



## TEMPORARY HARDSHIP WAIVER APPLICATION

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Note: All financial information provided will be kept confidential to the extent permissible under the R.I. Access to Public Records Act (“APRA”) and will only be used to determine eligibility for a hardship waiver. At a minimum, Applicants are responsible to demonstrate that hardship exists and that the demonstrated hardship is undue. Any waiver granted shall terminate as stipulated in the waiver document. All property owners must complete the following application form and submit the following documents with the waiver application:

- 1. Detailed Cover Letter and any supporting documentation describing the hardship and specifically why it is undue;**
- 2. Proof of Ownership of the property (Copy of Deed);**

**If alleging an Undue Financial Hardship:**

- 3. Copy of the last three years Federal and State Tax Returns, pay stubs, and 1099s;**
- 4. List of all assets and liabilities (Financial Statement);**
- 5. Copy of any and all bank deposit, savings, checking, investment, annuity, and retirement related accounts, for the last 12 months;**
- 6. Copy of any trust instrument for which you are the Trustee or a Beneficiary, and all related bank deposit, savings, checking, investment, and annuity accounts, and a list of any property, in the name of the Trust;**
- 7. List of all property owned by applicant, or the applicant has an interest in, whether solely, or jointly with others, or in the name of a Trust;**
- 8. List any and all companies, corporations, limited liability companies, partnerships, for which the Applicant is an owner, shareholder, member, partner, or otherwise has an interest in; and**
- 9. Loan ineligibility letter from RI Housing and Church Community Housing.**

Deliver completed applications to: TWWD, 400 Fish Road, Tiverton, RI 02878

**TEMPORARY HARDSHIP WAIVER APPLICATION**

**I. OWNERSHIP AND PROPERTY INFORMATION**

Name of Property Owner:

Spouse/Co-owner:

Property Address:

Mailing Address (If different):

Phone (Home):

Work:

Type of Residence: Single Family:

Multi-Family:

# Units:

Total Number of Residents:

Total Residents Over Age 62:

Total Number Handicapped:

Time Lived in Home: \_\_\_\_\_

List Additional Properties Owned by Applicant:

Description: \_\_\_\_\_ Location: \_\_\_\_\_

Description: \_\_\_\_\_ Location: \_\_\_\_\_

Description: \_\_\_\_\_ Location: \_\_\_\_\_

**II. FOR CLAIM OF FINANCIAL HARDSHIP COMPLETE THIS SECTION**

Income: Please list below all income from any family member over age 18 and the sources of such income (include alimony, child support, etc.)

1. \$ Source:

Address:

2. \$ Source:

Address:

3. \$ Source:

Address:

Outstanding Balance on Mortgage \$ \_\_\_\_\_

Provide additional items listed in 3 through 9 on Page 1.

## **CRIMINAL PENALTY FOR FRAUDULENT STATEMENT AND DOCUMENTS**

**U.S.C. Title 18, Section 1001**, provides:

“Whoever, in any matter within the jurisdiction of any department or agency of the United States, knowingly and willfully falsifies or makes any false, fictitious or fraudulent statements or representations, or makes or uses any false writing or document knowing the same to contain any false, fictitious or fraudulent statements or entry, shall be fined not more than Ten Thousand Dollars (\$10,000) or imprisoned not more than five years or both.”

**Rhode Island General Laws § 11-18-1**, provides

“Giving false document to agent, employee, or public official. – (a) No person shall knowingly give to any agent, employee, servant in public or private employ, or public official any receipt, account, or other document in respect of which the principal, master, or employer, or state, city, or town of which he or she is an official is interested, which contains any statement which is false or erroneous, or defective in any important particular, and which, to his or her knowledge, is intended to mislead the principal, master, employer, or state, city, or town of which he or she is an official. (b) Any person who violates any of the provisions of this section shall be deemed guilty of a misdemeanor, and, upon conviction, shall be imprisoned, with or without hard labor, for a term not exceeding one year or be fined not exceeding one thousand dollars (\$1,000).”

**III. CERTIFICATION**

Upon Oath the Applicant(s) certifies that all information in this application, including all exhibits and attachments thereto, is true and complete to the best of his/her/their knowledge and belief. Verification of income and balances may be obtained from any source named herein.

The Applicant(s) certifies that he/she/they is/are the legal owners of the property listed herein.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

State of \_\_\_\_\_

County of \_\_\_\_\_

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me, the undersigned notary public, personally appeared \_\_\_\_\_(name(s) of document signer(s)), personally known to the notary or proved to the notary through satisfactory evidence of identification, which was \_\_\_\_\_, to be the person or persons who signed the preceding or attached document in my presence, and who swore or affirmed to the notary that the contents of the document are truthful and accurate to the best of his/her knowledge and belief.

(official signature and seal of notary) \_\_\_\_\_

(Office Use Only: Do Not Write Below This Line)

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Total Income: \$

Income Limit: 80%

Approved: Yes:

No:

Reason for Denial:

Signature:

Date:

**THIS POLICY WAS APPROVED AND VOTED ON BY THE BOARD OF DIRECTORS ON MAY 20, 2019**