

TOWN OF WESTERLY HOUSING AUTHORITY

5 CHESTNUT STREET, WESTERLY, RHODE ISLAND, 02891
TELEPHONE (401)596-4918/ FAX (401)348-0714

Dear Potential Applicant:

Thank you for applying to our developments managed by the Westerly Housing Authority. Enclosed please find a Wait List Application for housing at our **Elderly Only sites, Park View and Chestnut Court Apartments**. Admission and occupancy is based on income; the financial guidelines do change annually.

All applicants must be 55 years of age or older; Westerly residents are given preference on the waiting list. The apartments consist of one bedroom, a living room, a kitchen and one bathroom. We do have a limited number of two-bedroom handicapped units in our portfolio for medical necessity. **We require medical documentation for the two-bedroom unit.**

Please remember the following:

- You must complete all areas and sign and date the application. We will have to return the application back to you if it is incomplete.
- Indicate on page one if you need a first floor apartment (as none of our communities have elevators and we have apartments on first and second floors)The First Floor Wait List is approximately 2 – 5 years.
- Be sure to print neatly on the application so that we can contact you when your name reaches the top of the list.
- Make sure to choose the preference and number of people that will be living in the household. **All** household income should be included in the gross income amount and what type (Wages, SS, SSDI, SSI, Child support for both household members)
- If your telephone number or address changes, you need to notify us in writing.
- All potential applicants must complete the attached Wait List Application with a copy of current photo identification, a copy of your birth certificate, a copy of your Social Security card.

Thank you for your interest in our sites.

Westerly Housing Authority

Local Area Housing Developments for information:

Babcock Village Apartment – Elderly and Disabled – 401-596-7574

Merchants Village Apartments – Elderly, Disabled and Family – 401-596-9754

Canonchet Cliffs Apartments – Elderly and Disabled – 401-539-2223

Saugatucket Springs Apartments – Elderly Only – 401-941-2900



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For Office Use Only

Date _____ Time _____

Bedroom Size _____

Income level _____

Public Housing Wait List Application

No Smoking Community – These properties are **No Smoking Community**. Smoking is allowed in designated areas only. Smoking is prohibited in the apartment, on apartment balconies, porches, and/or patios, and in all indoor and outdoor common areas, including but not limited to parking lots, sidewalks, and hallways.

Please print clearly in Blue Pen. If an item(s) does not apply to you, answer “NO” or “N/A”, **do not leave anything blank.** If you need to make corrections, draw a line across and initial. Do NOT use Liquid Paper, Correction Tape, or White Out, etc.

Applicant Name: (First, Middle Initial, Last):	
Co-Applicant Name: (First, Middle Initial, Last)	
Address:	
City, State, Zip Code:	
Home Phone:	Work Phone:
Cell Phone:	Date of Birth:
Driver's License or Government ID#:	ID State:
Email Address:	SS #: SS #:

Are you claiming a “Preference”? Certain preferences are assigned to applicants in order to provide housing opportunities for households with special circumstances.

- Working Elderly or Disabled Westerly residence
 Involuntary Displacement by Domestic Violence (VAWA)



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Household Information:	Applicant	Co-Applicant
How many people will live in the unit?		
Is your household Elderly (55 years or older)		
What is total Gross Annual Income:		
What type of Gross Annual Income: SS, SSI Benefits, child support for all household members:		

Are you or any member of your household required to register as a sex offender? _____.
If yes, list the name of the person(s) and the registration requirements (i.e. place where registration needs to be filed, length of time for which registration is required).

Pet Policy:

The policy of the Westerly Housing Authority is to permit tenants to own one common household pet. Dog breeds cannot weigh more than 20lbs and fish tanks cannot be more than 20 gallons.

Do you have a pet?	
What type of pet? (Dog, Cat, Bird, Fish)	
What is the dog breed and weight of the pet?	

Signature Clause:

I certify all information and answers to the questions are true and complete to the best of my knowledge and understand providing false information or making false statements may result in denial of my application and/or criminal penalties.

All household members 18 and over must sign below:

Signature		Date	
Signature		Date	
Signature		Date	
Signature		Date	

THIS SECTION IS FOR OFFICE USE ONLY

Date Received:	Time Received:	Received by _____ As Agent for Owner
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Revised 3/31/21

