

390 Pine Street, LLC | Application

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 to 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 MONTHLY amount 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
390 Pine Street
Pawtucket, RI 02860

A PDF (not image) COPY CAN ALSO BE EMAILED TO:
390pinestreetllc@gmail.com

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



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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):



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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: _____



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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 _____



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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:

<u>BANK ACCOUNT</u>	<u>ACCOUNT BALANCE</u>	<u>NAME ON ACCOUNT</u>	<u>ASSET TYPE</u>

All Income Information (if applicable):

- _____ Pay stubs
 - 9 most recent pay stubs, if you get paid weekly
 - 6 most recent pay stubs, 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
- _____ 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)



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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: _____

