

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

COMMON GROUND APPLICATION FORM

Date of application: _____

Name: _____

DOB: _____

Age: _____

Address: _____

Phone #: _____

Race/Cultural Identity (optional): _____

Marital Status: _____ Divorced _____ Married
 _____ Single _____ Separated/Annulled

Do you have children? _____ Yes _____ No

Have you completed a shelter program or residential treatment facility?
 _____ Yes _____ No

If yes, location and date completed:

Are you in recovery for substance abuse? _____ Yes _____ No

If yes, how long have you been in recovery? _____

What type of services are you seeking to work on your recovery?

What people/agencies are currently involved in your recovery?

What type of physical/mental health issues have you experienced (if any)? Please list any agency involvement (therapist, psychiatrist, physician):

Are you currently taking any medications? _____ Yes _____ No

If yes, please list medications, dosage, and reason for usage:

What are some of your short-term and long-term goals?

COMMON GROUND REFERRAL FORM

(The following two pages are to be completed by the referral source.)

Referral Program/Agency: _____

Contact Person: _____

Address: _____

Phone #: _____

1. Please list the services that you are currently providing to the applicant.

2. Please list the services currently being provided to the applicant by other agencies.

3. What services does the applicant need that are not currently being provided?

4. What goals has the applicant been working on / accomplished while at your program?

5. What goals have not been accomplished, and for what reason?

6. How has the applicant interacted with other people at your program?

7. What are some strengths that you believe the applicant possesses?

8. What are some areas that you believe the applicant may need to address?

9. What additional information could you share which would assist in the assessment of this applicant?

Verification of Homelessness

To be eligible for Shelter Plus Care and/or **Supported Housing Programs**, an applicant must be homeless as defined by HUD. Homeless is defined as living in an emergency shelter or on the streets. An applicant who is residing in transitional housing for less than two years is also eligible as long as he or she was homeless, according to the above definition, immediately prior to entering the transitional housing program. An applicant is also eligible after a stay at a hospital or other inpatient setting, as long as he or she was homeless according to the above definition, immediately prior to the inpatient stay. If the inpatient stay was less than thirty days, the applicant should be counted as coming from their immediate prior place of stay (streets or shelter.)

I hereby verify that the referred applicant _____
(applicant name)

is currently a guest at: _____

(Check only one and complete related information.)

☐ **An emergency shelter**

Name of Shelter _____

☐ **A Transitional Housing Program for less than 2 years, and was homeless (in a shelter or on the streets) immediately prior to the transitional housing stay.**

Name of transitional program: _____

Date entered program: _____

Location prior to transitional stay: _____

☐ **An Inpatient setting and was living on the streets or in an emergency shelter immediately prior to the inpatient stay.**

Name of inpatient setting: _____

Date entered inpatient setting: _____

Location prior to inpatient stay: _____

☐ **A public/private place not designed for, or ordinarily used as a regular sleeping accommodation for human beings.**

Location of current place: _____

I understand that false statements or information are punishable under federal law.

Signature of Authorized Shelter/Transitional Program Staff

Printed Name and title

Date

Common Ground: *Women's Transitional Housing Program*

Application Process

Common Ground is designed to help homeless women with histories of substance abuse and /or mental health issues make a successful transition to permanent housing. It is a place for women to share common experiences and draw strength from each other in a supportive environment. The program has the capacity for 5 single women. Services include case management, supportive counseling, and group workshops on various topics. The living space is apartment style and we are located at Shelter Inc., 109 School St., Cambridge.

Who is eligible?

- ❖ Single, homeless adult women residing in emergency shelters or residential treatment programs.
- ❖ Alcohol and drug free, and in recovery, for a minimum of 3 months. Preference is given to those who have successfully completed a treatment program.
- ❖ Involvement in some type of treatment with regard to personal well-being and growth.
- ❖ Ability to live and assume responsibility in a semi-independent setting.
- ❖ Having or securing some source of income.

The following steps outline the application process.

- I. Referrals are accepted when there is an expectation that a bed(s) will be available in the near future. Prospective applicants or their Case Managers should call the Program Coordinator prior to submitting a referral form. At this time an initial phone screening is done to determine if the prospective applicant fits the program's general criteria.
- II. Accepted referrals are put on our waiting list. Referrals are processed from this waiting list in the order they are received.
- III. The first interview is an opportunity for the applicant to see the program and get more information, and to evaluate if it would be a good placement for her. During this interview the applicant is asked questions about prior housing, treatment, income, and future goals. Program Staff then evaluates the application and a decision is made about continuing the application process.
- IV. The second interview usually occurs within one week of the first. The focus of this interview is how the applicant will do living in a semi-independent community setting.
- V. A decision regarding the application is usually made within one week. The applicant and the referral source are contacted, and a move in date is set. Move in day is usually either Monday or Tuesday.

For more information, contact Erika Wilde, the Program Coordinator, at (617) 499-4052.

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