BROOKSIDE TERRACE
A VestA Community

Dear Interested Applicant:

Welcome to Brookside Terrace, a charming apartment community nestled in the heart of beautiful East Greenwich, Rhode Island. Offering spacious one and two-bedroom apartments, our community is thoughtfully designed to blend modern comfort with a cozy, inviting ambiance you will love coming home to. Perfectly situated near local dining, shopping, and major routes, Brookside Terrace effortlessly combines everyday affordability with a warm, friendly neighborhood feel. Apply today to make Brookside Terrace your new home!

Overview of Screening Criteria:

- Satisfactory rental history. (Lack of history will not be cause for rejection).
- No previous evictions for lease violations.
- No criminal record.
- Good credit history. (Lack of history will not be cause for rejection).
- Demonstrated ability to pay rent.
- Must meet Student Eligibility.

Below outlines our application process. We hope this helps you in submitting your application.

Completing Your Application:
Please complete the application in its entirety. If any areas do not apply to your household, indicate with N/A in that section.

Sometime over the next few weeks we will be contacting you to schedule an appointment to begin the qualification process. Please be prepared to provide the following information:

1. Picture ID
2. Social Security Card*
3. Birth Certificate*
4. Proof of Income**
   a. 6 most recent paystubs if working
   b. Social Security Award letter
   c. Pension
   d. TANF letter
   e. Gift Income
   f. Child Support
5. Proof of Assets **
   a. 1 month of most recent bank statements,
   b. Current balance from savings account
   c. Balance Inquiry from ATM for pay cards
   d. Retirement account (401k, IRA, etc)
   e. Whole life insurance cash value
   f. Stocks, bonds, etc.

*If you are unable to provide a birth certificate or social security card, please contact us to discuss alternative forms of verification.

**All documents provided to verify income, and assets must be less than 60 days old at the time of your appointment

Submitting Your Application:
Once your application is complete and you have all additional documentation, submit your application and documentation in its entirety to the Management Office along with a $12 non-refundable screening fee for each applicant aged 18 and older, in the form of a Money Order. **We do not accept cash or personal checks.** Once the complete application, documentation, and screening fee is received, we can begin processing your application and discuss apartment availability with you.

Methods for Submission:

- Drop off the application at our office at 1470 South County Trail, East Greenwich, RI 02818 during business hours (M-F 9:00 AM – 5:00 PM)
- Send the application via email to brooksideterrace@vestacorp.com.
- Mail the application to our office at 1470 South County Trail, East Greenwich, RI 02818

Once the complete application and documentation is received, we can begin processing and discuss apartment availability with you.

We look forward to working with you on your application. If you have any questions, do not hesitate to reach out to us or set up an appointment to complete your application in person.

Sincerely,

Brookside Terrace

BROOKSIDE TERRACE

Brookside Terrace
1470 South County Trail
East Greenwich, RI 02818
Phone: (401) 715-2833
Relay #711

For Office Use:
Date of Receipt: _____
Time of Receipt: _____
☐ Initial Application Bedroom Size:
☐ Updated Application ☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4

VestA OWNER · DEVELOPER · MANAGER

APPLICATION FOR HOUSING

Affordable Housing Community

Please Print Clearly

Please do not use whiteout. If you make a mistake, cross it out, write the correct answer and put your initials and the date next to the crossed out information. If necessary, we would be happy to provide you with a new form.

Applications are placed in order of date and time received. An applicant may be interviewed only after the receipt of this completed tenant application.

Please complete all sections of this application and all applicable attachments and return to the address at the top of the page. If a question is not applicable to you, please write "N/A" in that section. If all sections are not completed, the application will be returned to you for completion, and, as such, will not be placed on the waiting list. Everyone age 18 and over in the household as well as the Head, Co-head and Spouse must report all income and sign all necessary forms. Thank you for your assistance.

A. GENERAL INFORMATION

Applicant Name(s): _____

Address: _____
Street Apt.# City State ZIP

Phone: _____ E-mail address: _____

Do you (check one) ☐ RENT or ☐ OWN Subsidized Housing(check one): ☐ yes ☐ No

Number of bedrooms currently: _____

Amount of current monthly rental or mortgage payment: $_____

If owned, do you receive monthly rental income from property? ☐Yes ☐ No (check one)

Check utilities paid by you**:** ☐ Heat ☐ Electricity ☐ Gas ☐ Other (specify)

Approximate monthly cost of utilities paid by you (excluding phone and cable TV): $_____

Bedroom size requested: ☐ Studio ☐ One BR ☐ Two BR ☐ Three BR ☐ Four BR ☐ Handicap BR

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EQUAL HOUSING

The following four questions are asked for the sole purposes of providing an equal opportunity to enjoy your housing. Answering them is ***voluntary***, but if you do not let us know what you need to have an equal opportunity to enjoy your housing we cannot satisfy your needs. This application includes a copy of our Applicant's and Resident's Right to Request a Reasonable Accommodation.

1. Do you need a fully accessible unit for someone with a mobility impairment? □ Yes ☐ No
2. Do you need only certain accessible features of a unit? □ Yes ☐ No
   If yes, please list the features you need to be accessible: _____
3. Are you of 62 years of age or older? □ Yes ☐ No
   a. If yes, those applicant(s) who were 62 or older as of January 31, 2010, and do not have a SSN, but were receiving HUD rental assistance at another location on January 31, 2010 may qualify for an exemption. If this information is verified the applicant may qualify for the exemption from disclosing and providing verification of a SSN.
4. Do you need a unit with special features for someone with a hearing and/or visual impairment? □ Yes ☐ No
5. Does any member of the household have any accessibility or reasonable accommodation requests or alternate ways we need to communicate with you? □ Yes ☐ No
   If yes, please explain: _____

B. HOUSEHOLD COMPOSITION List ALL persons who will live in the apartment. List the head of household first.							
	Name	Relationship to head	Birth Date 00/00/0000	Age (optional)	Social Security # 000-00-0000	Student?	Subject to State Lifetime Sex Offender Registry?
Head						☐Yes ☐No	☐Yes ☐No
Co-T						☐Yes ☐No	☐Yes ☐No
3.						☐Yes ☐No	☐Yes ☐No
4.						☐Yes ☐No	☐Yes ☐No
5.						☐Yes ☐No	☐Yes ☐No
6.						☐Yes ☐No	☐Yes ☐No
7.						☐Yes ☐No	☐Yes ☐No
8.						☐Yes ☐No	☐Yes ☐No

Have you or any household member resided in another state? □ Yes ☐ No
If yes, please list the household member(s) and ***all*** the state(s) they have lived in:

_____ _____ _____
_____ _____ _____

Have you or any household member used any other name or alias not named on this application? ■ Yes ☐ No
If yes, please list the household member(s) and ***all*** alternate name(s):

_____ _____ _____

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Have there been any changes in household composition in the last twelve months? □ Yes ☐ No

If yes, explain:

Do you anticipate any changes in household composition in the next twelve months? □ Yes □ No

If yes, explain:

Is there someone not listed above who would normally be living with the household? ☐Yes ☐No

If yes, explain:

Will *all* of the persons in the household be or have been full-time students during five calendar months of this year or plan to be in the next calendar year at an educational institution (other than a correspondence school) with regular faculty and students? □ Yes ☐ No

IF YES, ANSWER THE FOLLOWING QUESTIONS 1- 5:

1. Are any full-time student(s) married and filing a joint tax return?	□ Yes	□ No
2. Are any student(s) enrolled in a job-training program receiving assistance under the Job Training Partnership Act?	□ Yes	□ No
3. Are any full-time student(s) a TANF or a title IV recipient?	□ Yes	□ No
4. Are any full-time student(s) a single parent living with his/her child(ren) who is not a Dependant on another's tax return and whose children are not dependents of anyone other than a parent?	□ Yes	□ No
5. Is any student a person who was previously under the care and placement of a foster care program (under Part B or E of Title IV of the Social Security Act)?	□ Yes	□ No

*Student Financial Assistance in excess of tuition and any other required fees and charges (scholarships, grants, private sources, work study, etc.): ONLY counted for Section 8 and/or LIHTC members with Section 8 assistance IF the individual is applying separate from his/her parent(s) and he/she is not 24+ with a dependent child.

C: INCOME

List ***ALL*** sources of gross income anticipated to be received by ***any/all*** household members in the next 12 months as requested below. If an income source does not apply, cross out or write N/A.

YES	NO	Source Of Income	Household Member	Gross Monthly Amount
☐	☐	**Social Security**		
☐	☐	**Social Security**		
☐	☐	**Social Security**		
☐	☐	**SSI Benefits**		
☐	☐	**SSI Benefits**		
☐	☐	**SSI Benefits**		
☐	☐	**Pension (list source)**		
☐	☐	**Pension (list source)**		
☐	☐	**Veterans Benefits (list claim number)**		
☐	☐	**Unemployment Benefits**		
☐	☐	**Public Assistance (TANF/Title IV)**		
☐	☐	**Contributions from outside the household (monetary)**		
☐	☐	**Full-Time Student Income (18 and over)**		
☐	☐	**Annuities (list source)**		

☐	☐	**Scheduled Payments from Investments**		
☐	☐	**Are you entitled to receive child support?** **Case Number#**		
☐	☐	**Do you receive child support**		

Yes	NO	Household Member Name	Source of Income	Gross Monthly Amount	
☐	☐		**Employment amount**	$	
			Employer:		
			Position Held		
			How long employed:		
☐	☐		**Employment amount**	$	
			Employer:		
			Position Held		
			How long employed:		
☐	☐		**Employment amount**	$	
			Employer:		
			Position Held		
			How long employed:		
☐	☐		**Employment amount**	$	
			Employer:		
			Position Held		
			How long employed:		
☐	☐		**Other Income** (including gifts, lottery winnings, rental property, net income from a business, etc.)? List Source: _____	$	
☐	☐		**Other Income**	$	
		TOTAL GROSS ANNUAL INCOME (Based on the monthly amounts listed above x 12)		$	
		TOTAL GROSS ANNUAL INCOME FROM PREVIOUS YEAR		$	
		Do you anticipate any changes in this income in the next 12 months?		□Yes	□No
		Is any member of the household legally entitled to receive income assistance?		□Yes	□No
		Is any member of the household likely to receive income or assistance ***(monetary or not)***		□Yes	□No
		If yes to any of the above, explain:			
		Is the income received?		□Yes	□No
		Are you or any other adult household member claiming <u>zero income</u>?		□Yes	□No

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as modified by Vesta Corporation 01/06/23

Yes	No	D. ASSETS If your assets are too numerous to list here, please request an additional form.				
			Household Member	Source	Last 4 Digits	Balance/Value
☐	☐	**Checking Account**			#	$
☐	☐	**Checking Account**			#	$
☐	☐	**Savings Account**			#	$
☐	☐	**Savings Account**			#	$
☐	☐	**Direct Express Card (SSA issued)**			#	$
☐	☐	**Prepaid Debit card (TANF, Child Support, Employer etc.)**			#	$
☐	☐	**Trust Account**			#	$
☐	☐	**Certificate of Deposits**			#	$
☐	☐	**Money Market Account**			#	$
☐	☐	**Life Insurance**			#	$
☐	☐	**Savings Bond** **# Of Shares _____**			Maturity Date:	$
☐	☐	**Mutual Funds** **# Of Shares _____**			Interest or dividends:	$
☐	☐	**Stocks** **# Of Stocks _____**			Dividends Paid: $	$

Does any member of the household have an asset(s) owned jointly with a person who is **NOT** a member of the household as listed on Page 2?	□**Yes** □**No**
If yes, describe:	
Do they have access to the asset(s)?	□Yes □No

Real Estate Property: ***Do you own any property?***	□**Yes** □**No**
If yes, Type of property	
Location of property	
Appraised Market Value	$
Mortgage or outstanding loans balance due	$
Amount of annual insurance premium	$
Amount of most recent tax bill	$

Have you sold/disposed of any property in the last 2 years?	□**Yes** □**No**
If yes, Type of property:	
Market value when sold/disposed	$
Amount sold/disposed for	$
Date of transaction:	

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Have you disposed of any assets in the last 2 years (Example: Given away money to relatives, set up Irrevocable Trust Accounts)?	
	□Yes □No
If yes, describe the asset:	
Date of disposition:	
Amount disposed	$

Do you have any other assets not listed above (excluding personal property)?	**□Yes □No**
If yes, please list:	

E. ADDITIONAL INFORMATION		
How were you referred to this property?		
Please Note: We do not discriminate based on Section 8 Voucher/Certificate holder status. These questions are asked for the sole purpose to: (1) determine an applicant household's ability to pay rent for a unit that does not have Project Based Section 8; or (2) to advise applicant households who are applying for a unit with a Project-based Section 8 that if they move into such a unit that already has Section 8 with the unit, they will be required by their voucher agency to give up their mobile voucher.		
Do you currently have a mobile Section 8 Voucher/Certificate?	□Yes	□ No
Do you anticipate receiving a mobile Section 8 Voucher/Certificate?	□Yes	□ No
Are you or any member of your family currently using an illegal substance?	□Yes	□ No
If yes, describe:		

Have you or any member of your family ever been evicted from any housing?	□Yes	□ No
If yes, describe		
Have you ever filed for bankruptcy?	□Yes	□ No
If yes, describe		
Will you take an apartment when one is available?	□Yes	□ No
Briefly describe your reasons for applying:		
Are you currently homeless?	□Yes	□ No
If yes, are you: (please check all that apply) ☐ *with or soon to be without housing* ☐ *lacking a fixed nighttime residence* ☐ *fleeing/attempting to flee violence*		
Are you or any member of your family a U.S. Military veteran?	□Yes	□ No
If yes, please indicate which family member(s)		

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Do you have pets? If Yes, Please Describe:	**□Yes**	**□ No**

F. REFERENCE INFORMATION

Please provide ***all*** full addresses ***resided*** at in the past ***3*** (three) years and the names, addresses and phone numbers of all landlords, if applicable. (Please attach a separate sheet if necessary to include all landlords in the last 3 years.)

Current Address	Address:	
	How Long?	From: _____ To: _____
	Landlord Name:	
	Address:	
	Phone #:	
Prior Address	Address:	
	How Long?	From: _____ To: _____
	Landlord Name:	
	Address:	
	Phone #:	

In case of emergency notify:	
Address:	
Relationship:	Phone #:

G. VEHICLE (if applicable) List any cars, trucks, or other vehicles owned. Parking will be provided for one vehicle. Arrangements with Management will be necessary for more than one vehicle.	
Type of Vehicle:	License Plate #:
Year/Make:	Color:
Type of Vehicle:	License Plate #:
Year/Make:	Color:

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H. EXPENSES/DEDUCTIONS (if applicable) **Section 8 Applicants Only:**	
Do you currently pay for day care expenses to go to work or school?	Do you have unreimbursed medical expenses, which are paid out of pocket? (Only for persons 62 and older or disabled):
If yes, please provide:	If yes, please provide:
Day Care Provider:	Medical Provider:
Phone & Fax #:	Phone & Fax #:
Amounts paid per month:	Amounts paid per month:

CERTIFICATION

I/We hereby certify that I/We Do/Will Not maintain a separate subsidized rental unit in another location. I/We further certify that this will be my/our permanent residence. I/We understand I/We must pay a security deposit for this apartment prior to occupancy. I/We understand that my eligibility for housing will be based on applicable income limits and by management's selection criteria. I/We certify that all information in this application is true to the best of my/our knowledge, and I/We understand that false statements or information are punishable by law and will lead to cancellation of this application or termination of tenancy after occupancy. I/We hereby authorize the release of information regarding criminal background and credit checks, as well as landlord history. I/We understand that every household member listed on this application will be checked against the National Sex Offender Registry, regardless of age. All adult applicants, 18 or older, must sign application.

SIGNATURE(S):

_____ _____
(Signature of Tenant) Date

_____ _____
(Signature of Co-Tenant) Date

_____ _____
(Signature of Co-Tenant) Date

Attachments (as applicable, based on affordable program(s) at property):

Attachment A: Applicant's and Resident's Right to Request a Reasonable Accommodation
Attachment B: Race and Ethnic Data Reporting Form – OMB # 2502-0204

Vesta Corporation does not discriminate on the basis of any protected status, including disability, in admission of or access to its programs and activities. Vesta provides persons with disabilities the opportunity to request a Reasonable Accommodation in order to apply to and participate in such programs and activities.

The Violence Against Women Reauthorization Act of 2013 ("VAWA") protects qualified tenants, participants, and applicants, and affiliated individuals, who are victims of domestic violence, dating violence, sexual assault, or stalking from being denied housing assistance, evicted, or terminated from housing assistance based on acts of such violence against them.

For further information, please contact the property manager at this location; Vesta Corporation at (866) 715-5400, Relay #711; or at Vesta Corporation, 175 Powder Forest Drive, Weatogue, CT 06089.

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Exhibit 3-5: **Sample Citizenship Declaration **

INSTRUCTIONS: Complete this Declaration for each member of the household listed on the Family Summary Sheet

LAST NAME_____

FIRST NAME_____

RELATIONSHIP TO HEAD OF HOUSEHOLD _____ SEX _____ DATE OF BIRTH _____

SOCIAL SECURITY NO._____ ALIEN REGISTRATION NO._____

ADMISSION NUMBER_____if applicable (this is an 11-digit number found on DHS Form I-94, *Departure Record*)

NATIONALITY _____ (Enter the foreign nation or country to which you owe legal allegiance. This is normally but not always the country of birth.)

SAVE VERIFICATION NO._____
(to be entered by owner if and when received)

INSTRUCTIONS: Complete the Declaration below by printing or by typing the person's first name, middle initial, and last name in the space provided. Then review the blocks shown below and complete either block number 1, 2, or 3:

DECLARATION

I, _____ hereby declare, under penalty of perjury, that I am _____
(print or type first name, middle initial, last name):

_____ 1. A citizen or national of the United States.

Sign and date below and return to the name and address specified in the attached notification letter. If this block is checked on behalf of a child, the adult who will reside in the assisted unit and who is responsible for the child should sign and date below.

_____ _____
Signature Date

Check here if adult signed for a child: _____

_____ 2. A noncitizen with eligible immigration status as evidenced by one of the documents listed below:

NOTE: If you checked this block and you are 62 years of age or older, you need only submit a proof of age document together with this format, and sign below:

If you checked this block and you are less than 62 years of age, you should submit the following documents:

a. Verification Consent Format (**see Sample Verification Consent Form in

Exhibit 3-6**).

AND

b. One of the following documents:

(1) Form I-551, *Alien Registration Receipt Card* (for permanent resident aliens).

(2) Form I-94, *Arrival-Departure Record*, with one of the following annotations:

(a) "Admitted as Refugee Pursuant to section 207";

(b) "Section 208" or "Asylum";

(c) "Section 243(h)" or "Deportation stayed by Attorney General"; or

(d) "Paroled Pursuant to Sec. 212(d)(5) of the INA."

(3) If Form I-94, *Arrival-Departure Record*, is not annotated, it must be accompanied by one of the following documents:

(a) A final court decision granting asylum (but only if no appeal is taken);

(b) A letter from an DHS asylum officer granting asylum (if application was filed on or after October 1, 1990) or from an DHS district director granting asylum (if application was filed before October 1, 1990);

(c) A court decision granting withholding or deportation; or

(d) A letter from an DHS asylum officer granting withholding of deportation (if application was filed on or after October 1, 1990).

(4) Form I-688, *Temporary Resident Card*, which must be annotated "Section 245A" or "Section 210."

(5) Form I-688B, *Employment Authorization Card*, which must be annotated "Provision of Law 274a.12(11)" or "Provision of Law 274a.12."

(6) A receipt issued by the DHS indicating that an application for issuance of a replacement document in one of the above-listed categories has been made and that the applicant's entitlement to the document has been verified.

(7) Form I-151 Alien Registration Receipt Card.

If this block is checked, sign and date below and submit the documentation required above with this declaration and a verification consent format to the name and address specified in the attached notification. If this block is checked on behalf of a child, the adult who will reside in the assisted unit and who is responsible for the child should sign and date below.

If for any reason, the documents shown in subparagraph 2.b. above are not currently available, complete the Request for Extension block below.

_____ _____
Signature Date

Check here if adult signed for a child: _____

REQUEST FOR EXTENSION

I hereby certify that I am a noncitizen with eligible immigration status, as noted in block 2 above, but the evidence needed to support my claim is temporarily unavailable. Therefore, I am requesting additional time to obtain the necessary evidence. I further certify that diligent and prompt efforts will be undertaken to obtain this evidence.

_____ _____
Signature Date

Check if adult signed for a child: _____

_____ 3. I am not contending eligible immigration status and I understand that I am not eligible for financial assistance.

If you checked this block, no further information is required, and the person named above is not eligible for assistance. Sign and date below and forward this format to the name and address specified in the attached notification. If this block is checked on behalf of a child, the adult who is responsible for the child should sign and date below.

_____ _____
Signature Date

Check here if adult signed for a child: _____

Race and Ethnic Data Reporting Form

U.S. Department of Housing and Urban Development
Office of Housing

OMB Approval No. 2502-0204
(Exp. 06/30/2017)

Name of Property | **Project No.** | **Address of Property**

Name of Owner/Managing Agent | **Type of Assistance or Program Title:**

Name of Head of Household | **Name of Household Member**

Date (mm/dd/yyyy)**:** _____

Ethnic Categories*	**Select One**
Hispanic or Latino	
Not-Hispanic or Latino	
Racial Categories*	**Select All that Apply**
American Indian or Alaska Native	
Asian	
Black or African American	
Native Hawaiian or Other Pacific Islander	
White	
Other	

***Definitions of these categories may be found on the reverse side.**

There is no penalty for persons who do not complete the form.

_____ _____

Signature **Date**

Public reporting burden for this collection is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This information is required to obtain benefits and voluntary. HUD may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number.

This information is authorized by the U.S. Housing Act of 1937 as amended, the Housing and Urban Rural Recovery Act of 1983 and Housing and Community Development Technical Amendments of 1984. This information is needed to be incompliance with OMB-mandated changes to Ethnicity and Race categories for recording the 50059 Data Requirements to HUD. Owners/agents must offer the opportunity to the head and co-head of each household to "self certify' during the application interview or lease signing. In-place tenants must complete the format as part of their next interim or annual re-certification. This process will allow the owner/agent to collect the needed information on all members of the household. Completed documents should be stapled together for each household and placed in the household's file. Parents or guardians are to complete the self-certification for children under the age of 18. Once system development funds are provide and the appropriate system upgrades have been implemented, owners/agents will be required to report the race and ethnicity data electronically to the TRACS (Tenant Rental Assistance Certification System). This information is considered non-sensitive and does no require any special protection.