YWCA Transitional Housing Program

Application

Instructions:

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

Preliminary Enrollment Requirements:

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.
2. Residents must be women, 18 years of age and older, unaccompanied by child(ren).
3. Pets, other than service animals, are not allowed.
4. Program fees of $500 are due on the First of the Month. Failure to remain current on program fees will be cause for termination.
5. The program lease is month to month.
6. The Transitional Housing Program is a community living environment; therefore, consideration of other residents and cooperation concerning activities and rules are expected.
7. Individuals who are accepted must regularly meet with YWCA program staff, and abide by the guidelines of the program. Advocacy and support services are available, but not mandated.
8. A resident may be terminated at the discretion of the Manager of the Transitional Housing Program.

*My signature below indicates that I have read the above preliminary enrollment requirements. I understand that this application does not give nor imply a lease or tenant rights.*

Applicant Signature: ____________________________  Date: ________________
Housing Application

Name: _______________________________________________________________

Social Security #: _____-__-______ Date of Birth: ___/____/____

Telephone #: (___)-____-______ Email Address: __________________________

Current Address: ______________________________________________________

(Street) ___________________________________________________________________

(City) ____________________ (State) ____________________ (ZIP) __________

Desired Date of occupancy: _____________________________

EMERGENCY CONTACT

Emergency Contact’s Name: _____________________________________________

Telephone #: (___)-____-______ Relationship: ______________________________

HOUSING 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)

Are you currently living at Shelter or THP ☐Yes ☐No

Length of time at present address: ____________ - ____________

(Move in date) (Move out date)

Presently living at this address? ☐Yes ☐No

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 #: (___)-___-_____

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:
______________________________________________________________________

May we contact the landlord? □Yes □No
Previous Landlord’s Name: ____________________ Telephone #: (___)-___-_____

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 □Full-time □Part-time
If yes, what is the name of your employer? ________________________________
Employer Address: ________________________________ Telephone #: (___)-___-_____
Position/Job Title: ________________________________ Start Date: ____________
Hours per Week: __________
Salary: ________________ □Hourly □Weekly □Monthly □Yearly
Supervisor’s Name: ________________________________ Telephone #: (___)-___-_____

3
OTHER SOURCES OF INCOME

Please list all other sources of income
Second Job: __________________________________________
Alimony: ____________________________________________
Child Support: ______________________________________
Pension/Annuity: _____________________________________
SSI: ________________________________________________
SSDI: ________________________________________________
TANF: ______________________________________________
Unemployment: _______________________________________
Veteran’s Benefits: ____________________________________
Workers Compensation: ________________________________
Other: ______________________________________________
Other: ______________________________________________

Please list all assets
Checking Account(s): _________________________________
Savings Account(s): _________________________________
Certificates of Deposit: _______________________________
Trust Account: _______________________________________
Savings Bonds: ______________________________________
Life Insurance Policy: ________________________________
IRA: ________________________________________________
Pension: ____________________________________________
Annuity: ____________________________________________
Stocks or Bonds: _____________________________________
Mutual Funds: _______________________________________
Money Market Funds: _________________________________
Property for Investment: ______________________________
Other: ______________________________________________
List all lump sums you have received in the past 12 months
Family or friends: _____________________________________________
Inheritance: _________________________________________________
Insurance Settlement: _________________________________________
Lottery Winnings: _____________________________________________
Mortgage or Deed: _____________________________________________

Have you in the past 12 months...
Withdrawn funds from any account: _______________________________
Disposed of any assets: _________________________________________
Received interest from personal property: ___________________________

Do you....
Own real estate: ______________________________________________
Own rental property: ___________________________________________
Own other assets: ______________________________________________

REFERENCES Please provide 3 references (must not be related to you)

1.) Name: ___________________________________________________
    Address: _________________________________________________
    Telephone Number: ________________________________________

2.) Name: ___________________________________________________
    Address: _________________________________________________
    Telephone Number: ________________________________________

3.) Name: ___________________________________________________
    Address: _________________________________________________
    Telephone Number: ________________________________________
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 my income and information in this application including, but not limited to, criminal history, and rental and credit history.

My signature below gives consent to management to verify the information contained on this application.

Applicant Signature: ____________________________ Date: __________

Please return this completed application along with the following:

- CORI Acknowledgement Form
- First Page of Latest Tax Form
- Employment Verification Letter
- Statement of SSI/SSDI Benefits
- Documentation of Assets

TO: YWCA Central Massachusetts, attention: Shimeca Wilson, Transitional Housing Program Manager, 1 Salem Square, Worcester, MA 01606