Kingstown Crossings

Thank you for your interest in Kingstown Crossings II located in North Kingstown, RI. We offer modern one, two, three and four bedroom apartments that are energy efficient and affordable. Kingstown Crossings II is a Smoke Free Community close to shopping and recreation areas. This is a Housing Tax Credit property. Eligible applicants must be within the following income ranges at the time of move in, unless they are using a mobile Section 8 voucher/certificate. Tenants pay their own heat, electricity, cable, internet and phone expenses.

Income Guidelines		**Rents Based on Income and Utility Allowance (6/1/25)**	
Family of 1	$32,040 –$48,060	One Bedroom	$697 - $911 - $1,126
Family of 2	$36,600 - $54,900	Two Bedroom	$822 - $1,079 - $1,336
Family of 3	$41,160 - $61,740	Three Bedrooms	$1,234 - $1,531
Family of 4	$45,720 - $68,580	Four Bedrooms	$1,362 - $1,694
Family of 5	$49,400 - $74,100		
Family of 6	$53,040 - $79,560		
Family of 7	$56,720 - $85,080		
Family of 8	$60,360 - $90,540		

Section 8 Vouchers / Certificates Welcome.

All apartments are on a single level with a private entrance and outside patio or balcony. Some first floor apartments are fully handicap accessible or adaptable. There is a local resident preference and priority will be given to families and individuals who are at high risk for losing their current housing.

Other features include:

- Energy Star Appliances
- Ceiling Fans and Oversize Windows
- Cable and Internet Hook up
- Assigned Parking Spaces
- Walking Paths throughout the Property

Washer/Dryer Hook ups
Low Utility Costs
Tile Floors
Playgrounds and Basketball Half Court
24 Hour Emergency Maintenance

This property is managed by Crossroads Rhode Island. For more information, contact:

Kingstown Crossings
11 Merrill Lane, North Kingstown, RI 02852
Phone: (401) 294-7723 Fax: (401) 295-4650
www.kingstowncrossingsri.org

EQUAL HOUSING OPPORTUNITY

Kingstown Crossings

APPLICATION FOR HOUSING

Housing Tax Credit Property ☐KCII

The information you give below will be used to decide if you meet the qualifications to become a resident of our community. Please fill in all sections of this application. If a question does not apply to you, write N/A. Incomplete applications may be delayed or returned to you. Everyone in the household age 18 and over must report all income/assets and sign all necessary forms.

A. GENERAL INFORMATION

Applicant Name(s): _____

Street: _____ City: _____ State: _____ Zip: _____

Mailing address, if different: _____

Cell Phone: _____ Home Phone: _____ Email: _____

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

Accessibility: If you or any household members require any unit modifications or accommodations, (such as handrails, ramps) please explain: _____

Do you currently have a mobile Section 8 Voucher/Certificate? ☐Yes ☐No

B. HOUSEHOLD MEMBERS & STUDENT STATUS

Household Members Full Name (First & Last)	Relationship to Head of Household	Birth Date	Sex	Race/Ethnic Background	Social Security #	Student Status Yes, Part or Full-time or No (Example: Yes, FT)
	Head					

Use back of sheet if needed

Do you foresee any changes in household composition in the next twelve months? ☐Yes ☐No

If yes, explain:

ONLY answer the questions in this box if ALL household members (age 18 and older) **listed on page 1 are full-time (FT) students.**		
Are any full-time students FIP/ AFDC/ TANF or Title IV recipients?	☐Yes	☐No
Are any full-time students enrolled in a job-training program funded by the Job Training Partnership Act (JTPA)?	☐Yes	☐No
Are any full-time students married and filing a joint tax return?	☐Yes	☐No
Is the household made up entirely of a single parent and child(ren), none of whom are listed as dependents on another person's tax return?	☐Yes	☐No
Is any student a person who was at one time 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

Are you or any other household members planning on enrolling as a full-time student within the next 6 months? ☐Yes ☐No

C. INCOME & ASSETS

List ALL sources of income below. This includes but is not limited to: full or part-time employment, public assistance (FIP/TANF), Social Security, pensions, SSI, Disability, military pay/benefits, unemployment, child support, alimony, student grants/loans, self-employment, lottery income, income from sale of property, trusts or recurring gifts of money received from people not living with you.

Household Member Name	Source of Income	Gross (total) Monthly Amount
		$
		$
		$
		$
		$
		$
		$
		$

Use back of sheet if needed

Do you foresee any upcoming changes in this income in the next 12 months? ☐Yes ☐No

Current Employment Information

Company Name:	Title:
Address:	Date of Hire:
City/State/Zip:	Gross (total) Monthly Wage: $
Phone/Fax:	Supervisor:

Use back of sheet if needed.

Additional Employer Information (for co-head of household, if any)

Company Name:	Title:
Address:	Date of Hire:
City/State/Zip:	Gross (total) Monthly Wage: $
Phone/Fax:	Supervisor:

Use back of sheet if needed.

List ALL assets below. This includes but is not limited to: checking/savings accounts, 401K, money market accounts, IRA, stocks/bonds, CD's, trusts, whole or universal life insurance policies, money held in safety deposit boxes, and items held as investment. If a section doesn't apply, write N/A.

Name	Assets	Cash Value	Income from Assets	Bank Name	Account #
	Checking Account	$	$		
		$	$		
	Savings Account	$	$		
		$	$		
	Other:	$	$		
		$	$		
		$	$		

Use back of sheet if needed.

Have you sold/disposed of any property or assets in the last 2 years? ☐Yes ☐No

If yes, type of property or asset:_____

Market value and date when sold/disposed: $_____

Do all of the combined assets for the household total less than $5,000? ☐Yes ☐No

Have you given away gifts of money totaling more than $1,000 in the past 2 years? ☐Yes ☐No

D. ADDITIONAL INFORMATION

Are you or any household member currently using an illegal substance? ☐Yes ☐No

Have you or any household member ever been convicted of a felony or subject to any sex offender registration requirement? Failure to respond to this question may risk your application approval. ☐Yes ☐No

If yes, explain:

Have you or any household member ever filed for bankruptcy? ☐Yes ☐No

If yes, explain:

Has any landlord ever taken legal action against you or any household member for non-payment of rent? ☐Yes ☐No

Have you had to go to court with a landlord for any other reason? ☐Yes ☐No
If yes, explain:

Current Housing Situation: ☐ Rent ☐ Own Reason for leaving: _____
☐ Shelter or Transitional Housing ☐ Foreclosure/Eviction ☐ Other: _____

Will you take an apartment when one is available? ☐Yes ☐No

Do you own a pet or pets? ☐Yes ☐No

Does anyone in your household smoke? ☐Yes ☐No

E. REFERENCE INFORMATION

Current Landlord	
Name:	
Mailing Address:	
Home Phone:	Business Phone:
Dates you lived there: Start:	End:

Prior Landlord	
Name:	
Mailing Address:	
Home Phone:	Business Phone:
Dates you lived there: Start:	End:

Credit Reference #1:	
Address:	
Account #:	Phone #:

Credit Reference #2:	
Address:	
Account #:	Phone #:

In Case of Emergency, Notify:	
Address:	
Relationship:	Phone #:

F. VEHICLE INFORMATION (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:

How did you hear about our apartments? _____

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 full time residence. I/We understand I/We must pay a security deposit for this apartment prior to moving in. 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 you will be required to leave the apartment after having moved in, (termination of tenancy after occupancy). **All adult applicants, 18 or older, must sign this application.**

SIGNATURE (S):

_____

(Signature of Tenant, Head of Household) Date

_____

(Signature of Co-Tenant) Date

_____

(Signature of Co-Tenant) Date

_____

(Signature of Co-Tenant) Date

Mailing address: 11 Merrill Lane, North Kingstown, RI 02852 Phone contact: 401-294-7723

EQUAL HOUSING OPPORTUNITY

Your feedback is welcome!

Scan me