



(IDD)

**HAMMETT COURT APARTMENTS, JAMESTOWN, RI  
PRELIMINARY APPLICATION**

Name: \_\_\_\_\_ Phone # \_\_\_\_\_

Present Address: \_\_\_\_\_ City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip Code \_\_\_\_\_

Email Address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Ethnicity: you are not required to complete this section if you do not wish. If not, indicate this in Section C

A, Head of Household: Hispanic/ Latino \_\_\_\_\_ Not Hispanic/Latino \_\_\_\_\_

B. Select one from B: American Indian or Alaskan Native \_\_\_\_\_ Asian \_\_\_\_\_ Black or African \_\_\_\_\_

American \_\_\_\_\_ Native Hawaiian or other Pacific Islander \_\_\_\_\_ White \_\_\_\_\_ Other \_\_\_\_\_

C. I do not wish to furnish this information: \_\_\_\_\_

Current Rent \$ \_\_\_\_\_ Utilities Included Yes / No \_\_\_\_\_ Are you working Yes / No

Employer: \_\_\_\_\_ Address: \_\_\_\_\_

Do you have a Section 8: Yes \_\_\_ / No \_\_\_ # of Bedrooms \_\_\_\_\_ Handicapped Accessible Yes \_\_\_ / No

# of occupants will be living in this apartment? \_\_\_\_\_ # adults \_\_\_\_\_ # children \_\_\_\_\_

Reason for Moving: \_\_\_\_\_

Age and Sex of Children: 1) Age \_\_\_\_\_ Sex \_\_\_\_\_ 2) Age \_\_\_ Sex \_\_\_ 3) Age \_\_\_ Sex \_\_\_\_\_

**Income Calculation: complete all that applies for all prospective occupants**

**Weekly or bi-weekly or Monthly salary (circle one)**

Type	Amount	x # of wks	Annual Income
Income Source 1	_____	x _____	\$ _____
Income Source 2	_____	x _____	\$ _____
Income Source 3	_____	x _____	\$ _____
Income Source 4	_____	x _____	\$ _____
<b>Total Income:</b>			\$ _____

Signature of Applicant or Representative

Date of Application

Date and Time of Receipt \_\_\_\_\_

Looking Upwards Representative

Applications may be mailed or dropped off Attention:  
Carolann Lyons at 2 Hammet Ct Jamestown , RI 02835  
401-560-4190





**HAMMETT COURT APARTMENTS, JAMESTOWN, RI**

**NEIGHBORHOOD OPPORTUNITIES PROGRAM  
CERTIFICATION OF DISABILITY**

The primary purpose of the Neighborhood Opportunities Program is to increase the supply of decent, safe, sanitary and affordable rental housing for very low, low and moderate-income families and individuals and to revitalize local neighborhoods.

Under the Permanent Supportive Housing component, the primary purpose is to produce units of permanent affordable rental housing for disabled families and individuals with very low income who are homeless or at-risk of being homeless.

Under the Family Housing Program component, although it is not a primary purpose, some agreements may specifically target those with disabilities.

**For certification purposes, please provide a copy of the person’s social security disability award letter or a copy of his / her most recent check:**

**OR**

**Have a qualified professional (licenses physician or licensed behavioral health / developmental disability professional) certify that person has a disability that:**

1. (i) is expected to be long-continuing or of indefinite duration  
     (ii) substantially impedes the individual’s ability to live independently  
     (iii) could be improved by the provision of more suitable housing conditions; AND  
     (iv) is a physical, mental, or emotional impairment, including an impairment caused by alcohol or drug abuse, post traumatic stress disorder, or brain injury;
2. Is a person with a developmental disability, as defined in section 102 of the Developmental Disabilities Assistance and Bill of Rights Act of 2000 (42 U.S.C. 15002); or
3. Is the disease of acquired immunodeficiency syndrome (AIDS) or any conditions arising from the etiologic agent for acquired immunodeficiency syndrome, including infection with the human immunodeficiency virus (HIV)

I certify that \_\_\_\_\_ meets the definition of being disabled.

Agency/ Business Name: \_\_\_\_\_

Qualified Professional: \_\_\_\_\_ Title \_\_\_\_\_

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

