Full Name: _____

Address1: _____

Address2: _____

City State Zip: _____

Email: _____

Case Manager Email: _____

THIS SECTION FOR APPLICANT:

Date Generated:

You will finish this application TWICE AS FAST if you TYPE your answers on (at least) the first two pages; whatever you type will copy itself onto other pages! Try it out: type your name at left, then look through the other pages to see where else your name appears.

← Mail this form to the address at left.

Dear

Fold on this line

I am applying to the following waitlist, which I believe is open:

THIS SECTION FOR WAITLIST ADMINISTRATOR:

IF REJECTING THIS APPLICATION, please email, mail, or fax the form below to HousingWorks. We will pass it on to the applicant. Include this page so we know who the application is for!

We will also update our system, so the changed status of your waitlists will reach many thousands of applicants and their housing advocates. Also, you will boost your Fair Housing and ADA compliance exponentially!

support@housingworks.net
HousingWorks
P.O. Box 231104
Boston, MA 02123
617-536-8561 fax

- ○ **This waitlist is closed. The only waitlists open at present are:**

  _____

  _____

- ○ **This is not the right application. We have enclosed the correct application.**
- ○ **You do not appear to qualify for this property, because:** _____

Name of Waitlist Administrator *optional* _____

Phone of Waitlist Administrator *optional*: _____ - _____ - _____ X _____

Date Time Received. Application will be stamped to show when it was received:

Erase ENTIRE FORM

DO NOT LEAVE ANY QUESTION UNANSWERED!

O HEAD OF HOUSEHOLD'S FIRST NAME _____

O HEAD OF HOUSEHOLD'S COMPLETE MIDDLE NAME _____

O HEAD OF HOUSEHOLD'S LAST NAME (EX: BAEZ GONZALEZ) _____ O SUFFIX _____

O YOUR MOTHER'S LAST NAME WHEN SHE WAS A CHILD _____

ANSWER THIS: O Yes O No Does the HoH have a Social Security Number? *If "Yes" you must provide the full SSN!*

O HEAD OF HOUSEHOLD'S SOCIAL SECURITY NUMBER _____ O HEAD OF HOUSEHOLD's DATE OF BIRTH _____ O GENDER _____

O ETHNICITY _____ O RACE: Asian , Black, White, Native American, Pacific Islander, Multi-racial _____

O REQUESTED ACCOMMODATIONS Fill in the circle for anything you need:

O **Fully Accessible Wheelchair** Unit
O **No-Steps unit** (elevator to any floor)
O **First-Floor unit only**
O **Blind Accessible** Unit
O **Deaf Accessible** Unit
O Unit for **Environmental Allergies**
O Need an **Interpreter**
O **Domestic Violence Victim**
O **Personal Care Attendant**

O HoH's CAREER STAGE
O Employed O Unemployed O Retired O FT Student O PT Student

O ANY VETERANS in HH? O Yes O No

O PERMANENT MOBILE RENTAL ASSISTANCE, if any
O I do not have mobile rental assistance O Mobile Section 8 voucher O MRVP O AHVP O VASH or similar

O CRIMINAL RECORD AND SEX OFFENDER

Head of Household: Any **Felony/Conviction?** O Yes O No Any **Misdemeanor Conviction?** O Yes O No
Other Members: Any **Felony Convictions?** O Yes O No Any **Misdemeanor Conviction?** O Yes O No
Is **anyone** in HH subject to a **lifetime sex offender registration** in any state? O Yes O No

O ANY PETS? O Yes O No Describe: _____

O HOUSEHOLD SIZE AND COMPOSITION

_____ ← **# Adults** _____ ← # **Children** **0** ←**Total** # in Household

O ANNUAL INCOME _____

O DOCUMENTED DISABILITY? O Yes O No

O CURRENT HOUSING STATUS O Homeless O Housing Loss in 14 days O Homeless under other federal status
O Homeless because Fleeing domestic violence O At risk of homelessness O Stably Housed

O BEST TELEPHONE NUMBER TO USE _____ O SECOND TELEPHONE _____

O EMAIL ADDRESS _____

O WHERE YOU LIVE OR BACKUP ADDRESS _____

AddressLine 1 _____ Apt # or "care of" name _____
City _____ State _____ Zip _____

O BEST MAILING ADDRESS _____

Address Line 1 _____ Apt # or "care of" name _____
City _____ State _____ Zip _____

O # BEDROOMS NEEDED?

Select BR Size

O SPECIAL CIRCUMSTANCES? (*some programs may grant you priority status)*

O Disability O Elder O Local Resident O Local Employee O Local Student O Homeless Vet. O Fleeing Dom. Viol.
O Rent-burdened 40% O Rent-burdened 50% O HUD VAWA Certification O Victim of Hate Crime.
Displaced by: O Urban Renewal O Sanitary Code O Natural Forces O Other _____

Loreto House ☐
Broderick House ☐
McCleary Manor ☐

PROVIDENCE MINISTRIES
PRE-APPLICATION

Please complete in full – N/A if it does not apply

Date: _____

☐ Accepted to wait list ☐ Denied Reason: _____

LAST NAME: _____ FIRST NAME:_____ MI:___

DOB: _____ SS# _____ AGE: _____ STATE ID# _____

****Copy of State ID and Social Security Card required with submission****

REFERRAL INFORMATION

Referred by: _____

Contact Name & phone number if a bed becomes available: _____

Have you been a resident at Providence Ministries ☐ Yes ☐ No

If yes, when? _____ House? _____

Primary Language? _____ Homeless? ☐ Yes ☐ No

Marital Status: ☐ Married ☐ Single ☐ Divorced ☐ Widowed

Occupation? _____ Date last worked? _____

Do you now or have you ever used another name or SS number? ☐ Yes ☐ No

Are you experiencing and of the following:

☐ Probation ☐ Parole ☐ Case Pending ☐ Warrants ☐ Restraining Order

Probation/Parole Officer: _____ Phone: _____

Court: _____ Phone: _____

Have you ever been convicted of any of the following?

☐ Arson ☐ Murder ☐ Rape ☐ Kidnapping ☐ Assault ☐ Sex Crimes

Outcome? _____

Have you ever been diagnosed with a psychiatric illness? ☐ Yes ☐ No

Diagnosis: _____

Psychiatric Hospitalizations? ☐ Yes ☐ No When? _____ Where? _____

Diagnosed Condition(s)	Prescription
_____	_____
_____	_____
_____	_____

Are you taking prescribed medical and or psychiatric medications? ☐ Yes ☐ No

Prescriber: _____ Phone Number: _____

Medication	Dose	Last taken
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please check whatever applies

Are you / or have you / ever been abusive towards yourself? ☐ Yes ☐ No

Are you / or have you /ever been abusive toward others (physically/emotionally/sexually?) ☐ Yes ☐ No

Are you/or have you/ever been a victim of violence? ☐ Yes ☐ No

Please explain: _____

History of suicide attempts? ☐ Yes ☐ No When? _____ Outcome? _____

Do you use tobacco? ☐ Yes ☐ No Are you interested in quitting? ☐ Yes ☐ No

Any substance use dependences? _____

IV Drug use? ☐ Yes ☐ No When? _____

What substance used? _____ Date last used? _____

Have you ever had experiences with following?

	WHERE?	WHEN?	OUTCOME(S)
DETOX	_____	_____	_____
CSS/TSS	_____	_____	_____
RECOVERY HOME	_____	_____	_____
OUTPATIENT	_____	_____	_____
OTHER	_____	_____	_____

Have you served in the military? ☐ Yes ☐ No Branch? _____

Name of Primary Care Physician: _____ Phone: _____

Date of last physical exam: _____

Date of last Hepatitis C test? _____ Date of last TB test? _____

Are you enrolled in a Medically Assisted Treatment program? ☐ Yes ☐ No

☐ Methadone ☐ Suboxone ☐ Other _____ Dosage? _____ ☐ Detox ☐ Maintenance

Future resident must have sustainable income:

Current source of income: _____ Amt: $ _____ Wages ☐ Unemployment ☐

SSI SSDI Workman's Comp. VA Savings Other None

What is your attitude/involvement with AA/NA: _____

Do you have a spiritual orientation or practice? ☐ Yes ☐ No Explain: _____

_____

Do you want to address spirituality in your recovery? ☐ Yes ☐ No

Why do you want to come to Loreto House? _____

_____

_____

How do you feel about living with people from different backgrounds? _____

_____

_____

PMN reserves the right to deny **ANY** misrepresentation on this application will result in termination of consideration. **I certify all information is true and correct to the best of my knowledge.**

Name:_____ Date:_____

For PMN/Loreto House ONLY

Notes and Impressions: _____

_____

_____

PMN/Loreto House Team: _____ Date: _____

Revised 4/27/2018

Providence Ministries for the Needy, Inc.

CORI REQUEST/APPROVAL FORM

PROVIDENCE MINISTRIS is registered under the provisions of M.G.L. c. 6, 172 to receive CORI for the purpose of screening current and otherwise qualified perspective employees, subcontractors, volunteers, and applicants for the rental or lease of housing.

As a prospective or current employee, subcontractor, volunteer, or applicant for the rental of lease of housing, I understand that a CORI check will be submitted for my personal information the DCJIS. I hereby acknowledge and provide permission to PMN to submit a CORI check for my information to the DCJIS. This authorization is valid for one year from the date of my signature. I may withdraw this authorization at any time by providing written notice of my intent to withdraw consent to a CORI check.

THIS IS FOR EMPLOYMENT, VOLUNTEER & LICENSING PURPOSES ONLY:

PMN may conduct subsequent CORI checks within one year of the date this form was signed by me provided, however, a written notice of the check is required to be supplied.

By signing, below I provide my consent to a CORI check and acknowledge that the information provided on the Acknowledgement form is true and accurate.

_____ _____

Signature of Applicant (Required) **Date**

To be filled out legibly by staff with supporting documentation.

_____ _____ _____

LAST NAME* FIRST NAME* MI

_____ _____ _____

DATE OF BIRTH* SOCIAL SECURITY* SEX*

Race: (Use code_____

A=Amer.Indian/AS=Asian/B=Black/U=unknown/W=White

_____ _____

Father's Last Name **Mother's Last Name**

*****THE ABOVE INFORMATION WAS VERIFIED BY REVIEWING FORMS OF GOVERNTMENT ISSUED PHOTOGRAPHIC INDENTIFICATION AND SOCIAL SUPPLIES WITH THIS FORM*****

DEPARTMENT REQUESTING: **HOUSING/PLACEMENT**

STAFF – REQUEST/VERIFIED BY: _____

PROCESSED BY: _____

REVIEWED BY: _____

NO FORM WILL BE PROCESSED WITHOUT THE PROPER DOCUMENTATION ATTACHED.