



Thank you for your interest in **Pawtucket Central Falls Development (PCFD)** apartments. We strive to provide quality, affordable housing choices throughout Pawtucket and the Central Falls communities of Rhode Island. We have developed and own over 250 apartments in Pawtucket and Central Falls.

Our apartment communities offer quality and affordable housing to both residents and the community-at-large.

PCF Development also offers the following:

- A Homeownership Program for 1st time homebuyers. The program includes Homebuyer Education courses in English and Spanish. One-on-one counseling to discuss credit, budgeting and savings to help you achieve your dream of homeownership.
- Landlord/Tenant Workshop for multi-family homebuyers offered in English and Spanish at convenient times
- Tenant engagement and supportive services
- Community initiatives and celebrations: Fall Fest, Thanksgiving Baskets, Christmas toys and more.

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

Pawtucket Central Falls Development  
204 Broad Street  
(401) 726-11 73 x12  
[www.pcfdevelopment.org](http://www.pcfdevelopment.org)

Please be sure to fill out this entire pre-application. 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).

A representative from our management company, Maloney Properties, will be in touch soon to follow-up on your application and explain the process and timeline for a final decision.

**PLEASE RETURN YOUR COMPLETED, SIGNED APPLICATION TO:**

**MALONEY PROPERTIES, INC  
MANAGING AGENT FOR PAW TUCKET CENTRAL FALLS DEVELOPMENT CORP  
185 DEXTER STREET, SUITE 2, BOX 14- PAWTUCKET, RI 02860  
P:401-365-6880- F: 401-365-6826 - TTY 711**



Dear Applicant:

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

- \_\_\_ 1. Birth Certificate/Passports
- \_\_\_ 2. Social Security Cards
- \_\_\_ 3. Photo ID (Household members 18 & over only)
- \_\_\_ 4. Alien Registration/ Permanent Resident Card(s) (Non-citizens only)
  
- \_\_\_ 5. All Asset Information (if applicable)
  - \_\_\_ (a) Banking: Institution(s) name & address
  - \_\_\_ (b) Life Insurance: Insurance Company name/address/policy#
  
- \_\_\_ 6. All Income Information (if applicable)
  - \_\_\_ (a) Employer(s) name & address along with eight (8) MOST RECENT paycheck stubs
  - \_\_\_ (b) Social Security/ SSI/ SSP Current Award Letter(s) NOT OLDER THAN 30 DAYS
  - \_\_\_ (c) AFDC/FIP/ Welfare Current Award Letter(s)
  - \_\_\_ (d) Pension/Annuity/401K name and address
  - \_\_\_ (e) Child Support/Alimony Information (ex. Court Order)
  - \_\_\_ (f) any other income source name & address
  - \_\_\_ (g) Copy of MOST RECENT 2 YEARS tax returns

\_\_\_ Original BCI for all applicants 18 years and over. This may be obtained at 4 Howard Avenue Cranston, RI 02910

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

**Any incomplete applications will be returned to the applicant VIA U.S. Mail after 7 business days.**

Should you have any questions or concerns, please contact the office at 401-365-6880.

Thank you,  
Maloney Properties, Inc.





# Maloney Properties Inc.

| Management Use Only |
|---------------------|
| Date Received:      |
| Time Received:      |
| Unit Size:          |
| Unit Type:          |

## PCFDC Properties 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 Maloney Properties, Inc. 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: \_\_\_\_\_

Maloney Properties, Inc. does not discriminate on the basis of any protected status. Maloney Properties, Inc. also provides persons with disabilities the opportunity to request a reasonable accommodation and provides free language assistance to people with limited English proficiency. In order to apply to or participate in its programs, or if you have any questions, please call (781) 943-0200 x 255, Relay 711.



# 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)