

## 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 four 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 #: (\_\_\_\_)-\_\_\_\_-\_\_\_\_\_

## 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: \_\_\_\_\_ - \_\_\_\_\_  
(Move in date) (Move out date) Currently living at Shelter or THP ☐Yes ☐No

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

If yes, please explain:

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## 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

## 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:**

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**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 :**

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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. 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:** \_\_\_\_\_

YWCA of Central Massachusetts, 1 Salem Square Worcester, MA 01608  
T: 508.767-2505 ext.3073 F: 508.754.0496 [www.ywcacentralmass.org](http://www.ywcacentralmass.org)

## 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 Member ship 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 4 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 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.
6. Program fees are due a week in advance- no later for than Friday night. Failure to remain current on program fees can be cause for termination.
7. 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.
8. 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.
9. 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.
10. 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:** \_\_\_\_\_