

Full Name:
Address1:
Address2:
City State Zip:
Email:
Case Manager Email:

← APPLICANT COMPLETE THIS SECTION

Use Adobe Acrobat Reader and print this application to "Custom Scale - 100%".
Then, both addresses will appear in the windows of a #10 double-window envelope, saving you time.

← Mail this application to the address at left.

Do not fax!

Date Generated:

Fold on this line _____

Dear
I am applying to the following waitlist, which I believe is open – please fax HousingWorks if the list is closed.

SECTION BELOW FOR WAITLIST ADMINISTRATORS ONLY:

IF REJECTING THE APPLICATION BECAUSE IT IS INCOMPLETE, please return it to the applicant.

IF REJECTING THIS APPLICATION BECAUSE IT IS THE WRONG FORMAT, please email, mail, or fax the form below to HousingWorks. Include this page so we know who the application is from! We will update our system, so the changed status of your waitlists will reach 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 Stamp – for Office Use Only*



181 Elm St in Holyoke, MA

516 Chicopee Street
Chicopee, MA. 01013
PH: 413-594-3271
Fax: 413-594-3273

Date Received _____

PLEASE FILL OUT EACH ITEM AS COMPLETELY AS POSSIBLE TO HELP SPEED PROCESSING

CHAPIN MANSION / MAGUDER HOUSE

1. APPLICANT INFORMATION:

Name _____ Phone# _____

Present Address _____

City/Town _____ Zip _____

Date of Birth _____ SS# _____ SSN _____

2. INCOME INFORMATION:

Employer _____

Employer's Address _____

Employer's Ph# _____

Position _____

Length of Employment _____

Annual Wage _____

Annual Salary _____

3. OTHER INCOME:

Amount per month

- | | | | |
|------------------------|-------|-------------------|-------|
| A. Social Security | _____ | B. SSI | _____ |
| C. Pensions/Retirement | _____ | D. General Relief | _____ |
| E. Unemployment | _____ | F. SSDI | _____ |
| G. VA Benefits | _____ | H. Other | _____ |

4. ASSETS:

Asset Type	Asset Value	Asset Type	Asset Value
Savings Accounts	_____	IRA ▲	_____
Checking Accounts	_____	Life Insurance	_____
Stocks/Bonds	_____	Certificate of Deposit	_____
Mutual Funds	_____	Real Estate	_____
Trust Accounts	_____	Other Retirement Funds	_____

5. OTHER INFORMATION:

Do you have a current SECTION 8 voucher or an MRVP voucher? **Yes** ___ **No** ___
If yes, Type: _____

Do you require housing that is wheel-chair accessible? **Yes** ___ **No** ___

Do you anticipate any change to household income in the coming year? **Yes** ___ **No** ___
If yes, please explain:

Do you anticipate a change to household composition in the next year? **Yes** ___ **No** ___
If yes, please explain:

Have you ever been convicted of a felony? **Yes** ___ **No** ___
If yes, please explain:

Have you ever been evicted from any housing? **Yes** ___ **No** ___

Are you a full-time student? **Yes** ___ **No** ___

Do you have any pets? **Yes** ___ **No** ___

If yes, please list type and number _____

6. PERSONAL REFERENCES:

Please list two references that are not related to you. VOC will contact all references.

A) Name: _____ Phone # _____
Address: _____ City: _____
Relationship to you: _____

B) Name: _____ Phone # _____
Address: _____ City: _____
Relationship to you: _____

7. RENTAL HISTORY:

Name of Present Landlord _____ Phone # _____

Address of Landlord _____

Monthly Rent: \$ _____ Average costs of additional Utilities: \$ _____

Is this lease in your name? Yes ___ No ___ If not, whose name is it in? _____
Years (circle one)

How long have you lived here? _____ Months

A) Previous Address _____ Apartment size _____

Length of tenancy: _____ Months _____ Years (circle one)
From ____/____/____ To ____/____/____

Name of previous Landlord _____ Phone # _____

Address of landlord _____

Reason for leaving _____

B) Previous Address _____

Length of tenancy _____ Months _____ Years (circle one)
From ____/____/____ To ____/____/____

Name of Previous Landlord _____ Phone # _____

Address of Landlord _____

Reason for leaving _____

7. CURRENT SITUATION:

Please describe your current living situation.

8. AFFIRMATIVE ACTION:

THIS INFORMATION IS OPTIONAL AND WILL BE USED ONLY FOR OUR FAIR-HOUSING PLAN

Please circle the ethnic group with which you identify:

American Indian Asian Black Hispanic White Other

9. APPLICANT CERTIFICATION:

I understand that this is an application and gives no lease or rent rights. I understand that additional information may be requested, and references will be checked.

All information in this application is confidential. I hereby authorize the Valley Opportunity Council to verify all information contained in this application, including income, assets and rental history.

I understand that it is my responsibility to inform the Valley Opportunity Council in writing of any change of address, income, or household composition.

I hereby certify that the information I have given in this application is complete and accurate. I understand that any false statement or misrepresentation may result in the disqualification of my application.

Applicant's Signature

Date

Document Type	Enclosed	To Follow	Not Applicable
DD214 Military Discharge			
Proof of Sobriety			
Proof of Homelessness			



Valley Opportunity Council Inc.
Housing Program
516 Chicopee Street
Chicopee, MA. 01013
Phone: (413) 594-3271 Fax: (413) 594-3273

NAME _____

ADDRESS: _____

I, the above-named individual, have authorized Valley Opportunity Council Inc. to verify the accuracy of the information I have provided to Valley Opportunity Council Inc. from the following sources:

1. Employers
2. Landlords
3. Personal references
4. Government funding agencies
5. Banks, and Financial Institutions
6. Rent Grow For Credit Report, Criminal search, rental purposes Massachusetts Department of Revenue/Bureau of Special Investigations
7. CORI
8. Other _____

I hereby give permission to release this information to **Valley Opportunity Council Inc.** subject to the condition any information provided be kept confidential. I would appreciate your prompt attention in supplying the information requested on the attached page to Valley Opportunity Council Inc. within five (5) days of receipt of this request.

I understand that a photocopy of this authorization is as valid as the original.

Thank you for your assistance and cooperation in this matter.

(Signature)

(Date)

THIS AUTHORIZATION IS VALID FOR A PERIOD OF ONE YEAR FROM THE DATE NOTED ABOVE

