



516 Chicopee Street  
Chicopee, MA 01013  
Phone: (413)594-3271  
Fax: (413)594-3273

## APPLICATION PROCESS

**Thank you for considering Valley Opportunity Council for your Housing needs!**

In order for your application to be considered you must provide the following documents for the entire household. All applications will be reviewed by staff in a timely manner. **INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED OR APPROVED!**

Please provide the following documents or the entire household attached to the application:

- MASS ID
- BIRTH CERTIFICATE
- SOCIAL SECURITY CARD
- PROOF OF HOMELESSNESS



Head of Household's **FIRST Name** as it appears on your birth certificate

Head of Household's **MIDDLE Name** write your full middle name, not just the initial

Head of Household's **LAST Name** (ex: Baez-Gonzalez)

Your Mother's **LAST Name WHEN SHE WAS A CHILD**

Answer this:  Yes  No Does the Head of Household have a Social Security Number? *If "Yes" you must provide the full SSN!*

Head of Household's SOCIAL SECURITY NUMBER	Head of Household's DATE OF BIRTH			GENDER
	Month	Day	Year	
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

<b>ETHNICITY</b> Also provide your race at right!	<b>RACE:</b> Asian, Black, White, Native American, Pacific Islander, Multi-racial Do <b>NOT</b> write Spanish, Hispanic, Latino here – and do <b>NOT</b> write your country!
<input type="radio"/> Hispanic <input type="radio"/> non-Hispanic	<input type="radio"/>

**INCOME SOURCES** fill in the circles next to any income source that your household currently receives.  =

Job  Pension  Unemployment  SSI  SSDI  SS Retirement  Veteran's Payments  Other

GA / TANF / TAFDC / Welfare  Disability  Worker's Comp  Child Support/Alimony  Food Stamps

**CURRENT EMPLOYMENT / HOUSING STATUS**

Employed  Unemployed  FT Student  Retired  Infant or Child in School  PT Student

1: Homeless  2: Imminent Housing Loss in 14 Days  4: Fleeing domestic violence  5: At-Risk of Homelessness  6: Stably Housed

**YOUR HOME TELEPHONE** | **SECOND TELEPHONE** (if you have one)

EMAIL ADDRESS

**WHERE CAN WE REACH YOU NOW AND A YEAR FROM NOW?**

This Address is:  where I currently live  a P.O. Box  a "care of" address  co-applicant's address

If "Care of" include the care of person's name in the address line below: ex: "c/o Smith, 19 Flower St #4"

City, State, and Zip Code:

**SECOND CONTACT or MAILING ADDRESS**  same address as above

This Address is:  where I currently live  a P.O. Box  a "care of" address  co-applicant's address

If "Care of" include the care of person's name in the address line below: ex: "c/o Smith, 19 Flower St #4"

City, State, and Zip Code:

<b>TOTAL HOUSEHOLD SIZE</b> include yourself	<b># of Bedrooms</b>	<b>How much money does your family receive in a year?</b>
<input type="radio"/> # Adults <input type="radio"/> # Children <input type="radio"/> Total #	<input type="radio"/> bedrooms	<input type="radio"/> \$ , .0 0

**CORI AND ACCOMMODATIONS – DO YOU NEED**

Wheelchair Access  No-Steps Unit  First-Floor Unit  Reasonable Accommodation *based on disability or language barrier*

Has anyone who might live in the unit ever been charged with a felony?  Yes  No A misdemeanor in the past 10 years?  Yes  No



GENERAL AUTHORIZATION FOR RELEASE OF INFORMATION



NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

I, the above-named individual, have authorized the Valley Opportunity Council to verify the accuracy of the information which I have provided to the Valley Opportunity Council from the following sources:

1. Employers
2. Landlords
3. Personal References
4. Government Funding Agencies
5. Banks, and Financial Institutions
6. First Advantage, Feeding Hills, MA 01030 for credit reports (including rental history, and arrest and/or conviction records). Their consumer Phone No. is 413-562-5650.
7. Massachusetts Department of Revenue/Bureau of Special Investigations
8. CORI and/or SORI
9. Other: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I hereby give you my permission to release this information to the Valley Opportunity Council subject to the condition that it be kept confidential. I would appreciate your prompt attention in supplying the information requested on the attached page to the Valley Opportunity Council within five (5) days of receipt of this request.

I understand that a photocopy of this authorization is as valid as the original.

Thank you for your assistance and cooperation in this matter.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

**THIS AUTHORIZATION IS VALID FOR A PERIOD OF ONE YEAR  
FROM THE DATE NOTED ABOVE**

*Valley Opportunity Council  
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