

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

<input type="radio"/>	Head of Household's FIRST NAME
<input type="radio"/>	Head of Household's MIDDLE NAME
<input type="radio"/>	Head of Household's LAST NAME

<input type="radio"/>	YOUR MOTHER'S MAIDEN NAME
-----------------------	---------------------------

<input type="radio"/>	HoH's SOCIAL SECURITY NUMBER	<input type="radio"/>	HoH's DATE OF BIRTH	<input type="radio"/>	GENDER
-----------------------	------------------------------	-----------------------	---------------------	-----------------------	--------

<input type="radio"/>	ETHNICITY Also provide your race at right!	<input type="radio"/>	RACE: Asian , Black, White, Native American, Pacific Islander, Multi-racial Do NOT write Spanish, Hispanic, Latino here – and do NOT write your country!
-----------------------	---	-----------------------	---

<input type="radio"/>	REQUESTED ACCOMMODATIONS <input type="radio"/> = <input checked="" type="radio"/> Do you need a:
<input type="radio"/>	<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

<input type="radio"/>	HoH's CAREER STAGE
<input type="radio"/>	<input type="radio"/> Employed <input type="radio"/> Unemployed <input type="radio"/> Retired <input type="radio"/> FT Student <input type="radio"/> PT Student
<input type="radio"/>	MOBILE RENTAL ASSISTANCE
<input type="radio"/>	<input type="radio"/> I do not have mobile rental assistance <input type="radio"/> Mobile Section 8 voucher <input type="radio"/> MRVP <input type="radio"/> AHVP <input type="radio"/> VASH or similar
<input type="radio"/>	Head of Household: Any Felony/Conviction ? <input type="radio"/> Yes <input type="radio"/> No Any Misdemeanor Conviction ? <input type="radio"/> Yes <input type="radio"/> No Other Members: Any Felony Convictions ? <input type="radio"/> Yes <input type="radio"/> No Any Misdemeanor Conviction ? <input type="radio"/> Yes <input type="radio"/> No Is anyone in HH subject to a lifetime sex offender registration in any state? <input type="radio"/> Yes <input type="radio"/> No

<input type="radio"/>	TOTAL HOUSEHOLD SIZE	DESCRIBE PETS	YEARLY INCOME
<input type="radio"/>	← # Adults ← # Children ← Total #	<input type="radio"/>	

<input type="radio"/>	YOUR HOME TELEPHONE	SECOND TELEPHONE
<input type="radio"/>	YOUR EMAIL ADDRESS	

<input type="radio"/>	BEST MAILING ADDRESS
<input type="radio"/>	This is:
<input type="radio"/>	
<input type="radio"/>	SECOND MAILING ADDRESS
<input type="radio"/>	This is:
<input type="radio"/>	
<input type="radio"/>	

# BEDROOMS NEEDED?	SPECIAL CIRCUMSTANCES? - some programs may assign you a priority status.
	<input type="radio"/> Disability <input type="radio"/> Elder <input type="radio"/> Veteran <input type="radio"/> Fleeing Domestic Violence <input type="radio"/> Displaced by: _____ <input type="radio"/> Rent-burdened <input type="radio"/> Other

**FAMILY SELF-SUFFICIENCY (FSS) PROGRAM
PARTICIPANT APPLICATION FORM**

Please note: all information requested on this application form will be kept confidential.

Background/Household Information

Name: _____ Date: _____

Street: _____ Apt #: _____

City/State: _____ Zip Code: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Email: _____

Gender: ☐ Female ☐ Male Date of Birth: _____

Number of adults in household (18 years and older), including yourself: _____

Number of children in household (younger than 18 years old): _____

Of these, how many are in childcare (preschool, day care, afterschool care, babysitting)? _____

What is the primary language spoken in your household? _____

Do you have a Section 8 housing voucher? ☐ Yes ☐ No

Have you previously participated in an FSS program? ☐ Yes ☐ No

Ethnicity: * ☐ Hispanic ☐ Not Hispanic

Race - please choose one:

- ☐ African-American/Black
- ☐ Asian
- ☐ Caucasian/White
- ☐ Pacific Islander/Hawaiian
- ☐ American Indian/Alaskan Native
- ☐ Multi-Race, please specify races: _____
- ☐ Other, please specify race: _____

What is your current marital status?

- ☐ Single, never married
- ☐ Married
- ☐ Divorced
- ☐ Separated
- ☐ Widowed

What is the highest level of education you have received?

- ☐ Grade K-5
- ☐ Grade 6-8
- ☐ Grade 9-11
- ☐ High School Diploma or GED
- ☐ Vocational/Trade School Diploma
- ☐ Some College
- ☐ Associate's Degree
- ☐ Bachelor's Degree
- ☐ Some Graduate School
- ☐ Graduate Degree

* You are not required to complete this information. Completing the race/gender/ethnicity questions is voluntary, but requested, as the results are used only for tracking purposes. Responses will not be used to make any determinations about eligibility for the program.

Are you currently enrolled in any of the following programs? (Please check all that apply.)

- ☐ GED Program
- ☐ Job Training Program
- ☐ Trade/Vocational School Certification or Licensure Program
- ☐ Associate's Degree Program
- ☐ Bachelor's Degree Program
- ☐ Graduate Degree Program

Employment and Income Information

Primary Employment Status:

- ☐ Employed full-time
- ☐ Employed part-time
- ☐ Student, not working
- ☐ Unemployed
- ☐ Retired
- ☐ Other: _____

Employer: _____

Position: _____ Date employment began: _____

Technology Information

How did you hear about the Compass FSS program? _____

How often do you use the following technology services?

	Never	Few times a year	Once a month	Weekly	Daily
Texting with my cell phone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emailing with my cell phone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emailing with my home computer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Accessing the Internet with my home computer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Accessing the Internet with my cell phone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Using Facebook	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Using Twitter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Emergency Contact Information

Name: _____

Phone: _____

Authorization

Name of Housing Authority: _____

I understand that Compass will verify with my local housing authority that I am a Section 8 resident and a tenant in good standing. I authorize Compass to verify with my local housing authority that I am a Section 8 resident and a tenant in good standing.

Signature _____

Date _____