

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:

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:

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



THE COMMONWEALTH OF MASSACHUSETTS
EXECUTIVE OFFICE OF PUBLIC SAFETY AND SECURITY
Department of Criminal Justice Information Services
200 Arlington Street, Suite 2200, Chelsea, MA 02150
TEL: 617-660-4640 | TTY: 617-660-4606 | FAX: 617-660-5973
MASS.GOV/CJIS



**Criminal Offender Record Information (CORI)
Acknowledgement Form**

To be used by organizations conducting CORI checks for employment, volunteer, subcontractor, licensing, and housing purposes.

_____ is registered under the
(Organization)
provisions of M.G.L. c.6, § 172 to receive CORI for the purpose of screening current and otherwise qualified prospective employees, subcontractors, volunteers, license applicants, current licensees, and applicants for the rental or lease of housing.

As a prospective or current employee, subcontractor, volunteer, license applicant, current licensee, or applicant for the rental or lease of housing, I understand that a CORI check will be submitted for my personal information to the DCJIS. I hereby acknowledge and provide permission to _____
(Organization)

to submit a CORI check for my information to the DCJIS. This authorization is valid for one year from the date of my signature. I may withdraw this authorization at any time by providing _____
(Organization)

with written notice of my intent to withdraw consent to a CORI check.

FOR EMPLOYMENT, VOLUNTEER, AND LICENSING PURPOSES ONLY:

The _____ may conduct
(Organization)
subsequent CORI checks within one year of the date this Form was signed by me, provided, however, that
_____, must first provide me
(Organization)
with written notice of this check.

By signing below, I provide my consent to a CORI check and affirm that the information provided on Page 2 of this Acknowledgement Form is true and accurate.

Signature of CORI Subject

Date



THE COMMONWEALTH OF MASSACHUSETTS
EXECUTIVE OFFICE OF PUBLIC SAFETY AND SECURITY
Department of Criminal Justice Information Services
200 Arlington Street, Suite 2200, Chelsea, MA 02150
TEL: 617-660-4640 | TTY: 617-660-4606 | FAX: 617-660-5973
MASS.GOV/CJIS



SUBJECT INFORMATION

Please complete this section using the information of the person whose CORI you are requesting.
The fields marked with an asterisk (*) are required fields.

* First Name: _____ Middle Initial: _____

* Last Name: _____ Suffix (Jr., Sr., etc.): _____

Former Last Name 1: _____

Former Last Name 2: _____

Former Last Name 3: _____

Former Last Name 4: _____

* Date of Birth (MM/DD/YYYY): _____ Place of Birth: _____

* Last **SIX** digits of Social Security Number: ____ -- ____ ☐ No Social Security Number

Sex: _____ Height: ____ ft. ____ in. Eye Color: _____ Race: _____

Driver's License or ID Number: _____ State of Issue: _____

Father's Full Name: _____

Mother's Full Name: _____

Current Address

* Street Address: _____

Apt. # or Suite: _____ *City: _____ *State: _____ *Zip: _____

SUBJECT VERIFICATION

The above information was verified by reviewing the following form(s) of government-issued identification:

Verified by:

Print Name of Verifying Employee

Signature of Verifying Employee

Date