

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*



516 Chicopee Street
Chicopee, MA 01013
Phone: (413)594-3271
Fax: (413)594-3273

APPLICATION PROCESS

Thank you for considering Valley Opportunity Council for your Housing needs!

In order for your application to be considered you must provide the following documents for the entire household. All applications will be reviewed by staff in a timely manner. **INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED OR APPROVED!**

Please provide the following documents for the entire household attached to the application:

- ☐ MASS ID
- ☐ BIRTH CERTIFICATE
- ☐ SOCIAL SECURITY CARD

Valley Opportunity Council- Pre-Application

<input type="radio"/>	Head of Household's FIRST Name <u>as it appears on your birth certificate</u>
<input type="radio"/>	Head of Household's MIDDLE Name write your <u>full</u> middle name, not just the initial
<input type="radio"/>	Head of Household's LAST Name (ex: Baez-Gonzalez)

<input type="radio"/>	Your Mother's LAST Name WHEN SHE WAS A CHILD
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Answer this: <input type="radio"/> Yes <input type="radio"/> No Does the Head of Household have a Social Security Number? If "Yes" you must provide the <u>full</u> SSN!				
Head of Household's SOCIAL SECURITY NUMBER	Head of Household's DATE OF BIRTH		GENDER	
<input type="radio"/>	<input type="radio"/>	Month	Day	Year
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

INCOME SOURCES fill in the circles next to any income source that your household currently receives <input type="radio"/> = <input checked="" type="radio"/>	
<input type="radio"/>	<input type="radio"/> Job <input type="radio"/> Pension <input type="radio"/> Unemployment <input type="radio"/> SSI <input type="radio"/> SSDI <input type="radio"/> SS Retirement <input type="radio"/> Veteran's Payments <input type="radio"/> Other <input type="radio"/> GA / TANF / TAFDC / Welfare <input type="radio"/> Disability <input type="radio"/> Worker's Comp <input type="radio"/> Child Support/Alimony <input type="radio"/> Food Stamps

CURRENT EMPLOYMENT / HOUSING STATUS	
<input type="radio"/>	<input type="radio"/> Employed <input type="radio"/> Unemployed <input type="radio"/> FT Student <input type="radio"/> Retired <input type="radio"/> PT Student
<input type="radio"/>	<input type="radio"/> 1: Homeless <input type="radio"/> 2: Imminent Housing Loss in 14 Days <input type="radio"/> 4: Fleeing domestic violence <input type="radio"/> 5: At-Risk of Homelessness <input type="radio"/> 6: Stably Housed

YOUR HOME TELEPHONE	SECOND TELEPHONE (if you have one)
<input type="radio"/>	<input type="radio"/>
EMAIL ADDRESS	

WHERE CAN WE REACH YOU <u>NOW</u> AND <u>A YEAR FROM NOW</u>?	
<input type="radio"/>	This Address is: <input type="radio"/> where I currently live <input type="radio"/> a P.O. Box <input type="radio"/> a "care of" address <input type="radio"/> co-applicant's address
<input type="radio"/>	If "Care of" include the care of person's name in the address line below: ex: "c/o Smith, 19 Flower St #4"
<input type="radio"/>	City, State, and Zip Code:

SECOND CONTACT or MAILING ADDRESS		<input type="radio"/> same address as above
<input type="radio"/>	This Address is: <input type="radio"/> where I currently live <input type="radio"/> a P.O. Box <input type="radio"/> a "care of" address <input type="radio"/> co-applicant's address	
<input type="radio"/>	If "Care of" include the care of person's name in the address line below: ex: "c/o Smith, 19 Flower St #4"	
<input type="radio"/>		

TOTAL HOUSEHOLD SIZE include yourself	# of Bedrooms	How much money does your family receive in a <u>year</u>?
<input type="radio"/> # Adults <input type="radio"/> # Children <input type="radio"/> Total #	<input type="radio"/> bedrooms	<input type="radio"/> \$.0)

CORI AND ACCOMMODATIONS – DO YOU NEED	
<input type="radio"/>	<input type="radio"/> Wheelchair Access <input type="radio"/> No-Steps Unit <input type="radio"/> First-Floor Unit <input type="radio"/> Reasonable Accommodation <i>based on disability or language barrier</i>
<input type="radio"/>	Has anyone who might live in the unit <u>ever</u> been charged with a felony ? <input type="radio"/> Yes <input type="radio"/> No A misdemeanor in the past 10 years ? <input type="radio"/> Yes <input type="radio"/> No



Voces De Esperanza- Pre-Application

GENERAL AUTHORIZATION FOR RELEASE OF INFORMATION



NAME: _____

ADDRESS: _____

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

1. Employers
2. Landlords
3. Personal References
4. Government Funding Agencies
5. Banks, and Financial Institution
6. RentGrow For Credit Report, Criminal search, rental purposes Massachusetts Department of Revenue/Bureau of Special Investigations
7. Massachusetts Department of Revenue/Bureau of Special Investigations
8. Other: _____

I hereby give you my permission to release this information to the Valley Opportunity Council subject to the condition that it be kept confidential. I would appreciate your prompt attention in supplying the information requested on the attached page to the Valley Opportunity Council 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)

(Signature)

(Date)

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

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Chicopee, MA 01013
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