

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:

### Housing Authority or Management Office Only

**Is this waitlist closed? Any other questions or concerns?** *Fill in the appropriate circle(s) below and fax this page to HousingWorks at the number below – and we will correct the problem. Hundreds of thousands of applicants check our free website to see what lists are open! Keeping us updated will save you many phone calls, reduces frivolous applications - and takes only 10 minutes a year.*

☐ **This particular waitlist is closed: The only open waitlists we have at present are:**

\_\_\_\_\_

☐ **This is not the correct application. The correct application is available by/from:**

\_\_\_\_\_

☐ **Any other info you wish to tell HousingWorks?**

\_\_\_\_\_

**Your position or title at this housing program:** \_\_\_\_\_

**Your signature:** \_\_\_\_\_

HousingWorks Fax: 617-536-8561



Head of Household's FIRST NAME

Head of Household's MIDDLE NAME

Head of Household's LAST NAME

YOUR MOTHER'S MAIDEN NAME

HoH's SOCIAL SECURITY NUMBER

HoH's DATE OF BIRTH

GENDER

ETHNICITY

Also provide your race at right!

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

Do **NOT** write Spanish, Hispanic, Latino here – and do **NOT** write your country!

REQUESTED ACCOMMODATIONS ○ = ● Do you need a:

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

HoH's CAREER STAGE

☐ Employed☐ Unemployed☐ Retired☐ FT Student☐ PT Student

MOBILE RENTAL ASSISTANCE

☐ I do not have mobile rental assistance☐ Mobile Section 8 voucher☐ MRVP☐ AHVP☐ VASH or similar

Head of Household -Any Felony/Conviction?

☐ Yes ☐ NoAny Misdemeanor Conviction? ☐ Yes ☐ No

Other Members: Any Felony Convictions?

☐ Yes ☐ NoAny Misdemeanor Conviction? ☐ Yes ☐ NoIs anyone in HH subject to a lifetime sex offender registration in any state? ☐ Yes ☐ No

TOTAL HOUSEHOLD SIZE

How much money does your family receive in a year?☐

←# Adults

←# Children

←Total #

☐

.00

YOUR HOME TELEPHONE

SECOND TELEPHONE

YOUR EMAIL ADDRESS

BEST MAILING ADDRESS

This is:

SECOND MAILING ADDRESS

This is:

# BEDROOMS NEEDED?

SPECIAL CIRCUMSTANCES? - *some programs may assign you a priority status*☐ Disability☐ Elder☐ Veteran☐ Fleeing Domestic Violence☐ Displaced by: \_\_\_\_\_☐ Rent-burdened☐ Other



Southeastern Massachusetts Veterans Housing Program, Inc.  
20 Willis Street, New Bedford, Massachusetts 02740  
Tel: (508) 992-5313 Fax: (508) 999-3909

## Criteria for admittance to the Veteran's Transition House

1. Completed Application for Services
2. Copy of military separation paper ( DD-214 ),
3. A psych-social report from your doctor, counselor or  
most previous detox.
4. List of medication you are currently taking.  
  
*No narcotic's allowed under any circumstances.*
5. A referral source (i. e. previous program or detox).
6. A negative tuberculosis test result.

If you have any further question's or are interested in our Program, please contact Sue  
Nicolan at (508)992-5313 X23.

**Please fax completed paper work to Attn: Susan Nicolan at ( 508)999-3909.**



Date of Application \_\_\_\_\_

**Veterans Transition House Application for Services**

Telephone: (508)992-5313

Fax (508)999-3993

**General Information**

Applicant's Name \_\_\_\_\_ DOB \_\_\_\_\_

Telephone Number \_\_\_\_\_ Cell \_\_\_\_\_

Email \_\_\_\_\_ SSN \_\_\_\_\_

Marital Status? Single \_\_\_\_\_ Date Married \_\_\_\_\_ Date Separated \_\_\_\_\_ Date Divorced \_\_\_\_\_

Date Widowed \_\_\_\_\_

**Emergency Contact**

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Telephone # \_\_\_\_\_ Email \_\_\_\_\_

Have you had prior residency at Veterans Transition House? \_\_\_\_\_ If yes, when? \_\_\_\_\_

Do you have a valid Drivers LIC? \_\_\_\_\_ Will you be bringing a Registered & Insured Vehicle? \_\_\_\_\_

Home Address or print Homeless \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

If Homeless, how long \_\_\_\_\_ How long in Household prior to being homeless \_\_\_\_\_

How long in living in current household \_\_\_\_\_ Total family members in household \_\_\_\_\_

Own home \_\_\_\_\_ Rent \_\_\_\_\_ Live w/ other \_\_\_\_\_ Subsidized housing \_\_\_\_\_

If Referred, Name? \_\_\_\_\_ Telephone # \_\_\_\_\_

Hosp./Program Name \_\_\_\_\_

Hosp/Program Address \_\_\_\_\_

**Military Service Information**

Do you have a DD214? Yes \_\_\_\_\_ No \_\_\_\_\_ Is it attached? Yes \_\_\_\_\_ No \_\_\_\_\_ If No, Date sent for \_\_\_\_\_

Branch of Service? Army \_\_\_\_\_ Navy \_\_\_\_\_ Air Force \_\_\_\_\_ Marines \_\_\_\_\_ Coast Guard \_\_\_\_\_ National Guard \_\_\_\_\_

Conflict: WWII \_\_\_\_\_ Korea \_\_\_\_\_ Vietnam \_\_\_\_\_ Grenada \_\_\_\_\_ Panama \_\_\_\_\_ Persian Gulf \_\_\_\_\_ OEF \_\_\_\_\_ OIF \_\_\_\_\_

Dates Served \_\_\_\_\_ to \_\_\_\_\_ Rank at Discharge \_\_\_\_\_ Combat Duty \_\_\_\_\_

Discharge Status: Honorable \_\_\_\_\_ Other Than Honorable \_\_\_\_\_ Dishonorable \_\_\_\_\_ General \_\_\_\_\_ Medical \_\_\_\_\_

Poor Conduct \_\_\_\_\_

Campaign Badges: \_\_\_\_\_

Honors or Citations: \_\_\_\_\_

Service Connected Disability? Yes \_\_\_\_\_ No \_\_\_\_\_ If Yes, Percent \_\_\_\_\_ Monthly Amount \_\_\_\_\_

**Employment & Training History**

Education: HS Diploma \_\_\_\_\_ GED \_\_\_\_\_ Voc. School \_\_\_\_\_ Some College \_\_\_\_\_

Assos. Degree \_\_\_\_\_ Degree \_\_\_\_\_

Employment Status: Employed \_\_\_\_\_ Unemployed \_\_\_\_\_ Disabled \_\_\_\_\_ Retired \_\_\_\_\_

Current LIC.'s or Certs Held: \_\_\_\_\_

Special Skills: \_\_\_\_\_

Yearly Income \_\_\_\_\_



### Employment History

Job Title	Employer's Name and Address	Date Started and Ended	Wages Earned

### Monthly Financial Assistance or Compensation Currently Receiving

Date applied for VASH \_\_\_\_\_ SEC. 8 \_\_\_\_\_ I have NOT applied for either \_\_\_\_\_  
SCD:\$ \_\_\_\_\_ Chpt 115: \$ \_\_\_\_\_ Wkr's Comp. \$ \_\_\_\_\_ SSI \$ \_\_\_\_\_  
SSDI \$ \_\_\_\_\_ Food Stamps \$ \_\_\_\_\_ DTA \$ \_\_\_\_\_  
**TOTAL: \$ \_\_\_\_\_**

### Medical History

Health Ins. \_\_\_\_\_ Last TB Test \_\_\_\_\_ Results \_\_\_\_\_

Allergies \_\_\_\_\_

Any Medical Issues? \_\_\_\_\_

Drug of choice? \_\_\_\_\_

Longest Sobriety? When How long? \_\_\_\_\_

Date and place of last detox? \_\_\_\_\_