

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:

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
Male, Female, etc.
- ☐ ETHNICITY: Hispanic/Latino Non-Hispanic/Non-Latino ☐ RACE: Asian, Black or African American, White, American Indian or Alaskan Native,
Pacific Islander or Native Hawaiian, Other or Multi-Racial, Client Refused

- ☐ 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 Explain: |
| <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 for Environmental Allergies | <input type="radio"/> Personal Care Attendant |

- ☐ 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 Details

- ☐ 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

AddressLine 1

Apt # or "care of" name

City

State

Zip

- ☐ BEST MAILING ADDRESS

Address Line 1

Apt # or "care of" name

City

State

Zip

- ☐ # BEDROOMS NEEDED? ☐ SPECIAL CIRCUMSTANCES? (*some programs may grant you priority status*)

- ☐ Disability ☐ Elder ☐ Local Resident ☐ Local Employee ☐ Local Student ☐ Homeless Vet. ☐ Fleeing Dom. Viol.
- ☐ Rent-burdened 40% ☐ Rent-burdened 50% ☐ HUD VAWA Certification ☐ Victim of Hate Crime.
- Displaced by: ☐ Urban Renewal ☐ Sanitary Code ☐ Natural Forces ☐ Other _____

YWCA IS ON A MISSION



eliminating racism
empowering women
ywca

YWCA Southeastern MA Application for Low Income Permanent Housing

Instructions:

THIS ENTIRE APPLICATION MUST BE FILLED OUT COMPLETELY AND SIGNED BEFORE BEING CONSIDERED FOR RESIDENCY.

Single Room Occupancy Housing for Women.

Residents must agree to meet with staff to work on goals and objectives stipulated prior to being accepted.

Free YWCA Membership is offered.

Minimum program participation is 3 months.

Basic Information

Name: _____

Date of Birth: _____

Telephone: _____

Email: _____

Expected length of occupancy? _____

Finalized October 4, 2019

YWCA Southeastern Massachusetts
20 South Sixth Street
New Bedford, MA 02740
P 508.999.3255 F 508.999.2802
E info@ywcasema.org
www.ywcasema.org

☐ Native American ☐ Asian ☐ Caucasian ☐ African American

☐ Hispanic /Latina ☐ Cape Verdean ☐ Other

Work Phone:

Highest Level of Education: ___High School ___Some College
___Associates Degree Bachelor's Degree Master's Degree

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E info@vwcasema.org
www.vwcasema.org



Are you currently attending school? ____Yes ____No

Are you attending full-time or part-time? ____Yes ____No

Where? _____

Employment Information

Are you currently employed? ____Yes ____No

If yes, please answer the following questions.

Employer: _____

Address: _____

Position: _____

Start Date: _____ Hours per week: _____

Salary: _____ week / Month / Year _____

Supervisor: _____

Contact Phone: _____

Are you working full-time or part-time? _____

Other source of income

Do you receive other sources of income (SSDI/SSI/TAFDC/Alimony), not represented on this application?

____Yes ____No

If so, please tell us from whom and how much you are receiving in the monthly period.

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Accessible Preference:

Priority will be given to applicants with disabilities who require an accessible unit.

Check here if you have a disability requiring accessible accommodations. If the applicant is selected, verification will be required.

Sensory Disability Preference

One of the rooms will be marketed with a preference for an applicant with a sensory (hearing or visual) disability.

Check here if you have a sensory disability requiring visual or hearing accommodations. Verification will be required from a licensed health professional.

References:

Name and occupation	Address	Telephone Number

Occupancy Information:

Present address:

Length of time at this
address _____

Reason for leaving: _____

Were you asked to leave by the landlord: ☐ Yes ☐ No

May we contact landlord? ☐ Yes ☐ No

Present landlord's name: _____



Phone: _____

Complete address: _____

Describe your current living situation and why you would like to live at the YWCA.

Have you ever stayed at a shelter/Transitional Housing program before
_____Yes _____No

Shelter/Transitional Housing Name: _____

Length of Stay _____

Dates: _____

Homelessness:

You may certify that you are homeless below. Verification of homeless status is required from a social worker, case manager or similar professional once a unit is available.

Check all that apply:

- _____ I lack a fixed, regular and adequate nighttime residence
_____ I live in a public or private place not designated for, or ordinarily used as, a regular sleeping accommodation for human beings.
_____ I have a primary nighttime residence in a supervised, publicly or privately, operated shelter for temporary accommodations.
_____ I am sharing the housing of other persons due to loss of housing, economic hardship, or a similar reason.
_____ I live in a motel, hotel, trailer park, or camping ground due to the lack of alternative adequate accommodations.

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Agreement:

The undersigned warrants and represents that all statements herein are true and that my residency may be terminated if any statement made is incomplete or not true. Your signature gives written consent to the YWCA Southeastern Massachusetts to verify information in this application including, but not limited to, criminal history and rental history. I understand that the information attested to in this application may be independently verified for the purpose of determining eligibility. Your signature below gives consent to management to verify the information contained on this application.

Applicant Signature

Date

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20 South Sixth Street
New Bedford, MA 02740
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E info@ywcasema.org
www.ywcasema.org



YWCA Southeastern MA
Application for Low Income Permanent Housing

Preliminary Enrollment Requirements

**THIS ENTIRE APPLICATION MUST BE FILLED OUT COMPLETELY AND SIGNED
BEFORE BEING CONSIDERED FOR RESIDENCY**

1. Please note this is a preliminary application and gives no lease or tenant rights. An interview is required of all applicants. As a Low Income Permanent Housing Program and not an emergency shelter, not everyone is accepted. Those who are accepted must continually meet with Residency Staff and will have goals and objectives stipulated prior to entering.
2. If accepted, the minimum transitional residence period is 3 months.
3. The YWCA requires a two week written notice when leaving the residency program.
4. The YWCA is not responsible for clothing/articles left after 7 days from departure. Articles left after this time will be donated to charity.
5. Program fees are due one month in advance - no later than the 5th of the month. Failure to remain current with program fees can be cause for termination.
- 6 The YWCA assumes no responsibility for the loss or damage to property by fire, theft, or any other cause. Rooms are to be kept locked at all times.
7. Consideration of people and cooperation concerning activities and rules are expected. Residency privileges may be restricted or terminated at the discretion of residence staff.

I have read the above abbreviated Residence Policies, and if accepted as a resident I agree to comply with these policies.

Signature _____ Date _____

Telephone # _____ Email Address _____

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YWCA Southeastern MA
Application Checklist for Low Income Permanent Housing

IMPORTANT:

All questions must be filled in with the information requested or with "N/A" for "not applicable". Otherwise, the application will be considered incomplete and will not be entered into the lottery.

DO NOT LEAVE ANY QUESTIONS BLANK.

Completed and signed applications will be processed in the order in which they are received. Applications will be assigned a number for the lottery and then retained in the order in which they were drawn during the lottery.

Please return completed applications in person or by mail to:

YWCA Southeastern MA
Residential Services Department
20 South Sixth Street
New Bedford, MA 02740

You may also email your completed application to info@ywcasema.org

For more information please call 508-999-3255 or email info@ywcasema.org

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