

## 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. The Transitional Housing Program is a community living environment; therefore, consideration of other residents and cooperation concerning activities and rules are expected.
5. Individuals who are accepted must pay first and last month's rental amounts to move into the program.
6. The program lease is month to month.
7. Rent is due on the First of the Month. Failure to remain current in rental payments will be cause for termination.
8. 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.
9. 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

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

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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?

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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:

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Were you asked to leave by the Landlord or Program/Shelter Manager? Yes No

May we contact the Landlord/Manger? Yes No

Present Landlord's Name: \_\_\_\_\_ Telephone #: (\_\_\_\_)-\_\_\_\_-\_\_\_\_\_

## REFERENCES

**Provide the full name and address of Landlords or Officials at other places you have lived over the last five years or past two residences, whichever is more inclusive (include shelters).**

**Previous Address:** \_\_\_\_\_

Street City State Zip

Name of Previous Landlord: \_\_\_\_\_ Tel: \_\_\_\_\_

Address of Landlord: \_\_\_\_\_

Street City State Zip

Monthly rent \$\_\_\_\_\_ Average monthly utility bills \$\_\_\_\_\_ (except telephone)

Length of Residence: \_\_\_\_\_ Reasons for moving? \_\_\_\_\_

**Previous Address:** \_\_\_\_\_

Street City State Zip

Name of Previous Landlord: \_\_\_\_\_ Tel: \_\_\_\_\_

Address of Landlord: \_\_\_\_\_

Street City State Zip

Monthly rent \$\_\_\_\_\_ Average monthly utility bills \$\_\_\_\_\_ (except telephone)

Length of Residence: \_\_\_\_\_ Reasons for moving? \_\_\_\_\_

**Character references. They must have known you for one (1) year or more and not be related to you.**

Name of Character Reference \_\_\_\_\_

Telephone \_\_\_\_\_ Address \_\_\_\_\_

Name of Character Reference \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_

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

## 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: \_\_\_\_\_

*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
- Copies of Eight Paystubs
- Current Statement of SSI/SSDI Benefits
- Documentation of Assets

Copy of your Valid State I.D or Driver's License

TO: YWCA Central Massachusetts, Attention: Shimeca Wilson Cathey,

Transitional Housing Program Manager, 1 Salem Square, Worcester, MA 01608