

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

THIS SECTION FOR APPLICANT:

Date Generated:

← Mail this form to the address at left.

Dear

Fold on this line

I am applying to the following waitlist, which I believe is open:

THIS SECTION FOR WAITLIST ADMINISTRATOR:

IF REJECTING THIS APPLICATION, please email, mail, or fax the form below to HousingWorks. We will pass it on to the applicant. Include this page so we know who the application is for!

We will also update our system, so the changed status of your waitlists will reach many 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 Received. Application will be stamped to show when it was received:

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 |
|-----------------------|--|

| | | | | |
|--|--|-----------------------|-----------------------|-----------------------|
| 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! | 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"/> <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"/> 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>? | |
| 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 | |
| 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: | |
| <input type="radio"/> | |

| | | |
|---|--|---|
| SECOND CONTACT or MAILING ADDRESS | | <input type="radio"/> same address as above |
| 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 | | |
| 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"/> | | |
| <input type="radio"/> | | |

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





**516 CHICOPEE STREET
CHICOPEE, MA 01013
Ph# 413-594-3267
Ph# 413-594-3271
Fax# 413-594-3273**

Date Received_____

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

APPLICATION FOR SINGLE ROOM OCCUPANCY ONLY

1. APPLICANT INFORMATION:

Name _____ Phone# _____

Present Address_____

City/Town_____ Zip _____

Date of Birth_____ SS# _____

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. VA Benefits | _____ |
| G. SSDI | _____ | 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? _____

How long have you lived here? _____ Months/Years

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 _____

8. CURRENT SITUATION:

Please describe your current living situation.

9. 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

10. 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 herby 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 herby 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

VALLEY OPPORTUNITY COUNCIL
63 WEST STREET
CHICOPEE, MA 01013
PH: 413-594-3267
FAX: 413-594-3273

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 Institutions
6. First Advantage, Feeding Hills, MA 01030 for credit reports (including rental history, retail credit history, and arrest and/or convictions records). Their Consumer Phone No. is 413-562-5650.
7. Massachusetts Department of Revenue/Bureau of Special Investigations
8. CORI
9. 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)

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