



Central Massachusetts

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ywcacm.org

Dear Applicant,

Thank you for your interest in the YWCA Central Massachusetts Transitional Housing Program (THP). Please take the time to thoroughly review the requirements and complete the attached application.

The YWCA houses up to 40 women in dormitory style rooms. Each resident is assigned a private room furnished with a small refrigerator, desk, bureau, twin size bed and a large closet. Community amenities include a fully supplied kitchen (pots/pans, dishes, utensils, etc.), bathrooms with showers, laundry facilities, and a common space with television. All residents also have access to the agency's health and fitness center which includes unlimited use of the pool, drop-in fitness classes, and the strength and cardio room.

Prospective residents must have a source of income and be employed and/or enrolled and attending school for a minimum of 30 days at the time of applying for THP. If accepted into the program, goals and objectives are stipulated prior to moving in.

All applicants are required to undergo an interview to determine eligibility. The interview does not guarantee housing nor give or imply lease or tenant rights. It is designed to help applicants and the program staff ensure that THP is a proper fit for the applicant.

Program/acceptance fees include:

\$370.50 (Monthly rent. First month shall be prorated based on start date.)

45.00 (Membership fee-Valid for one year)

2.00 (Key deposit returned when vacating)

Currently the program is full and there is a wait list of prospective tenants that have gone through the interview process and been accepted into the program. If you would like to be considered for the program, please complete the attached application entirely and return it to my attention. When we receive your completed application, we will review it to determine your initial eligibility and you will be notified of your initial status within seven business days.

Sincerely,

Christi-an Austin

Program Manager, Transitional Housing

T: 508-767-2505 ext. 3020

Application for Transitional Housing Program

Instructions:

*THIS APPLICATION MUST BE COMPLETED FULLY & SIGNED IN ORDER TO BE CONSIDERED FOR RESIDENCY. INCOMPLETE APPLICATIONS **WILL NOT** BE ACCEPTED*

- Residents must be single adult women (18 years or older), unaccompanied by child(ren)
- Residents must agree to meet with staff to set goals and objectives prior to being accepted
- A YWCA Passport Membership is required and must be renewed every year on your anniversary date. Memberships from other YWCA's will be honored for the first year.
- The MINIMUM program stay is eight weeks
- Every applicant must be working and/or attending school full time for a minimum of 30 days prior to the interview process, and maintain employment and/or enrollment while residing in the program.

Basic Information:

Name: _____

Social Security #: _____ - ____ - _____ Date of Birth: _____ Telephone # : (____)-____-_____

Email Address: _____ Current Address: _____

Mother's Name: _____ (Street)

Address: _____

Father's Name: _____ (City) (State) (ZIP)

Address: _____ Desired Dates of occupancy: _____

Emergency Information:

Emergency Contact's Name: _____ Address: _____

Relationship: _____ Telephone #:(____)-____-_____ Alt. Phone #:(____)-____-_____

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T: 508.767-2505 ext.3020 F: 508.754.0496 www.ywcacm.org

Background Information:

Have you ever rented before? Yes No

Have you ever stayed at a shelter or transitional housing program before? Yes No

If yes, what was the name of the shelter or transitional housing program? _____

Length of Stay: _____ - _____ **Currently living at Shelter or THP** Yes No
(Move in date) (Move out date)

Have you been convicted of a felony in the past 10 years? Yes No

If yes, please explain:

Education:

Highest Level of Education: Primary School High School College Vocational

Are you currently attending school? Yes No

If yes, what is the name of the school? _____

Are you attending Full-time or Part-time?

Employment:

Are you currently employed? Yes No

If yes, what is the name of your employer? _____ Full-time Part-time

Employer Address: _____ Telephone #: (____)-____-____

Position/Job Title: _____ Start Date: _____ Hours per Week: _____

Salary: _____ Hourly Weekly Monthly Yearly

Supervisor's Name: _____ Telephone #: (____)-____-____

Other Sources of Income:

Do you receive any other sources of income not yet mentioned (SSD/SSI/TAFDC/Alimony)? Yes No

If yes, what is the source of income? _____ Amount Monthly: _____

References: (Must not be related to you)

Name & Occupation	Address	Telephone Number

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Occupancy Information:

Present Address: _____
(Street) (City) (State) (ZIP)

Length of time at present address: _____ - _____ **Presently living at this address?** Yes No
(Move in date) (Move out date)

Reason for Leaving: _____

Where you asked to leave by the landlord? Yes No **May we contact the landlord?** Yes No

Present Landlord's Name: _____ **Telephone #:** (____)-____-_____

Complete Address: _____
(Street) (City) (State) (ZIP)

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

Previous Address: _____
(Street) (City) (State) (ZIP)

Length of time at previous address: _____ - _____
(Move in date) (Move out date)

Reason for Leaving: _____

Where you asked to leave by the landlord? Yes No **May we contact the landlord?** Yes No

Previous Landlord's Name: _____ **Telephone #:** (____)-____-_____

Complete Address: _____
(Street) (City) (State) (ZIP)

Describe your previous living situation :

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. My signature gives written consent to the YWCA Central Massachusetts to verify information in this application including, but not limited to, criminal history, and rental and credit history. I understand that the information attested to in this application may be independently verified for the purpose of determining eligibility. My signature below gives consent to management to verify the information contained on this application.

Applicant Signature: _____ **Date:** _____

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Application for Transitional Housing Program

Preliminary Enrollment Requirements & Abbreviated Residence Policies

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

1. This is a preliminary application and does not give nor imply lease or tenant rights to the applicant. An interview is required of all applicants. As a transitional housing program and not an emergency shelter, not everyone is accepted. Those who are accepted must regularly meet with Residential Staff, and abide by the guidelines of the program. Goals and objectives will be stipulated prior to entering THP.
2. A YWCA Passport Membership is required and must be renewed every year on the applicant's anniversary date. Memberships from other YWCAs will be honored.
3. If accepted the minimum transition period is 8 weeks, the maximum stay is 2 years.
4. **Every applicant must be working and/or attending school for a minimum of 30 days prior to being interviewed, and maintain employment and/or attending school throughout their residency. A current source of income is required if attending school.**
5. The YWCA requires a two week written notice when vacating the program. In the event that resident vacates without sufficient notice, an additional week of program fees will be required.
6. The YWCA is not responsible for clothing or other personal items left after 30 days from departure. Items left after this time will be donated to a charity.
7. Program fees are due on the first of the month. Failure to remain current on program fees can be cause for termination.
8. The YWCA assumes no responsibility for the property loss or damage due to fire, theft or any other causes. Dormitory rooms are to remain locked at all times.
9. If a resident parks their car in the YWCA lot, it must be registered with the Residency Office and parked against the fence near the library.
10. The transitional Housing Program is a community living environment; therefore, consideration of other residents and cooperation concerning activities and rules are expected. Residency privileges may be restricted or terminated at the discretion of Residential Staff.
11. A resident may be terminated at the discretion of the Residence Director.

My signature below indicates that I have read the above preliminary enrollment requirements and abbreviate Residence Policies. If accepted, I agree to abide by these policies. I understand that this application does not give nor imply a lease or tenant rights.

Applicant Signature: _____ **Date:** _____

Telephone #: (____)-____-____ **Email Address:** _____

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