



Central Massachusetts

Application for Transitional Housing

Instructions:

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

Residents must be single adult women without children, 18 years of age and older.

Residents must agree to meet with staff to work on goals and objectives stipulated 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.

Minimum program participation is four weeks.

Every applicant must be working, attending school full-time prior to the interview process (a minimum of 30 days), and continue throughout their residency.

Basic Information

Name: _____

Social Security #: _____ Date of Birth: _____

Telephone: _____

Email: _____

Current Address: _____
Street City State Zip

Father's Name: _____ Address _____

Mother's Name: _____ Address _____

What are your desired dates of occupancy? _____

Emergency Information

Emergency Contact: _____

Address: _____

Relationship: _____

Home Phone _____ Cell Phone _____

Background

Have you ever rented before? Yes No

Have you ever stayed at a shelter/
Transitional housing program before? Yes No

Shelter/Transitional Housing Name _____

Length of Stay _____ Dates _____

Have you been convicted of a felony in the past 10 years? If so, please explain:

Education

Highest Level of Education Grammar School High School College

Are you currently attending school? Yes No

Are you attending full-time or part-time? _____ Where? _____

Employment Information

Are you currently employed? Yes No

If yes, please answer the following questions.

Employer: _____

Address: _____

Position: _____

Start Date: _____

Hours per Week: _____ Salary: _____ Week / Month / Year

Supervisor: _____

Contact Phone: _____

Are you working full-time or part-time? _____

Other Sources of Income

Do you receive other sources of income (SSD/SSI/TAFDC/Alimony), not represented on this application?
Yes No

If so, please tell us from whom and how much are you receiving in a monthly period. _____

References

Names, addresses and telephone numbers of three references (not related to you):

NAME and OCCUPATION	ADDRESS	TELEPHONE NUMBER

Occupancy Information

Present Address _____

(Street) (City) (State) (Zip Code)
Length of Time at Present Address _____ (Date From) _____ (Date To) _____

Reason for Leaving _____

Were you asked to leave by the landlord? Yes No

May we contact landlord? Yes No

Present Landlord's Name _____ (Phone) _____

Complete Address _____

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

Previous Address _____

(Street) (City) (State) (Zip Code)
Length of Time at Previous Address _____ (Date From) _____ (Date To) _____

Reason for Leaving _____

Were you asked to leave by the landlord? Yes No

May we contact landlord? Yes No

Present Landlord's Name _____ (Phone) _____

Complete Address _____

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

Applicant Signature _____

Date _____



Central Massachusetts

Application for Transitional Housing

Preliminary Enrollment Requirements

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

1. Please note this is a preliminary application and gives no lease or tenant rights. 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 continually meet with Residency Staff and will have goals and objectives stipulated prior to entering.
2. A YWCA Passport Membership is required and must be renewed every year on your anniversary date. Memberships from other YWCA's will be honored.
3. If accepted, the minimum transitional residence period is 4 weeks, maximum length of stay is 2 years.
4. **Every applicant must be working full-time (a minimum of 30 days), or attending school prior to being interviewed, and continue throughout their residency. A current source of income is required if attending school full-time.**
5. The YWCA requires a one week written notice when leaving the residency program. In the event a resident leaves without sufficient notice an additional week of program fees (i.e. \$78.50/\$82.50) will be required.
6. The YWCA is not responsible for clothing/articles left after 30 days from departure. Articles left after this time will be donated to charity.
7. Program fees (i.e. \$78.50/\$82.50) are due one week in advance – no later than Friday night. Failure to remain current in the program fees can be cause for termination.
8. The YWCA assumes no responsibility for the loss or damage to property by fire, theft, or any other cause. Dormitory rooms are to be kept locked at all times.
9. If you park your car in the YWCA lot it must be registered with the Residency Office and parked up against the fence by the library.
10. Consideration of people and cooperation concerning activities and rules are expected. Residence privileges may be restricted or terminated at the discretion of residence staff.
11. A resident may be terminated at the discretion of the Residence Director.

I have read the above abbreviated Residence Policies, and if accepted as a resident I agree to comply with these policies.

Date _____ Signature _____

(Full signature – no printing)

Telephone # _____ Email Address _____