

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

**Life's Choices-A Christian Youth Ministry, Inc.**  
**129 Trafton Road**  
**Springfield, MA 01108**  
**Telephone: 1-413-731-6896**  
**Fax: 1-413-731-6896**

**Intake Form**

Name: \_\_\_\_\_ Date \_\_\_\_\_  
Address \_\_\_\_\_

D.O.B. \_\_\_\_\_ S.S.# \_\_\_\_\_  
Referring agency or person \_\_\_\_\_  
Are you receiving TAFDC? \_\_\_\_\_ Do you have medical Insurance? \_\_\_\_\_  
Name of Medical Insurance \_\_\_\_\_

**List the names** of your parents, step-parents, guardian and relative over the age of 20 and list their addresses and telephone numbers and identify their relationship to you?

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Tel: \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Tel: \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Tel: \_\_\_\_\_

Are you able to live with your parents, step-parents, a relative over the age of 21 or a guardian?

Yes \_\_\_\_\_ No \_\_\_\_\_

Is the father of your child active in your lives?

Yes \_\_\_\_\_ No \_\_\_\_\_

Has a restraining order been taken out on the father of your child or any other significant individual in your life?

Yes \_\_\_\_\_ No \_\_\_\_\_

Have you been or are you being treated for any substance abuse ?

Yes \_\_\_\_\_ No \_\_\_\_\_

If so, what type of substance abuse are you being treated for? \_\_\_\_\_

Name of Substance Abuse Program \_\_\_\_\_

Address \_\_\_\_\_  
Tel: \_\_\_\_\_

Contact person \_\_\_\_\_

What is the primary reason for you not being able to live at home? \_\_\_\_\_

Are there any persons in your family or other significant individuals that you wish not to have contact with?

(give name and reason why) \_\_\_\_\_

**Educational Background:**

Are you presently attending school? Yes\_\_\_\_ No \_\_\_\_

If yes, Last Grade Completed \_\_\_\_\_ Grade attending \_\_\_\_\_

Name of School \_\_\_\_\_

Address \_\_\_\_\_

If no, name of last school attended \_\_\_\_\_

Address \_\_\_\_\_

Last grade attended \_\_\_\_\_ Last grade completed \_\_\_\_\_

**Social Background:**

Do you have a religious denomination? Yes\_\_\_\_ No \_\_\_\_

If yes, name \_\_\_\_\_

Would you like to attend religious services of your choice? Yes\_\_\_\_ No \_\_\_\_

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**Release of Information**

I, \_\_\_\_\_, give Life's Choices permission to access my educational, social service history records and other pertinent records as deemed necessary for Life's Choices to provide services for me and/ or my child(ren). I, also, understand that Life's Choices and various services provider may need to share information about me and/or my child(ren) in order to coordinate services and to access funding for services provide to me and/or my child(ren).

Name (Print) \_\_\_\_\_

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

Parent or Guardian's Name (Print) \_\_\_\_\_

Parent or Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

Placement Agency Representative (Print) \_\_\_\_\_

Placement Agency Representative \_\_\_\_\_ Date \_\_\_\_\_

List the names and addresses of social service providers and other significant care takers have or had (foster care, a residential programs, day service providers and crisis intervention providers). Dates when services were provided. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Housing History, Page 1

**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

## Housing History, Page 2

### 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

## Housing History, Page 3

### 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