



Thank you for your interest in Pawtucket Central Falls Development apartments. We strive to provide quality, affordable housing choices throughout Pawtucket and the Central Falls communities of Rhode Island. PCF Development has built and own over 250 apartments in Pawtucket and Central Falls. Our apartment communities offer quality and affordable housing units to both residents and the community-at-large.

Please be sure to fill out this entire pre-application and submit all the required documents. If the pre-application is not complete and all documents requested are not submitted, the application will be considered incomplete and will not be processed. If a question does not apply to your situation, please mark N/A—do not leave it blank. When calculating income, please provide the MONTHLY amount you receive BEFORE taxes are taken out (not weekly or bi-weekly).

Please identify the portfolio you want to apply for:

Barton St. Neighborhood		Branch Blackstone		PCFDC	
Blackstone Valley Gateway		Central Development LP		Residences at Garden St	
Blackstone Valley Gateway II		PCDC Homes		RRIC	

PLEASE RETURN YOUR COMPLETED, SIGNED APPLICATION AND SUPPORTING DOCUMENTS TO THE ADDRESS BELOW:

Property Management Office
15 Circle Street, Rumford, RI 02916

FOR ADDITIONAL INFORMATION, PLEASE CONTACT our affordable housing team at:

Email: affordablehousing@stonelinkpm.com | Phone: (401) 389-7700

PCF Development also offers the following:

- Homes for sale for first-time homebuyers
- A Homeownership Program that includes homebuyer education courses in English and Spanish, along with one-on-one counseling to discuss credit, budgeting and savings to help you achieve your dream of homeownership

For more information about PCF Development's Homeownership Program, please contact:

Dianny Melusky, Director of Homeownership

Email: dmelusky@pcfdevelopment.org | Phone: (401) 726-1173 x12

Effective: August 6, 2026

(401) 389-7700	www.stonelinkpm.com	15 Circle Street, Rumford
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Dear Applicant:

Please bring the following documentation for all household members planning to occupy the apartment.

- Photo ID for all household members 18 years and older
- Social Security Cards for all members
- Birth Certificate/Passports for all minors
- Alien Registration/Permanent Resident Card, if Non-Citizen

Income Documentation for all members (if applicable)

- Full Months of Paystubs:
 - 9 most recent paystubs, if you get paid weekly, or
 - 6 most recent paystubs, if you get paid bi-weekly
- If self-employed, most recent full tax return (complete with 1040s, Schedule C and SE, 1099's)
- Current Award Letter if receiving Social Security/SSI/SSP, AFDC/FIP (letter not older than 30 days) with printed balance receipt from ATM along with copy of Direct Express Card.
- Child Support/Alimony Information (ex. Court Order/ 13 Month Print Out)
- Any other source of Income with name and address

Please note if all documentation is not received with your application at the time of submission, your application will be deemed incomplete and will not be placed on the current waitlist.

Any potential tenants over the age of 18 must provide a photo ID, all sources of income and/or student transcript. Additional documents for income and assets may be required.

If you have any questions regarding the application, please contact our office at 401-389-7700.

Thank you for your interest.



Bedrooms needed: _____

Name: _____ Date of Birth: _____

Last 4 digits of SSN: _____

Street Address: _____ City/State/Zip: _____

Phone: _____ Secondary Phone: _____ Email: _____

Household Information

Name	Relationship to Head	Birth Date	SSN (Last 4)	Student Y/N
Head	Self			
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Residential History

Current Landlord Information:

Length of Residency: _____ Rent: _____

Name: _____

Address: _____

Phone: _____ E-mail: _____

Previous Landlord Information:

Length of Residency: _____ Rent: _____

Name: _____

Address: _____

Phone: _____ E-mail: _____



Employment Information

Current Employer #1: _____ Address: _____

Phone Number: _____ Length of Employment: _____

Position: _____ Net Salary Amount: _____

Current Employer #2: _____ Address: _____

Phone Number: _____ Length of Employment: _____

Position: _____ Net Salary Amount: _____

Other sources of income:

Type: _____ Amount/Frequency: _____

Type: _____ Amount/Frequency: _____

Asset Information

Checking Account: Bank name _____ Current Balance _____

Savings Account: Bank name _____ Current Balance _____

Other Assets Type _____ Current Balance _____

Other Assets Type _____ Current Balance _____

Have you or any member of your household ever been convicted of a felony?

Yes _____ No _____

Effective May 1, 2026

Phone: (401) 389-7700



PLEASE NOTE THAT THIS IS A PRELIMINARY APPLICATION AND IN NO WAY INSURES OCCUPANCY. ADDITIONAL INFORMATION MAY BE REQUESTED TO COMPLETE PROCESSING OF YOUR APPLICATION. YOUR SIGNATURE GIVES WRITTEN CONSENT TO THE MANAGEMENT TO VERIFY INFORMATION IN THIS APPLICATION. A FALSE STATEMENT OR MISREPRESENTATION ON YOUR APPLICATION WILL AFFECT THE APPROVAL OR RESIDENCY.

POR FAVOR, TENGA EN CUENTA QUE ESTA ES UNA SOLICITUD PRELIMINAR Y DE NINGUNA MANERA ASEGURA LA OCUPACIÓN. ES POSIBLE QUE SE SOLICITE INFORMACIÓN ADICIONAL PARA COMPLETAR EL PROCESAMIENTO DE SU SOLICITUD. SU FIRMA DA SU CONSENTIMIENTO POR ESCRITO A LA GERENCIA PARA VERIFICAR LA INFORMACIÓN EN ESTA SOLICITUD. UNA DECLARACIÓN FALSA O UNA REPRESENTACIÓN ERRÓNEA EN SU SOLICITUD AFECTARÁ LA APROBACIÓN O LA RESIDENCIA.

ALL INFORMATION IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE:
TODA LA INFORMACIÓN ES VERDADERA Y COMPLETA A MI LEAL SABER Y ENTENDER:

Signature of head of household | Firma del cabecilla del hogar

Date | Fecha

Signature of co-head of household | Firma del co-cabecilla de la familia

Date | Fecha

Signature of Adult Applicant | Firma del solicitante adulto

Date | Fecha

Signature of Adult Applicant | Firma del solicitante adulto

Date | Fecha

Eligibility for these properties and the public housing program designated to them is contingent on submission and verification of citizenship or eligible immigration status. Assistance may be prorated, denied or terminated if any or all family members are determined ineligible for assistance.

La elegibilidad para estas propiedades y el programa de vivienda pública designado para ellas depende de la presentación y verificación de la ciudadanía o el estado migratorio elegible. La asistencia puede ser prorrateada, denegada o cancelada si se determina que alguno o todos los miembros de la familia no son elegibles para recibir asistencia.