

HEAD OF HOUSEHOLD & CO-APPLICANTS NAMES <i>(Please list ALL household members, including children)</i>	SOCIAL SECURITY # <i>(for all residents)</i>	RELATIONSHIP WITH HEAD OF HOUSEHOLD	DATE OF BIRTH	CURRENTLY RECEIVING FED / STATE RENTAL ASSISTANCE?	STUDENT AT INSTITUTION OF HIGHER LEARNING?	IF STUDENT, FULL-TIME / PART-TIME?
		HEAD OF HOUSEHOLD		<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> FT <input type="checkbox"/> PT
				<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> FT <input type="checkbox"/> PT
				<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> FT <input type="checkbox"/> PT
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				<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> FT <input type="checkbox"/> PT

**CURRENT CONTACT INFORMATION**

HOME PHONE		BUSINESS PHONE			
MOBILE PHONE		EMAIL ADDRESS			
PRESENT ADDRESS			CITY/TOWN	STATE	ZIP
LENGTH OF TIME AT PRESENT ADDRESS		# BEDROOMS	AMOUNT OF RENT PER MONTH	MONTHLY UTILITY PAYMENT	
FROM	TO	#	\$	\$	
REASON FOR MOVING FROM PRESENT ADDRESS					
DO YOU HAVE ANY PETS? <input type="checkbox"/> YES <input type="checkbox"/> NO					
If yes, please list: _____					

### EMPLOYMENT AND INCOME INFORMATION

Do you or any family member have income from the following sources?  
If yes, please list household recipient and gross monthly amount being received.

Income Source	Yes	No	Gross Monthly Amount	Household Member(s) Name
Employment?	<input type="checkbox"/>	<input type="checkbox"/>	\$	
Social Security (SS)? <i>(ONLY list SS amount here)</i>	<input type="checkbox"/>	<input type="checkbox"/>	\$	
SSI/SSDI? <i>(ONLY list SSI/SSDI amount here)</i>	<input type="checkbox"/>	<input type="checkbox"/>	\$	
State Supplement (SSP)? <i>(ONLY list State Supplement amount here)</i>	<input type="checkbox"/>	<input type="checkbox"/>	\$	
Pension/Annuity?	<input type="checkbox"/>	<input type="checkbox"/>	\$	
Short Term/Long Term Disability?	<input type="checkbox"/>	<input type="checkbox"/>	\$	
Veterans Benefits?	<input type="checkbox"/>	<input type="checkbox"/>	\$	
Welfare/TANF/Public Assistance?	<input type="checkbox"/>	<input type="checkbox"/>	\$	
Adoption Subsidy?	<input type="checkbox"/>	<input type="checkbox"/>	\$	
Do you have a court order to receive Alimony?	<input type="checkbox"/>	<input type="checkbox"/>	\$	
Do you have another agreement to receive Alimony?	<input type="checkbox"/>	<input type="checkbox"/>		
Do you receive Alimony?	<input type="checkbox"/>	<input type="checkbox"/>	\$	
Do you have a court order to receive Child Support?	<input type="checkbox"/>	<input type="checkbox"/>	\$	
Do you have another agreement to receive Child Support?	<input type="checkbox"/>	<input type="checkbox"/>	\$	
Do you receive Child Support?	<input type="checkbox"/>	<input type="checkbox"/>	\$	
Unemployment?	<input type="checkbox"/>	<input type="checkbox"/>	\$	
Worker's Compensation?	<input type="checkbox"/>	<input type="checkbox"/>	\$	
Contributions to the Household (Monetary or Not)?	<input type="checkbox"/>	<input type="checkbox"/>	\$	
Net Income from Business?	<input type="checkbox"/>	<input type="checkbox"/>	\$	
Military Pay?	<input type="checkbox"/>	<input type="checkbox"/>	\$	
Other Income?	<input type="checkbox"/>	<input type="checkbox"/>	\$	
Grants, Scholarships or other type of Financial Aid? <i>(The treatment of financial assistance is dependent on whether the student is receiving Section 8 assistance.)</i>	<input type="checkbox"/>	<input type="checkbox"/>	\$	
Are any of the incomes listed above paid through a Debit Card? (e.g. SS, SSI – Direct Express Debit Card)	<input type="checkbox"/>	<input type="checkbox"/>	\$	

### VALUE OF HOUSEHOLD ASSETS

Assets include checking and saving accounts, investments, stocks or bonds, mutual funds/trust accounts, certificates of deposit, IRA accounts (for example, 401K, Roth Keogh or other retirement investment), whole life insurance policy, real estate of all household members, cash on hand, on prepaid cards, and real property. If any household member currently owns property, the total amount of equity in the home shall be added to their total value of assets.

Total value of all household members assets: \$ \_\_\_\_\_

### HOUSEHOLD INFORMATION

*The following questions are asked solely to assist applicants with disabilities who may need an accommodation under Section 504. Answering these questions is optional. Information provided regarding a S.504 accommodation request will be kept confidential and used exclusively for this purpose.*

Does any household member have an accessibility or reasonable accommodation request that we should be made aware of?

YES  NO **If yes,** please attach written explanation.

Does any household member require alternative ways to communicate with us (e.g., TTY/TRS Relay: #711) during the application process?

YES  NO **If yes,** please attach written explanation.

**OPTIONAL INFORMATION**

*This information will be used for Fair Housing statistical purposes only. You need not provide this information if you choose not to. There is no penalty for persons who do not provide this information*

**Ethnic Categories (Please Check One)**

Hispanic or Latino

Not-Hispanic or Latino

**Racial Categories (Please Select All That Apply)**

American Indian or Alaska Native

Asian

Black or African American

Native Hawaiian or Other Pacific Islander

White

**ADDITIONAL HOUSEHOLD INFORMATION**

1. Have you or any household member been convicted of a felony?

YES  NO  
If yes, please attach written explanation.

2. Are you or any member of the household subject to a State lifetime sex offender registration program in any state?

YES  NO  
If yes, please attach written explanation.

3. Are you or any household member currently engaging in the illegal use of a controlled substance?

YES  NO

4. Has any landlord ever had to take legal action against you or any other household member for non-payment of rent and/or any other material non-compliance of your lease that resulted in your appearance in court?

YES  NO

5. Please provide a complete list of all states in which any household member has resided: \_\_\_\_\_  
\_\_\_\_\_

**PLEASE READ - IMPORTANT DEPOSIT INFORMATION**

The applicant is to provide a deposit equal to his/her share of one month's rent at the time an apartment is offered to the applicant. The deposit is to be applied to the applicant's rent for the first month of his/her occupancy. If the deposit is in excess of the applicant's rent for the first month of his/her occupancy, the balance shall be returned to the applicant by the Lessor. In the event the applicant cancels said application and the Lessor has reserved or set aside an apartment for the applicant, the deposit shall be applied to actual damages sustained by the Lessor after 72 hours of acceptance by the applicant. However, the deposit shall be refunded if the application is not accepted by the Lessor. This application and the initial deposit are taken subject to other applications and deposits taken on this apartment beforehand.

SIGNED	DATE
SIGNED	DATE
SIGNED	DATE
SIGNED	DATE

**FAIR HOUSING/EQUAL OPPORTUNITY INFORMATION**

First Realty Management does not discriminate on the basis of race, color, religion, sex, national origin, familial status, disability, or any other protected class. Furthermore, First Realty does not discriminate based on any of the following additional factors: age, ancestry, marital status, sexual orientation, gender identity, genetic information, being a veteran or member of the Armed Forces, or receiving welfare, housing subsidies or other governmental benefits.



## **RENTAL PRE-APPLICATION**

### **(Affordable Programs)**

Upon request, the agent will provide help in explaining this document. If necessary, persons with disabilities may ask for this application in large print type, or other alternate formats, and additional assistance can be provided.

#### **Instructions for head of household:**

1. Complete all sections by printing in ink. Please do not leave any section blank. If the Section does not apply to you, please put "n/a". If you need to make a correction, put one line through the incorrect information, write the correct information above, and initial the change. Do not use correction fluid of any kind (e.g. "whiteout"). Failure to respond fully to these questions may result in rejection of this pre-application.
2. The rental pre-application must be completed in its entirety. All household members 18 Years of age and older who are applying for housing must sign and date the pre-application. All information must be complete and correct. False, incomplete, or misleading information will cause your household's pre-application to be declined.
3. Once your pre-application is complete and on file with the management agent, it is your responsibility to contact the management agent in writing whenever there is a change in your address, telephone number, income situation, or household composition (if you need to add or remove a person from your pre-application). It is your responsibility to respond to any waiting list application updates sent to you by the management agent. Filling out a pre-application does not guarantee eligibility or qualification for an apartment at this community. After the management agent receives your completed pre-application, they will make a preliminary determination of eligibility based on program and property criteria. If your household appears to be eligible for housing, your pre-application will be placed on a waiting list, but this does not mean that your household will be offered an apartment. Every household must be screened to qualify for an apartment. When your name nears the top of the waiting list, you will be contacted to provide additional information for eligibility, screening, and suitability.

If your household does not appear eligible, you will receive a letter declining your pre-application and you will not be placed on the waiting list. You will have the right to appeal this decision. Instructions for the appeal process will be provided with the rejection letter. The pre-application process will be completed in accordance with the management agent's standard procedures, which are summarized in the site-specific copy of the tenant selection plan. Upon request to the management agent, you have the right to receive a tenant selection plan (with Program description insert) that summarizes the application process including eligibility and Screening requirements for occupancy in the community.

#### **Right to reasonable accommodation**

The agent for this property provides persons with disabilities the opportunity to request a reasonable accommodation in order to apply to and participate in such programs and activities. The agent for this property will consider a reasonable accommodation, upon request, for qualified people with disabilities when an accommodation is necessary to ensure equal access to the development, its amenities, services, and programs. Reasonable accommodations may include changes to the building, grounds, or an individual unit; changes to policies, practices, and procedures; and mitigating circumstances.

**Limited English Proficiency**

The agent provides people whose primary language is not English and as a result have Limited English Proficiency, the opportunity to request free language assistance in order to apply to or participate in its programs and activities.

This is an important document. If you require interpretation, please call the telephone number below or come to our offices and we will provide free interpretation services.

Este es un documento importante. Si necesita interpretación, por favor llame al número de teléfono que aparece abajo o visite nuestras oficinas.

這是一份非常重要的文件。如果您需要翻譯服務，請撥下面的電話或前往我們的辦公室

Isto é um documento importante. Se exige interpretação, por favor chama o número de telefone embaixo ou vem a nossos escritórios.

Это важный документ. Если Вам требуется перевод, пожалуйста, позвоните нам (телефонный номер ниже). Или придите в наш офис.

Đây là một tài liệu quan trọng. Nếu quý vị cần phiên dịch, vui lòng hãy gọi cho số điện thoại bên dưới hoặc đến các văn phòng của chúng tôi.

**នេះ គឺជាឯកសារសំខាន់មួយ។ ក្នុងករណីលោកអ្នក ចាំបាច់ត្រូវចង់បានការបកប្រែ**

**សូមទូរស័ព្ទលេខខាងក្រោមនេះមកកាន់ ឬ**

**អញ្ជើញមកទាក់ទងដោយផ្ទាល់នៅការិយាល័យយើងខ្ញុំ។**

Sa a se yon dokiman enpòtan. Si ou bezwen entèpretasyon, tanpri rele nimewo telefòn ki anba la a oswa vini nan biwo nou.

Tani waa dhokomenta muhiim ah. Haddii aad rabto tarjumad, fadlan wac lambarka hoos ku qoran ama imow xafiisyadayada.

هذه وثيقة مهمة، وإذا كنت في حاجة إلى ترجمة فورية، يرجى الاتصال على رقم الهاتف المذكور أدناه أو أن تتفضل بالمجيء إلى مكتبنا.

این یک سند بسیار مهم است. اگر به ترجمه آن نیاز دارید، لطفاً با شماره تلفن زیر تماس بگیرید یا به دفتر ما مراجعه کنید.

TELEPHONE NUMBER: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ /TTY