

Mail this application to:

The name of the waitlist I'm applying for is: _____

Some waitlists are closed: Before sending this application, check <http://www.housingworks.net/> to see what is open

You **must** answer every question on this application: respond to questions that are not applicable by writing "N/A".
Incomplete applications may be returned or discarded.

Name of HoH: _____

Long-Term Mailing Address _____

City/State/Zip: _____
(this address should ideally work for the next 3-5 years):

Phone(s): _____ - _____ - _____ _____ - _____ - _____

Email: _____

The **SSN** for the head of household is: _____

Does the HoH have a **Social Security Number (SSN)**? ☐ Yes ☐ No *If "Yes" you must provide it above).*

What is your **date of birth**? _____ What is your **gender**? _____

Race (white, black, asian, etc)? _____

What was your **mother's last name** when she was born? *Protects your privacy*) _____

How many people will be living in the unit? _____ people. What **unit size** are you seeking? _____ BR

Describe your **Income Sources** (Job, Food Stamps, SSI, TAFDC, etc.) _____

What is your family's **ANNUAL** income? \$ _____ (do NOT write an hourly, weekly, or monthly amount!)

☐ YES ☐ NO Do you have a **rental voucher** or **some other form of regular rental assistance**?

Specify: ☐ Section 8 ☐ MRVP ☐ AHVP ☐ Homebase ☐ _____

☐ YES ☐ NO Do you need a **wheelchair accessible unit** (or a "no-steps" unit)?

☐ YES ☐ NO Do you need **reasonable accommodations** due to a disability, either during the application period or tenancy? _____

☐ YES ☐ NO Are you or any member of your household subject to a lifetime registration requirement under a **State Sex Offender Registration** program?

☐ YES ☐ NO **Priority/Preference Status:** If there is a section in this application that asks about priorities and preferences, did you claim any?

Office Only: Date/Time Stamp

TRANSITION HOUSE PERMANENT SUPPORTIVE HOUSING PROGRAM ADMISSION CRITERIA

Transition House is opening Permanent Supportive Housing (PSH) apartments for women with disabilities who are ready to transition out of homelessness into permanent supported housing. The project targets women who became homeless, in part, because of fleeing an abusive situation. The PS14 is funded by the US Department of Housing and Urban Development (HUD)

Women entering the Program are required to be or have:

- A history of domestic violence that caused or contributed to the current period of homelessness.
- Homeless as defined by HUD guidelines.
- In need of the following program resources: job training, education or employment.
- Absence of any current or prior criminal activity which would interfere with program participation.
- A family that is the appropriate size for an available apartment
- Successfully completed admissions application and interview.
- Women seeking to maintain support services to which they have been linked.
- Women that have responded well to interventions in shelter and/or transitional housing to stabilize a disabling condition (possibly including a substance abuse addiction); to enhance earning potential; to strengthen independent living skill; and who are ready to continue to work with service providers on a voluntary basis is, so as to maintain their upward trajectory.
- Photocopies of restraining order if a restraining order was sought.
- Release of information and letter of recommendation from staff.
- Proof of legal residency.
- Birth certificates and social security numbers of all members in the family.

TRANSITION HOUSE PERMANENT HOUSING PROGRAM

Name: _____ Date: _____

Last Permanent Address: _____

Date of Birth: _____ Age: _____

Social Security Number: _____

Phone number/s where you can be reached. _____

Where are you living at this time? _____

For how long? (Dates) from _____ to _____

Emergency contact: _____

Relationship to you: _____

Source of income and its amount. _____ \$ _____

Health Insurance: _____

US Citizenship? (YES/NO) _____ If not what is your immigration status? _____

Marital or Partnered Status: _____

If pregnant, number of weeks _____

Abuser's Name. _____

Relationship to you? _____ To your children? _____

Does that abuser have visitation rights, with your children? _____ How frequently? _____

What are the arrangements for your children to be dropped off and picked up?

Who else is present at this location? _____

Length of time you were with your abuser? _____

Have you ever left him/her before? _____ If yes, how many times and for how long: _____

Have you ever been stalked by the abuser? _____ Are you currently being stalked? _____

Where is he/she right now? _____

Does he/she know where you are? _____

Does he/she know Cambridge? _____

Does he/she have relatives or friends in Cambridge? _____ If yes, where do they live?:

Current occupations: _____

Job Address and phone number: _____

If unemployed since when: _____

Previous work experience (please include dates and reasons you left):

What occupations or training/studies would you like to explore in the future?

Do you have problems which prevent you from working or attending school?

Education History i.e: grade level completed: degree received, and dates:

Do you have any ongoing legal problems you may need help with?

How is your credit history? _____

Have you been arrested before? (if yes, please give dates and reason for arrest)

Have you been charged with a felony? _____

Are there outstanding warrants for your arrest? _____ If yes, please explain:

Name of the prescribing doctor/s: _____

Telephone number: _____

Address: _____

Are you seeing a psychiatrist? _____ If yes, please give their name, telephone number and address:

Are you seeing a therapist? _____ If yes, please give their name, telephone number and address:

Interests and Hobbies: _____

Social supports aid relationship to you:

Describe your relationship with your family:

Describe your relationship with your abuser's family:

Does either family know where you live and your situation? _____ If yes, who?

Significant Other: Include past marital/partnered and long term relationships):

Where any of these relationships abusive? _____ Which ones and in what way?

How could our Program help you achieve these goals?

Is there anything else you would like the staff in our program to know?

CHILDREN'S APPLICATION

If you have children, what are their names, gender, D.O.B. where are they living and who has custody of them?

1. Name: _____ D.O.B _____

Where/who they are living with: _____

Who has custody of the child: _____

2. Name: _____ D.O.B _____

Where/who they are living with: _____

Who has custody of the child: _____

3. Name: _____ D.O.B _____

Where/who they are living with: _____

Who has custody of the child: _____

4. Name: _____ D.O.B _____

Where/who they are living with: _____

Who has custody of the child: _____

5. Name: _____ D.O.B _____

Where/who they are living with: _____

Who has custody of the child: _____

Name of children's pediatrician: _____ Tel # _____

Date when the children saw a doctor: _____

Do your children have any medical problems? _____

Learning disabilities? _____

Psychiatric challenges: _____

If yes to any of the above, please explain and give brief history of onset, diagnosis etc.

What grade in school did your children enter the fall of the current school year: -

Do your children attend any special programs, have been evaluated or assessed by Early Intervention or by other Intervention Programs? _____

Does your child have any special needs (allergies, illnesses, disabilities?)

In case of an emergency with your child, other than yourself who should we contact? (name and phone number):

Please describe how you discipline your children:

What was/is your child's relationship with your abuser? What contact did your child have with your abuser?

If you have a restraining order, does it cover your children? _____

If the father of your child is not the abuser please give his name and contact details:

Does the children have visitation with their father? _____ (if yes, please note how frequently this takes place):

Are you currently involved with D.S.S. and/or have there been past cases with them? _____ Explain

If yes, D.S.S. Case Worker's name, office, and phone number:

-

Has a 51A (report of child abuse) been filed with DSS on you? _____

If yes, where and when _____

On the abuser? _____ If Yes, where and when _____

I attest that this information is accurate and true to the best of my knowledge. I understand that providing false or inaccurate information may be grounds for denial of your application.

Full Name

Date

Witness name (printed)

Witness Signature

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Note: you can often locate landlord information by using the Tax Assessor's website in each town (or by calling the Tax Assessor's phone number in most towns): To determine if there is an online Tax Assessor page for a town search the web like this: "Tax Assessor, Boston MA" or "Property Assessment, Dallas TX".

CURRENT RESIDENCE

DATES YOU LIVED THERE:

Name on the lease _____ to: _____ or present

Address you lived at: _____
Street and Apt# City State Zip

Landlord's Name and Address _____

Landlord Tel: _____

Did this landlord bring any court action against the leaseholder or you? ☐ Yes ☐ No

Did this landlord return your security deposit? (check one) ☐ Yes ☐ No ☐ N/A

PRIOR RESIDENCE

DATES YOU LIVED THERE:

Name on the lease _____ to _____

Address you lived at: _____
Street and Apt# City State Zip

Landlord's Name and Address _____

Landlord Tel: _____

Did this landlord bring any court action against the leaseholder or you? ☐ Yes ☐ No

Did this landlord return your security deposit? (check one) ☐ Yes ☐ No ☐ N/A

RESIDENCE BEFORE THAT

DATES YOU LIVED THERE:

Name on the lease _____ to _____

Address you lived at: _____
Street and Apt# City State Zip

Landlord's Name and Address _____

Landlord Tel: _____

Did this landlord bring any court action against the leaseholder or you? ☐ Yes ☐ No

Did this landlord return your security deposit? (check one) ☐ Yes ☐ No ☐ N/A

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RESIDENCE BEFORE THAT

DATES YOU LIVED THERE:

Name on the lease _____ to _____

Address you lived at: _____
Street and Apt# City State Zip

Landlord's Name and Address _____

Landlord Tel: _____

Did this landlord bring any court action against the leaseholder or you? ☐ Yes ☐ No

Did this landlord return your security deposit? (check one) ☐ Yes ☐ No ☐ N/A

RESIDENCE BEFORE THAT

DATES YOU LIVED THERE:

Name on the lease _____ to _____

Address you lived at: _____
Street and Apt# City State Zip

Landlord's Name and Address _____

Landlord Tel: _____

Did this landlord bring any court action against the leaseholder or you? ☐ Yes ☐ No

Did this landlord return your security deposit? (check one) ☐ Yes ☐ No ☐ N/A

RESIDENCE BEFORE THAT

DATES YOU LIVED THERE:

Name on the lease _____ to _____

Address you lived at: _____
Street and Apt# City State Zip

Landlord's Name and Address _____

Landlord Tel: _____

Did this landlord bring any court action against the leaseholder or you? ☐ Yes ☐ No

Did this landlord return your security deposit? (check one) ☐ Yes ☐ No ☐ N/A

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RESIDENCE BEFORE THAT

DATES YOU LIVED THERE:

Name on the lease _____ to _____

Address you lived at: _____
Street and Apt# City State Zip

Landlord's Name and Address _____

Landlord Tel: _____

Did this landlord bring any court action against the leaseholder or you? ☐ Yes ☐ No

Did this landlord return your security deposit? (check one) ☐ Yes ☐ No ☐ N/A

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DATES YOU LIVED THERE:

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Address you lived at: _____
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Landlord Tel: _____

Did this landlord bring any court action against the leaseholder or you? ☐ Yes ☐ No

Did this landlord return your security deposit? (check one) ☐ Yes ☐ No ☐ N/A

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Landlord Tel: _____

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Did this landlord return your security deposit? (check one) ☐ Yes ☐ No ☐ N/A