

Don't staple the pages of this application together!

1. Some providers *scan* the application, and if you staple, that means removing staples from 1000 applications every week or month.
2. If you include a letter, don't staple that either: providers need to quickly get to your waitlist data and your cover page just gets in the way.

Use #10 double window envelopes. Fold on the line, and addresses will fit in the windows.

Dear

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

App Generated:

 **ATTN: WAITLIST ADMINISTRATOR** 

Is this waitlist closed? Anything else you want to tell the 900 Housing Advocates and the nearly 200,000 applicants using our system?

USE BLOCK PRINT to fill in the appropriate information below. Save paper and ink by faxing only this one page to HousingWorks – we will immediately update your information! See fax number below.

☐ **This particular waitlist is closed: At present, our only open waitlists are:**

☐ **This is not the correct application. The correct application is available in this way:**

Your position or title at this housing program: _____

Your signature: _____

HousingWorks Fax: 617-536-8561

If you direct applicants to try our free search to locate OTHER HOUSING OPTIONS, you reduce frivolous applications and eliminate possibly hundreds of phone calls:

www.HousingWorks.net



HOUSINGWORKS
For Everyone

DO NOT LEAVE ANY QUESTION UNANSWERED!

- ☐ HEAD OF HOUSEHOLD'S FIRST NAME
- ☐ HEAD OF HOUSEHOLD'S COMPLETE MIDDLE NAME
- ☐ HEAD OF HOUSEHOLD'S LAST NAME (EX: BAEZ GONZALEZ) ☐ SUFFIX _____
- ☐ YOUR MOTHER'S LAST NAME WHEN SHE WAS A CHILD

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

- ☐ HEAD OF HOUSEHOLD'S SOCIAL SECURITY NUMBER ☐ HEAD OF HOUSEHOLD'S DATE OF BIRTH ☐ GENDER

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

- ☐ REQUESTED ACCOMMODATIONS Fill in the circle for anything you need:
- | | | |
|--|--|---|
| <input type="radio"/> Fully Accessible Wheelchair Unit | <input type="radio"/> Blind Accessible Unit | <input type="radio"/> Need an Interpreter |
| <input type="radio"/> No-Steps unit (elevator to any floor) | <input type="radio"/> Deaf Accessible Unit | <input type="radio"/> Domestic Violence Victim |
| <input type="radio"/> First-Floor unit only | <input type="radio"/> Unit designed for Environmental Allergies | |

- ☐ HoH's CAREER STAGE ☐ ANY VETERANS in HH? ☐ Yes ☐ No
- ☐ Employed ☐ Unemployed ☐ Retired ☐ FT Student ☐ PT Student

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

- ☐ CRIMINAL RECORD AND SEX OFFENDER
- Head of Household:** Any **Felony/Conviction?** ☐ Yes ☐ No Any **Misdemeanor Conviction?** ☐ Yes ☐ No
- Other Members:** Any **Felony Convictions?** ☐ Yes ☐ No Any **Misdemeanor Conviction?** ☐ Yes ☐ No
- Is anyone in HH subject to a **lifetime sex offender registration** in any state? ☐ Yes ☐ No

- ☐ ANY PETS? ☐ Yes ☐ No Describe: _____

- ☐ HOUSEHOLD SIZE AND COMPOSITION ☐ ANNUAL INCOME ☐ DOCUMENTED DISABILITY?
- _____ ← # Adults _____ ← # Children _____ ← Total # in Household ☐ Yes ☐ No

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

- ☐ BEST TELEPHONE NUMBER TO USE ☐ SECOND TELEPHONE

- ☐ EMAIL ADDRESS

- ☐ WHERE YOU LIVE OR BACKUP ADDRESS

- ☐ BEST MAILING ADDRESS

- ☐ # BEDROOMS NEEDED? ☐ SPECIAL CIRCUMSTANCES? (*some programs may grant you priority status*)
- ☐ Disability ☐ Elder ☐ Veteran ☐ Fleeing Domestic Violence ☐ Rent-burdened
☐ Displaced by ☐ Public Action ☐ Sanitary Code ☐ Natural Forces ☐ Other _____

Project-Based Vouchers for Chronically Homeless Individuals For Efficiency, 1 & 2 Bedroom Units

Chronically Homeless for the purpose of this program is defined as a person or family who has been continuously homeless for a year or more, or has had at least four episodes of homelessness in the past three years. Applicants must also fall within the income limits below:

<u>Family Members</u>		<u>Income Limit</u>	<u>Family Members</u>		<u>Income Limit</u>
1		\$16,800	3		\$21,600
2		\$19,200	4		\$24,600

If you do not fall within the definition of chronically homeless and the income limits, PLEASE DO NOT APPLY.

Please complete the application, sign and return it to the address above with copies of the following supporting documentation:

1. Evidence of chronic homelessness [e.g. statements from shelters, letters from social service providers]
2. Birth certificate, passport or alien registration card
3. Social Security Card or letter from Social Security Administration verifying your social security number
4. Picture Identification [e.g. Driver's License, MA ID issued by Department of Motor Vehicles, Military ID, PVTA Card]
5. Documentation of Income and Assets
6. Evidence of living or working in Springfield to qualify for the Local Preference



SPRINGFIELD
HOUSING
AUTHORITY

RELEASE FORM FOR
CONFIDENTIAL INFORMATION

Client Name: _____ Client # _____

Telephone #: _____

I authorize the Springfield Housing Authority ("SHA") to share and receive information concerning all aspects of my applications for subsidized housing and resulting tenancy and relating to the services and assistance I am interested in. This exchange of information may be with the agencies/people listed below. (Identify contact person if possible).

- ☐ Annie's House _____
Catholic Charities _____
- ☐ Community Re-Entry Program/Center for Human Development

- ☐ Friends of the Homeless _____
- ☐ Gandara _____
- ☐ Ms. Gerry McCafferty _____
- ☐ Lighthouse/Human Resources Unlimited
- ☐ Mental Health Association _____
- ☐ River Valley Counseling Center _____
- ☐ Open Door _____
- ☐ Other _____

This authorization to exchange information shall be in effect for one year, starting from the date this form is signed by the client. I reserve the right to stop or modify this permission at any time by notifying the SHA, and initiating the change, which will be in written form.

I understand that information known about me by the SHA cannot be held in confidence in the event of a lease violation, if I am an imminent danger to others or myself or if a court subpoenas information about me.

Client Signature

Date

SPRINGFIELD HOUSING AUTHORITY

VERIFICATION OF HOMELESSNESS

You have applied for the Springfield Housing Authority's Chronically Homeless Project-Based Voucher Program.

To be eligible for the program, you must be *currently homeless*, and also meet the definition of *chronically homeless*.

A check in either of both of the boxes below means that SHA needs additional verification for the item checked.

☐ Currently homeless

Current homelessness is defined as lacking a fixed, regular and adequate nighttime residence and includes:

- Sleeping in an emergency shelter;
- Sleeping in places not meant for human habitation, such as cars, parks, sidewalks, bus stations, or abandoned/condemned buildings;
- Sharing the housing of others due to loss of housing, economic hardship, or similar reason;
- Living in motels, hotels, trailer parks or camping grounds due to the lack of alternate adequate accommodations;
- Spending a short time (30 days or less) in a hospital or other institution, but ordinarily sleeping in the types of places mentioned above; and
- Being discharged from an institution and having no subsequent residence identified and lacking the resources and support networks needed to access housing.

☐ Chronically homeless

Chronic homelessness is defined as homeless for one year or more, or for four or more episodes in the last three years.

You can get a letter verifying these items from shelter operators, service providers (such as Open Door or Health Care for the Homeless), a soup kitchen (such as Loaves and Fishes), or a person with whom you are staying.

If you cannot get the information yourself, SHA will attempt to get the information from providers, as long as you return the Release of Information form.


SPRINGFIELD HOUSING AUTHORITY
SERVICE PROVIDER IDENTIFICATION FORM

You have applied for the Springfield Housing Authority's Chronically Homeless Project-Based Voucher Program. Each tenant in this program is connected with a service provider willing to provide the tenant with supportive services if the tenant wants the services or if the tenant needs the services to avoid eviction.

Please check off any providers that you work with:

- ☐ Community Re-Entry Program/Center for Human Development
- ☐ Friends of the Homeless
- ☐ Gandara
- ☐ Lighthouse/Human Resources Unlimited
- ☐ Mental Health Association
- ☐ River Valley Counseling Center
- ☐ Other _____
- ☐ None

NOTE: If you do not have a service provider, SHA's Multi-Disciplinary Assessment Team will work with you to identify an appropriate provider.

 <div data-bbox="446 262 719 346"> <p>SPRINGFIELD HOUSING AUTHORITY</p> </div>	<div data-bbox="1123 235 1409 319"> <p>Rental Assistance Office 67 Sanderson Street Springfield, MA 01107</p> </div> <div data-bbox="893 319 1409 346"> <p>Phone: (413) 785-4521 - Fax: (413) 785.4526</p> </div>
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[SPRHA]

CORI REQUEST FORM

Springfield Housing Authority has been certified by the Criminal History Systems Board for access to any and all information relative to any criminal convictions, both felonies and misdemeanors, regardless of when the conviction occurred. Also any and all information relative to any criminal charges which are currently pending before the courts by the commonwealth or any jurisdiction including federal courts.

Applicants 17 and over must fill out this form.

APPLICANT/ EMPLOYEE INFORMATION (PLEASE PRINT)	ID THEFT INDEX PIN
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LAST NAME	FIRST NAME	MIDDLE NAME
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MAIDEN NAME OR ALIAS (IF APPLICABLE)	PLACE OF BIRTH
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DATE OF BIRTH	SOCIAL SECURITY NUMBER	MOTHER'S MAIDEN NAME
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FORMER ADDRESSES: _____

SEX: _____ HEIGHT: ____ FT _____ IN. WEIGHT: _____ EYE COLOR: _____

STATE DRIVER'S LICENSE NUMBER: _____

APPLICANT SIGNATURE

*****THE ABOVE INFORMATION WAS VERIFIED BY REVIEWING THE FOLLOWING FORM OF GOVERNMENT ISSUED PHOTOGRAPHIC IDENTIFICATION: _____

REQUESTED BY: _____

SHA CORI AUTHORIZED EMPLOYEE

Equal Opportunity Employer
Equal Housing Opportunity