



YWCA OF WESTERN MASSACHUSETTS Supportive Housing Program



APPLICATION FOR HOUSING

Program Description

The YWCA Supportive Housing Program is an 18-24 month supportive housing program that is designed to help women achieve independent living situations within the community. Monthly rent provides women with an apartment, laundry facilities, case management services and group meetings. Residents set self-sufficiency goals with a case manager and work toward the achievement of those goals by participating fully in the program.

Criteria for Acceptance and Participation:

- Applicant must have a history of being a victim of domestic violence, dating violence, sexual assault or stalking *and submit certification form*

Definitions:

A. *Domestic Violence* – includes actual or threatened acts of violence committed by a current or former spouse of the victim, by a person with whom the victim shares a child in common, by a person who is cohabiting with or has cohabited with the victim as a spouse or partner or by any other person against an adult or youth victim who is protected from that person's acts under the domestic or family violence laws of the jurisdiction. Domestic violence can be physical, sexual, emotional, economic, or psychological actions or threats of actions that influence another person. This includes any behaviors that intimidate, manipulate, humiliate, isolate, frighten, terrorize, coerce, threaten, blame, hurt, injure, or wound someone.

B. *Dating Violence* – violence committed by a person who is or has been in a social relationship of a romantic or intimate nature with the victim; and where the existence of such a relationship shall be determined based on a consideration of the following factors:

- ✓ The length of the relationship
- ✓ The type of relationship
- ✓ The frequency of interaction between the persons involved in the relationship

C. *Sexual Assault*-defined as any type of sexual contact or behavior that occurs without the explicit consent of the recipient of the unwanted sexual activity. Falling under the definition of sexual assault is sexual activity such as forced sexual intercourse, sodomy, child molestation, incest, fondling, and attempted rape.

D. *Stalking* – means –
(A) (i) to follow, pursue, or repeatedly commit acts with the intent to kill, injure, harass, or intimidate another person; and (ii) to place under surveillance with the

intent to kill, injure, harass or intimidate another person; **and**

(B) in the course of, or as a result of, such following, pursuit, surveillance or repeatedly committed acts, to place a person in reasonable fear of the death of, or serious bodily injury to, or to cause substantial emotional harm to –

(i) that person;

(ii) a member of the immediate family (spouse, parent, brother, sister, or child of that person)

(iii) any other person living in the household of that person and related to that person by blood or marriage of that person; or

(iv) the spouse or intimate partner of that person;

E. **Perpetrator** – means person who commits an act of domestic violence, dating violence sexual assault or stalking against a victim.

- Applicant must be homeless or on the verge of homelessness: An individual is considered homeless if she is
 - ✓ sleeping in an emergency domestic violence shelter
 - ✓ residing in other transitional housing program for domestic violence for past 12 months and unable to identify long-term permanent housing option
 - ✓ aging out of a Teen Living Program and unable to identify long-term permanent housing option
 - ✓ being discharged from a correctional facility and having no subsequent residence identified and lacking the resources and support networks needed to obtain access to housing.
 - ✓ Living in other homeless shelter/program as a result of domestic violence, stalking, sexual assault or dating violence
 - ✓ We will also consider applications from those who have discharged from one of the above and a supportive housing program would assist them in becoming more self-sufficient

Documentation necessary to determine eligibility will include letter of referral/reference from such organization in which person resides when the application comes to the top of waitlist

- Applicant must be a resident of Hampden County
- Applicant must be currently involved in employment, employment training, school or volunteer work (or a combination thereof) for at least 30 hours per week and submit verification of current status or pending enrollment in such activity

Application Process

An interview will be scheduled when an apartment is becoming available. Verification of income is required; the process will be much quicker if verification is attached to this application.

1. Applicant must complete an application and be interviewed by the YWCA's Supportive Housing Program staff to determine her eligibility and the YWCA's ability to meet her needs (see attached for specific application instructions).
2. Applicant must demonstrate ability to pay for electricity in the unit. The applicant must also pay an **initial security deposit equal to 1st months rent**.
3. Applicant must be free from drug or alcohol dependence.
4. Applicant must be willing to work on an individualized self-sufficiency plan and meet with a case manager weekly or bi-weekly
5. Applicant must be 18 years or older.
6. Applicant must demonstrate the ability to live with a diverse population of women and to respect different lifestyles and choices.
7. Applicant must be engaged in 30 hours of weekly employment, volunteering or educational activities
8. Applicant understands that this is a supportive living environment and overnight visitors will not be allowed. Violation of this policy is grounds for eviction.
9. Group programming and tenant meetings are mandatory

Agreement to participate in services

I, _____ have applied for residency at the YWCA. If accepted into the program, I agree to abide by the conditions listed above, and I understand that the purpose of the program is to help me achieve greater independence.

Applicant _____ Date _____



APPLICATION FOR HOUSING

Please Print Clearly

Project: YWCA Supportive Housing Program	Application Received: Date: _____ Time: _____
Address: 62 Marcia Haas Circle, Springfield, MA 01118 Telephone: (413) 732-3121	
Referral Information: Referring Agency: _____ Contact Name: _____ Address: _____ Telephone #: _____ Fax #: _____ E-mail Address: _____	

Applications are placed in order of date and time received. An applicant may be interviewed only after the receipt of this tenant application.

A. GENERAL INFORMATION

Applicant Name: _____

Current Residence or Contact Information Address: _____

Telephone Number: _____ Hours you can be reached: _____

Email address: _____

Bedroom size requested: Studio BR Three BR Handicap BR

B. HOUSEHOLD COMPOSITION

	Name	Relationship to head	Birth Date	Age (optional)	SS#	Student Y/N
1.		Head				
2.						
3.						
4.						
5.						

Have there been any changes in household composition in the last twelve months? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
<i>If yes, explain:</i>					
Do you anticipate any changes in household composition in the next twelve months? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
<i>If yes, explain:</i>					
Is there someone not listed above who would normally be living with the household? Yes No					
<i>If yes, explain:</i>					
6.					

Will **all** of the persons in the household be or have been full-time students during five calendar months of this year or plan to be in the next calendar year at an educational institution (other than a correspondence school) with regular faculty and students? Yes No

IF YES, ANSWER THE FOLLOWING QUESTIONS:

Are any full-time student(s) married and filing a joint tax return?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are any student(s) enrolled in a job-training program receiving assistance under the Job Training Partnership Act?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are any full-time student(s) a TANF or a title IV recipient?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are any full-time student(s) a single parent living with his/her minor child who is not a Dependant on another's tax return and whose children are not dependents of anyone other than a parent?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is any student a person who was previously under the care and placement of a foster care program (under Part B or E of Title IV of the Social Security Act)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

C. INCOME

List ALL sources of income as requested below. If a section doesn't apply, cross out or write NA.

Household Member Name	Source of Income	Gross Monthly Amount
	Social Security	\$
	Social Security	\$
	SSI Benefits	\$
	SSI Benefits	\$
	Pension (list source)	\$
	Veteran's Benefits (list claim #)	\$
	Unemployment Compensation	\$
	Unemployment Compensation	\$
	Title IV/TANF	\$
	Contributions to the Household (monetary or not)	\$
	Full-Time Student Income (18 & Over Only)	\$
	Financial Aid (grants & scholarships exceeding amount of tuition)	\$
	Interest Income (source)	\$

	Long Term Medical Care Insurance Payments in excess of \$180/day	\$
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Household Member Name	Source of Income	Monthly Amount
	Employment amount	\$
	Employer:	
	Position Held	
	How long employed:	
	Employment amount	\$
	Employer:	
	Position Held	
	How long employed:	
	Alimony	
	Are you <i>legally entitled</i> to receive alimony?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, list the amount you are <i>entitled</i> to receive.	\$
	Do you receive alimony?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes list amount you receive.	\$
	Child Support	
	Are you <i>legally entitled</i> to receive child support?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes list the amount you are <i>entitled</i> to receive.	\$
	Do you receive child support?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, list the amount you receive.	\$
	Other Income	\$
	Other Income	\$
TOTAL GROSS ANNUAL INCOME (Based on the monthly amounts listed above x 12)		\$
TOTAL GROSS ANNUAL INCOME FROM PREVIOUS YEAR		\$
Do you anticipate any changes in this income in the next 12 months?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Is any member of the household legally entitled to receive income assistance?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Is any member of the household likely to receive income or assistance (<i>monetary or not</i>) from someone who is not a member of the household)?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes to any of the above, explain:		
Is the income received?		<input type="checkbox"/> Yes <input type="checkbox"/> No

D. ASSETS			
If your assets are too numerous to list here, please request an additional form. If a section doesn't apply, cross out or write NA.			
Checking Accounts	#	Bank	Balance \$
Savings Accounts	#	Bank	Balance \$
Trust Account	#	Bank	Balance \$

Certificates	#	Bank	Balance \$
Life Insurance Policy	#		Cash Value \$
Mutual Funds	Name:	#Shares:	Interest or Dividend \$
Stocks &/or Bonds	Name:	#Shares:	Interest or Dividend \$
Investment Property			Appraised Value \$

Real Estate Property: <i>Do you own any property?</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If yes</i> , Type of property	
Location of property	
Appraised Market Value	\$
Mortgage or outstanding loans balance due	\$
Amount of annual insurance premium	\$
Amount of most recent tax bill	\$

Does any member of the household have an asset owned jointly with someone who is NOT a member of the household?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If yes</i> , describe:	
Do they have access to the asset(s)?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Have you sold/disposed of any property in the last 2 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If yes</i> , Type of property:	
Market value when sold/disposed	\$
Amount sold/disposed for	\$
Date of transaction:	

Have you disposed of any other assets in the last 2 years (For example, given money to relatives)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If yes</i> , describe the asset:	
Date of disposition:	
Amount disposed	\$

Do you have any other assets not listed above (excluding personal property)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If yes</i> , please list:	

E. ADDITIONAL INFORMATION		
Are you or any member of your family currently using an illegal substance?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you or any member of your family ever been convicted of a felony?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>If yes</i> , describe:		

F. EMERGENCY CONTACT

In case of emergency notify:	
Address:	
Relationship:	Phone #:

G. VEHICLE AND PET INFORMATION (if applicable)

List any cars, trucks, or other vehicles owned.

Type of Vehicle:	License Plate #:
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Year/Make:	Color:
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Type of Vehicle:	License Plate #:
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Year/Make:	Color:
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Do you have pets or any type of service and/or companion animal?	Yes	No
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If yes, describe

Will any or all of these animals also need housing?	Yes	No
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If yes please describe the species, age, and any other relevant characteristics of each animal: _____

If no please briefly describe where the animals will live, if you are accepted into transitional housing: _____

CERTIFICATION

I/We hereby certify that I/We Do/Will Not maintain a separate subsidized rental unit in another location. I/We understand I/We must pay a security deposit for this apartment prior to occupancy. I/We understand that my eligibility for housing will be based on applicable income limits and by management's selection criteria.

I/We certify that all information in this application is true to the best of my/our knowledge and I/We understand that false statements or information are punishable by law and will lead to cancellation of this application or termination of tenancy after occupancy. All adult applicants, 18 or older, must sign application.

SIGNATURE (S):

(Signature of Applicant)

Date

(Signature of Applicant)

Date

Applicant Background

A. How did you hear about the YWCA Supportive Housing Program?

B. Why are you requesting residency in the YWCA SHP?

C. Current living situation:

sleeping in an emergency domestic violence shelter

Shelter Name: _____

residing in other transitional housing program for domestic violence for past 12 months and unable to identify long-term permanent housing option

Program Name: _____

aging out of a Teen Living Program and unable to identify long-term permanent housing option

Program Name: _____

being discharged from a correctional facility and having no subsequent residence identified and lacking the resources and support networks needed to obtain access to housing

Facility Name: _____

residing in homeless shelter/program as a result of dating violence, stalking, sexual assault or dating violence

Facility Name: _____

prior resident in emergency DV shelter, homeless shelter/program, correctional facility, other transitional housing program or teen living program

Facility Name: _____; dates of stay _____

D. Previous Rental History

Number of prior evictions from housing when listed on the lease? _____

Reasons for Prior Evictions:

Date of last eviction? _____

- E. Do you currently have the ability to pay the deposit and turn on and maintain your electricity? ____Yes ____No
- F. Are you currently enrolled in school or a training program? ____Yes ____No
If yes, name of program? _____
hours/week _____
- G. Are you currently volunteering or performing community service? ____Yes ____No
If yes, where? _____
hours/week _____
- H. Are you currently employed? ____Yes ____No
If yes, where? _____
hours/week _____
- I. If you are not enrolled in the above, what is your plan to meet this program requirement?

J. Criminal Justice History:
Describe any history of arrests or convictions:

Describe any outstanding criminal justice issues:

K. Are there any legal and/or personal matters which could interfere with your taking possession and maintaining occupancy in this housing community? Explain

L. Please provide any information regarding any physical, emotional or psychiatric disabilities or challenges you have, which would be useful for us to know. We ask this with the sole purpose of understanding how we can best serve you and accommodate your needs, including your housing needs. You are welcome to skip this question or only include information you believe is relevant to your participation in Supportive Housing.

M. Are there any accommodations we can assist you with or provide, to ensure your ability to participate in this SH program? For example, wheelchair accessibility, TTY, large print or Braille, service animals, etc. You are welcome to skip this question or only include information you believe is relevant to your participation in Supportive Housing.

N. What do you hope to accomplish if accepted into the YWCA's SHP?

I certify the information in this application is true and correct. I authorize the YWCA Supportive Housing Program to contact the sources listed in this application for the purposes of verifying the accuracy of the information. In addition, I also authorize the YWCA Supportive Housing Program to conduct a search of National Sex Offender Public Registry as part of determining my eligibility for the program.

Signed: _____
(Name of Applicant)

Date: _____

Witnessed by: _____

Date: _____