Block Island Housing Initiative

BLOCK ISLAND COMMUNITY RENTALS – HOMEOWNER APPLICATION

Please fill out all of the sections below. ***All applications and supplementary documents must be submitted via email to blockislandhousinginitiative@gmail.com****. Note: we may contact you to discuss your application.*

Rental Property Address:	
Property Owner Legal Name(s):	
Property Owner Phone Number:	
Property Owner Email:	
Property Owner Mailing Address:	
Available Lease Start Date:	
Lease Length (Min. 12 Months):	
Rental Price (Monthly):	
# of Renters Including Children:	
# of Bedrooms Rented:	

Grant amount is based on lease length and number of qualified renters.

Acknowledgements and Certifications

I certify:

- ***I am the owner of the property or legally represent the owner or ownership group.***
- ***The property is located in the Town of New Shoreham.***
- ***The property is not currently rented on a 12-month lease.***
- ***The property is a legally permitted dwelling unit and each bedroom in the property has a door and window; the property meets basic health and safety criteria as may be required by Rhode Island laws and regulations.***
- ***The property is allowed to be rented in compliance with any applicable condo or homeowner association agreements or bylaws.***
- ***A new lease agreement must be signed by qualified tenants for a minimum of 12 months.***
- ***The lessee must comply with lease check-ins to ensure compliance. If non-compliance is found, the lessee may be disqualified from receiving additional incentive payments.***
- ***I have reviewed the Pilot Program Description and Policies of the Block Island Community Rentals Program, which is available online on the BIHI website. I have reviewed these terms and conditions and agree that my participation in the rentals program is subject to these terms and conditions without exception.***

I certify that all of the information submitted by me on this application is correct, accurate, and complete to the best of my knowledge. I understand that falsification, misrepresentation, or omission of any facts in said documents may be cause for denial. I understand that submission does not guarantee acceptance into the program.

Applicant Signature: _____ Dated:_____