Our mission at 390 Pine Street, LLC (Also DBA: Shri: a creative live, work, wellness community) is to support a safe and enjoyable living, working and business environment; the policies set forth support that mission for both commercial and residential spaces.

Thank you for your interest in our residential units. With consultant, Pawtucket Central Falls Development Corporation, we are committed to providing affordable, high quality living choices in the Conant Thread, Transit-Oriented District of Pawtucket.

To be considered for one of our units at 390 Pine Street LLC, please complete this **entire** application below and submit all required documents; failure do so and / or failure to submit a legible application will be considered incomplete and will not be processed.

Please mark "N/A," if a section does not apply to you (do not just leave the section blank), and when calculating income, fill in the <u>MONTHLY amount</u> that you receive BEFORE taxes are taken out (not weekly or bi-weekly).

PLEASE NOTE: all of our residential units are **SMOKE FREE AND PET FREE AND WE CANNOT ACCOMMODATE ANY STORAGE OUTSIDE OF ASSIGNED APARTMENTS.**

PLEASE RETURN YOUR COMPLETED, SIGNED APPLICATION AND SUPPORTING DOCUMENTS TO THE ADDRESS BELOW:

390 Pine Street, LLC PO Box 5466 Pawtucket, RI 02862

A PDF (not image) COPY CAN ALSO BE EMAILED TO: alison@shriyoga.org

Please note if all the requested documentation below is not received <u>at the same time</u> with your application submission, your application will be deemed incomplete and will not be placed on the current waitlist.



PERSONAL INFORMATION:

(Please Note: If two applicants, EACH applicant must fill out this application form.)

| Number of Bedrooms Requested: |
|--|
| Number of Residents For Unit: |
| Unit # Requested: |
| Move-In Date (occupancy): |
| First Name: |
| Last Name: |
| Phone: |
| Email: |
| Current Address: |
| City / State / Zip: |
| Date of Birth: |
| Last 4 Digits of Social Security Number: |
| Estimated Household Income: |
| Will you take advantage of our direct debit (ACH) service to pay rent? |
| (This is a FREE service to help avoid late charges and to save administrative time for both tenants and landlord.) Yes No |
| If yes, do you prefer: one monthly debit or two bi-monthly debits |
| Emergency Contact: |
| Support Staff Name, Agency, Phone and Email (if applicable): |
| |

Please Add Any Notes Here (if applicable):



EMPLOYEMENT INFORMATION:

| Current Employer #1: | |
|-------------------------------|---|
| Position: | |
| Salary: | |
| Current Employer #2: | |
| Position: | |
| Salary: | |
| RESIDENTIAL INFORMATION: | |
| Current Landlord: | |
| Current Landlord's Name: | |
| Current Landlord's Address: | |
| Current Landlord's Email: | |
| Current Landlord's Phone: | |
| Length of Residency: | |
| Reason For Move: | |
| Rent / Month: | |
| Previous Landlord: | |
| Previous Landlord's Name: | |
| Previous Landlord's Address: | |
| Previous Landlord's Email: | |
| Previous Landlord's Phone: | |
| Previous Length of Residency: | - |
| Previous Reason For Move: | |
| Previous Rent / Month: | _ |



PERSONAL BACKGROUND INFORMATION:

| Have you or any member of your household ever been convicted of a felony? Yes No If yes, please explain: |
|---|
| Has any landlord taken 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: |
| 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 |
| OTHER: |
| How did you learn about 390 Pine Street? |
| |
| Is being near the MBTA commuter rail and RIPTA (bus) hub important to you? |
| Yes No |
| Do you plan to take advantage of Shri wellness programs on the first floor? |
| Yes No |



| REQUIRED DOCUMENTATION FOR ALL HOUSEHOLD MEMBERS (if applicable): | | | | | | | |
|---|---|---|-----------------|--|--|--|--|
| Photo ID for all household members 18 years and older Alien Registration/ Permanent Resident Card, if Non-Citizen Original BCI for all applicants 18 years and older. This may be obtained at the attorney general's office located at: 4 Howard Avenue Cranston, RI 02910; the original BCI must not be more than 30 days old. | | | | | | | |
| All Asset Information (if applicable): | | | | | | | |
| Current Bank Statement Current Life Insurance Statement (if applicable) Current 401K Statement (or other savings / retirement accounts) 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 ASSET INFORMATION: | | | | | | | |
| | | | | | | | |
| BANK ACCOUNT | ACCOUNT BALANCE | NAME ON ACCOUNT | ASSET TYPE | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| 6 most rece Current Award (letter not older Any other source Copy of most rece | ent pay stubs, if you ge ent pay stubs, if you ge ent pay stubs, if you ge Letter if receiving Soci than 30 days) with pri ce of Income with nam ecent 2 years full tax red d bring 3 years full tax | t paid bi-weekly al Security/SSI/SSP, A inted balance receipt f e and address eturns (W2's and 1040 | rom ATM)'s) | | | | |



Please note that this is a preliminary application and does not insure occupancy.

More information may be required to complete processing of your application.

I hereby give 390 Pine Street LLC 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 will result in our removing your application for consideration and placement on any future waitlists.

| Applicant Name: | | |
|----------------------|------|--|
| | | |
| Applicant Signature: | | |
| | | |
| Date: | | |
| | | |
| | | |
| Witness Name: | | |
| | | |
| Witness Signature: | | |
| | | |
| Date: | | |

