



Thank you for your interest in *Pawtucket Central Falls Development* apartments. We strive to provide quality, affordable housing choices throughout Pawtucket and the Central Falls communities of Rhode Island. We have built and own over 250 apartments in Pawtucket and Central Falls. Our apartment communities offer quality and affordable housing units to both residents and the community-at-large.

Please be sure to fill out this entire pre-application and submit all the required documents. If the pre-application is not complete and all documents requested are not submitted; the application will be considered incomplete and not be processed. If a question does not apply to your situation, then please mark N/A, do not just leave blank. When you calculate income, please fill in the MONTHLY amount that you receive BEFORE taxes are taken out (not weekly or bi-weekly).

**PLEASE RETURN YOUR COMPLETED, SIGNED APPLICATION  
TO THE ADDRESS BELOW:**

**PCF Development Office  
185 Dexter Street, Suite 1, Box14- Pawtucket, RI 02860**

**FOR ADDITIONAL INFORMATION, PLEASE CONTACT:**

**Lisa Judge**  
**Email: [ljudge@pcfdevelopment.org](mailto:ljudge@pcfdevelopment.org)**  
**P: 401-365-6880 F: 401-365-6826**

PCF Development also offers the following:

- A Homeownership Program for 1<sup>st</sup> time homebuyers. The program includes Homebuyer Education courses in English and Spanish with one-on-one counseling to discuss credit, budgeting and savings and help you achieve your dream of homeownership.
- Home sales
- Youth programming
- Community initiatives and celebrations

For more information about PCF Development and our programs, please contact:

*Dianny Pena*  
*Homeownership Coordinator*  
*Email: [dpena@pcfdevelopment.org](mailto:dpena@pcfdevelopment.org)*  
*P: (401) 726-1173 x12*





Dear Applicant:

Please bring documentation for all household members planning to occupy the apartment.

- \_\_\_\_\_ Birth Certificate/Passports
- \_\_\_\_\_ Social Security Cards
- \_\_\_\_\_ Photo ID for all household members 18 years and older
- \_\_\_\_\_ Alien Registration/ Permanent Resident Card, if Non-Citizen

All Asset Information (if applicable)

- \_\_\_\_\_ Current Bank Statement
- \_\_\_\_\_ Current Life Insurance Statement
- \_\_\_\_\_ Current 401K Statement
- \_\_\_\_\_ Child Support Debit Deposit: copy of KEY card along with printed balance receipt form.
- \_\_\_\_\_ ATM, or any other Prepay Debit Card with printed balance receipt.
- \_\_\_\_\_ EBT Debit Card: copy of actual card along with printed balance receipt from ATM.

All Income Information (if applicable)

- \_\_\_\_\_ 2 Full months of paystubs
  - 9 most recent paystubs, if you get paid weekly
  - 6 most recent paystubs, if you get paid bi-weekly
- \_\_\_\_\_ Current Award Letter if receiving Social Security/SSI/SSP, AFDC/FIP (letter not older than 30 days) with printed balance receipt from ATM along with copy of Direct Express Card.
- \_\_\_\_\_ Child Support/Alimony Information (ex. Court Order/ 13 Month Print Out)
- \_\_\_\_\_ Any other source of Income with name and address
- \_\_\_\_\_ Copy of **most recent 2 years** full tax returns (W2's and 1040's)  
If self-employed bring **3 years** full tax returns (W2's and 1040's)
  
- \_\_\_\_\_ **Original BCI** for all applicants 18 years and older. This may be obtained at 4 Howard Avenue Cranston, RI 02910. **The original BCI must not be more than 30 days old.**

Please note if all documentation is not received with your application at the time of submission, your application will be deemed incomplete and will not be placed on the current waitlist.

Applicants with incomplete applications will be notified VIA U.S. Mail.

Any potential tenants over the age of 18 must provide a photo ID, all sources of income and/or student transcript.

If you have any questions regarding the application, please contact the office at 401-365-6880.

Thank you for your interest in PCF Development.



Management Use Only
Date Received: _____
Time Received: _____
Unit Size: _____
Unit Type: _____

**PCF Development Rentals  
Pre-Application**

# BRs needed: \_\_\_\_\_ Occupancy wanted by what date? \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Last 4 digits of SSN: \_\_\_\_\_  
 Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
 Estimated total Household Income: \_\_\_\_\_

**Employment Information:**

Current Employer #1: \_\_\_\_\_  
 Position: \_\_\_\_\_ Salary: \_\_\_\_\_  
 Current Employer #2: \_\_\_\_\_  
 Position: \_\_\_\_\_ Salary: \_\_\_\_\_

**Residential History:**

Current Landlord Information:  
 Length of Residency: \_\_\_\_\_ Rent: \_\_\_\_\_  
 Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

**Assets:**

Whose acct is this?	Asset Type	Bank	Balance

Previous Landlord Information:  
 Length of Residency: \_\_\_\_\_ Rent: \_\_\_\_\_  
 Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Total No. of Household Members: \_\_\_\_\_

Have you or any member of your household ever been convicted of a felony? Yes \_\_\_\_\_ No \_\_\_\_\_  
 If yes, please explain: \_\_\_\_\_

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

Have you been denied housing in the last 5 years? Yes \_\_\_\_\_ No \_\_\_\_\_  
 If yes, please explain: \_\_\_\_\_

Do you require an apartment modified for a wheelchair? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please provide verification of need  
 Do you require any special accommodation 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 accommodation to a disability). If yes, you must provide verification of need.

Are you or any member of your household subject to a registration requirement under a state sex offender registration program? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please explain and indicate where. \_\_\_\_\_

Do you have any pets? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please explain \_\_\_\_\_

Please note that this is a preliminary application and in no way insures occupancy. Additional information may be required to complete processing of your application. I hereby give PCF Development authorization to investigate pertinent information in this application in order to determine my eligibility for housing or as a guarantor. I understand that this may include but is not limited to income verifications, landlord references, credit check, and criminal background checks. A false statement or misrepresentation can result in our removing your application for consideration.

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



# First Advantage

## CORI REQUEST FORM

First Advantage Resident Screening has been certified and may access BCIs for the purpose of the screening of otherwise-qualified individuals by client agencies or companies. As an applicant/employee for the position of (INSERT POSITION OR "TENANT") \_\_\_\_\_

at (INSERT CLIENT AGENCY/COMPANY NAME) \_\_\_\_\_.

I understand that a criminal record check will be obtained from First Advantage and that it will not necessarily disqualify me. The information below is correct to the best of my knowledge.

Dated: \_\_\_\_\_ Applicant/Employee Signature: \_\_\_\_\_

### INFORMATION ON INDIVIDUAL WHOSE BCI IS SOUGHT (PLEASE PRINT CLEARLY OR TYPE)

\_\_\_\_\_  
LAST NAME

\_\_\_\_\_  
FIRST NAME

\_\_\_\_\_  
MIDDLE NAME

\_\_\_\_\_  
MAIDEN NAME OR ALIAS (IF APPLICABLE)

\_\_\_\_\_  
PLACE OF BIRTH

\_\_\_\_\_  
DATE OF BIRTH

\_\_\_\_ - \_\_\_\_ - \_\_\_\_  
SOCIAL SECURITY NUMBER

\_\_\_\_\_  
MOTHER'S MAIDEN NAME

\_\_\_\_\_  
CURRENT ADDRESS

\_\_\_\_\_  
FORMER ADDRESS

STATE DRIVER'S LICENSE NUMBER: (INCLUDE STATE OF ISSUE) \_\_\_\_\_

REQUESTED BY: \_\_\_\_\_  
(SIGNATURE OF BCI AUTHORIZED EMPLOYEE AT PROPERTY LOCATION)

