

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 |

| | | |
|------------------------------|--------|---------------------|
| HoH's SOCIAL SECURITY NUMBER | GENDER | HoH's DATE OF BIRTH |
| ○ | ○ | ○ |

| | |
|---|---|
| ETHNICITY Also provide your race at right! | 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! |
| ○ | ○ |

| |
|-----------------------------|
| ○ YOUR MOTHER'S MAIDEN NAME |
|-----------------------------|

| | |
|---------------------|------------------|
| YOUR HOME TELEPHONE | SECOND TELEPHONE |
| ○ | |
| YOUR EMAIL ADDRESS | |
| ○ | |

| |
|---|
| CURRENT ADDRESS <u>OR</u> LONG-TERM CONTACT ADDRESS |
| This is: |
| ○ |
| ○ |

| |
|------------------------|
| SECOND CONTACT ADDRESS |
| This is: |
| ○ |
| ○ |

| | | |
|-------------------------------|------------|--|
| TOTAL HOUSEHOLD SIZE | # BEDROOMS | How much money does your family receive in a year? |
| ○ # Adults # Children Total # | ○ | ○ .0 0 |

| |
|----------------|
| INCOME SOURCES |
| ○ |

| |
|----------------------------------|
| MOBILE RENTAL ASSISTANCE, if any |
| ○ |

| |
|--------------------------|
| REQUESTED ACCOMMODATIONS |
| ○ |

| |
|--|
| SPECIAL CIRCUMSTANCES THAT <u>SOME</u> PROGRAMS MAY USE TO ASSIGN PRIORITY OR PREFERENCE |
| ○ |



Lazarus House Ministries Inc. Ishah House

Application for Transitional Housing Program for Single, Homeless Women

Phone: (978)-689-4321 Fax: (978)-689-4524

Date of application _____ Phone: _____

First Name: _____ Middle _____ Last Name: _____

Social Security#: _____ : Ethnicity/Race _____ Age: _____ D.O.B _____

Language(s) spoken: _____ Language(s) written: _____

Referring source if any: _____ Contact Person: _____

Phone: _____ Reason for Referral: _____

1. Emergency Contact Information

Name _____ Phone number _____ Relationship _____ Address _____

2. Emergency Contact Information

Name _____ Phone number _____ Relationship _____ Address _____

Current address: _____

How long have you lived at this address? _____

Have you been asked to leave your current living situation? Yes ___ No ___ If yes, please explain. _____

Landlord History (last 5 years) _____

Employment:

Are you currently employed? Yes ___ No ___ Employer's Name: _____

Income Source:

| | | | | | |
|---------|----------|-------------------------|--------------|----------|-------------------------|
| TAFDC | \$ _____ | Weekly/Biweekly/Monthly | SSDI | \$ _____ | Weekly/Biweekly/Monthly |
| SSI | \$ _____ | Weekly/Biweekly/Monthly | Unemployment | \$ _____ | Weekly/Biweekly/Monthly |
| Alimony | \$ _____ | Weekly/Biweekly/Monthly | Employment | \$ _____ | Weekly/Biweekly/Monthly |
| Other | \$ _____ | Weekly/Biweekly/Monthly | | | |

Do you need any special accommodations? _____

By signing this document I certify that the information I have provided is true to the best of my knowledge.

Signature of Applicant: _____ Date: _____

Please bring the following documents with you at the time of your interview:

1. Completed application
2. Valid picture ID
3. Birth certificate
4. Social security card
5. Two recommendation letters (a service provider or a community leader)
6. Income verification (last four consecutive pay stubs, or benefit verification letter).