

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:

 **ATTN: WAITLIST ADMINISTRATOR** 

Is this waitlist closed? Anything else you want to tell the 900 Housing Advocates and the nearly 200,000 applicants using our system?

USE BLOCK PRINT to fill in the appropriate information below. Save paper and ink by faxing only this one page to HousingWorks – we will immediately update your information! See fax number below.

☐ **This particular waitlist is closed: At present, our only open waitlists are:**

☐ **This is not the correct application. The correct application is available in this way:**

Your position or title at this housing program: _____

Your signature: _____

HousingWorks Fax: 617-536-8561

If you direct applicants to try our free search to locate OTHER HOUSING OPTIONS, you reduce frivolous applications and eliminate possibly hundreds of phone calls:

www.HousingWorks.net



HOUSINGWORKS
For Everyone

DO NOT LEAVE ANY QUESTION UNANSWERED!

- ☐ HEAD OF HOUSEHOLD'S FIRST NAME
- ☐ HEAD OF HOUSEHOLD'S COMPLETE MIDDLE NAME
- ☐ HEAD OF HOUSEHOLD'S LAST NAME (EX: BAEZ GONZALEZ) ☐ SUFFIX _____
- ☐ YOUR MOTHER'S LAST NAME WHEN SHE WAS A CHILD

ANSWER THIS: ☐ Yes ☐ No Does the HoH have a Social Security Number? *If "Yes" you must provide the full SSN!*

- ☐ HEAD OF HOUSEHOLD'S SOCIAL SECURITY NUMBER ☐ HEAD OF HOUSEHOLD'S DATE OF BIRTH ☐ GENDER

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

- ☐ REQUESTED ACCOMMODATIONS Fill in the circle for anything you need:
- | | | |
|--|--|---|
| <input type="radio"/> Fully Accessible Wheelchair Unit | <input type="radio"/> Blind Accessible Unit | <input type="radio"/> Need an Interpreter |
| <input type="radio"/> No-Steps unit (elevator to any floor) | <input type="radio"/> Deaf Accessible Unit | <input type="radio"/> Domestic Violence Victim |
| <input type="radio"/> First-Floor unit only | <input type="radio"/> Unit designed for Environmental Allergies | |

- ☐ HoH's CAREER STAGE ☐ ANY VETERANS in HH? ☐ Yes ☐ No
- ☐ Employed ☐ Unemployed ☐ Retired ☐ FT Student ☐ PT Student

- ☐ PERMANENT MOBILE RENTAL ASSISTANCE, if any
- ☐ I do not have mobile rental assistance ☐ Mobile Section 8 voucher ☐ MRVP ☐ AHVP ☐ VASH or similar

- ☐ CRIMINAL RECORD AND SEX OFFENDER
- Head of Household:** Any **Felony/Conviction?** ☐ Yes ☐ No Any **Misdemeanor Conviction?** ☐ Yes ☐ No
- Other Members:** Any **Felony Convictions?** ☐ Yes ☐ No Any **Misdemeanor Conviction?** ☐ Yes ☐ No
- Is anyone in HH subject to a **lifetime sex offender registration** in any state? ☐ Yes ☐ No

- ☐ ANY PETS? ☐ Yes ☐ No Describe: _____

- ☐ HOUSEHOLD SIZE AND COMPOSITION ☐ ANNUAL INCOME ☐ DOCUMENTED DISABILITY?
- _____ ← # Adults _____ ← # Children _____ ← Total # in Household ☐ Yes ☐ No

- ☐ CURRENT HOUSING STATUS ☐ Homeless ☐ Housing Loss in 14 days ☐ Homeless under other federal status
- ☐ Homeless because Fleeing domestic violence ☐ At risk of homelessness ☐ Stably Housed

- ☐ BEST TELEPHONE NUMBER TO USE ☐ SECOND TELEPHONE

- ☐ EMAIL ADDRESS

- ☐ WHERE YOU LIVE OR BACKUP ADDRESS

- ☐ BEST MAILING ADDRESS

- ☐ # BEDROOMS NEEDED? ☐ SPECIAL CIRCUMSTANCES? (*some programs may grant you priority status*)
- ☐ Disability ☐ Elder ☐ Veteran ☐ Fleeing Domestic Violence ☐ Rent-burdened
☐ Displaced by ☐ Public Action ☐ Sanitary Code ☐ Natural Forces ☐ Other _____

APPLICATION FOR ADMISSION

Note: In order to be eligible to become a resident at The Homestead, an applicant must be in reasonably good health for their years, with no major medical conditions. In addition to this application, we require the submission of our Physician's Summary Form dated within the last 30 days and a brief cognitive assessment completed at the time of interview.

Today's date: _____

1. Applicant's full legal name _____

2. Address: _____

3. Phone number: _____

4. Age: _____ Birthdate: _____ Place of Birth: _____

5. Sex: _____ Marital status (single, married, divorced or widowed): _____

6. Name of spouse or former spouse: _____

7. Occupation (former if retired): _____

8. Name, address and phone # of person responsible for rent payment: _____

9. Name, address and phone # of next of kin: _____

_____ Relationship: _____

10. Name, address and phone # of person designated power of attorney: _____

_____ Relationship: _____

11. List names, addresses, phone numbers and relationship of other living relatives:

Name	Address	Phone	Relationship
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

12. Give three references who are not family members:

Name	Address	Phone	Relationship
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Since The Homestead is not licensed as a nursing home, it is necessary that applicants for admission meet certain requirements. Your answers to the following questions will help us to determine eligibility as well as type of care needed during residency.

1. Are you able to walk unaided? _____ Is a cane or walker needed for walking? _____

2. Can you use the stairs? _____

3. Do you wear glasses? _____

4. Do you wear dentures? Upper _____ Lower _____ None _____

5. Are you hard of hearing? _____

6. Hearing aid? Left _____ Right _____

7. Are you able to dress unaided? _____ To bathe unaided? _____

8. Are you able to eat meals in the dining room? _____

9. Do you have any food allergies or special dietary requirements? _____

10. Do you have difficulties with your bowels/bladder? (please explain) _____

11. Do you have any other physical or mental problems? _____

12. Do you smoke? If so, how much? (The Homestead is a non-smoking environment) _____

13. Do you drink alcohol? If so, how much? _____

14. Are you able to take your own medications? _____

15. Name of physician: _____

16. Comments: _____

The information which I have given above is true and accurate.

Signature