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| **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.

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| **Basic Information** |

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_

Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Expected length of occupancy? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**November, 2019**

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| **Ethnicity (optional)** |

Native American Asian Caucasian African American

Hispanic /Latina Cape Verdean Other

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| **Emergency Information** |

Emergency Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street City State Zip

Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Work Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| Background |

Have you been convicted of a felony in the past 10 years? If so, please explain:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| Education |

Highest Level of Education: \_\_\_High School \_\_\_Some College \_\_\_Associates Degree

\_\_\_Bachelor’s Degree \_\_\_Master’s Degree

Are you currently attending school? \_\_\_Yes No\_\_\_

Are you attending full-time or part-time? \_\_\_\_\_\_\_\_\_\_

Where?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| Employment Information |

Are you currently employed? \_\_\_Yes \_\_\_No

If yes, please answer the following questions.

Employer:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Hours per week: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Hourly Rate: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| 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.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**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.

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| **References:** |

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| **Name and occupation** | **Address** | **Telephone Number** |
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| **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 hardhship, 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

**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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**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**](mailto:info@ywcasema.org)

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