

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

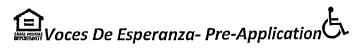
APPLICATION PROCESS

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



O TOTAL TOTA
Head of Household's MIDDLE Name write your full middle name, not just the initial
O
Head of Household's LAST Name (ex: Baez-Gonzalez)
O Your Mother's LAST Name WHEN SHE WAS A CHILD
Answer this: O Yes O No Does the Head of Household have a Social Security Number? If "Yes" you must provide the full SSNI
Head of Household's SOCIAL SECURITY Head of Household's DATE OF BIRTH GENDER
NUMBER Month Day Year
ETHNICITY RACE: Asian . Black, White, Native American, Pacific Islander, Multi-racial
ETHNICITY RACE: Asian , Black, White, Native American, Pacific Islander, Multi-racial Also provide your race at right! Do NOT write Spanish, Hispanic, Latino here – and do NOT write your country!
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O O Hispanic O non-Hispanic O
INCOME SOURCES fill in the circles next to any income source that your household currently receives. ○ = ●
O Job O Pension O Unemployment O SSI O SSDI O SS Retirement O Veteran's Payments O Other
O O GA / TANF / TAFDC / Welfare O Disability O Worker's Comp O Child Support/Alimony O Food Stamps
CURRENT EMPLOYMENT / HOUSING STATUS
O O Employed O Unemployed O FT Student O Retired O Infant or Child in School O PT Student
O 1: Homeless O 2: Imminent Housing Loss in 14 Days O 4: Fleeing domestic violence O 5: At-Risk of Homelessness O 6: Stably Housed
YOUR HOME TELEPHONE O SECOND TELEPHONE (if you have one)
EMAIL ADDRESS
EMAIL AUDICESS
WHERE CAN WE REACH YOU NOW AND A YEAR FROM NOW?
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GENERAL AUTHORIZATION FOR RELEASE OF INFORMATION

NAME:	ADJUNITE VICENIUM	
ADDRESS:		
I, the above-named individual, have authorized the Valley O information which I have provided to the Valley Opportunity	pportunity Council to verify the accuracy of the Council from the following sources:	
1. Employers		
2. Landlords		
3. Personal References		
4. Government Funding Agencies		
5. Banks, and Financial Institutions		
 First Advantage, Feeding Hills, MA 01030 for credit re conviction records). Their consumer Phone No. is 413 	3-562-5650.	
7. Massachusetts Department of Revenue/Bureau of Sp	ecial Investigations	
8. CORI and/or SORI		
9. Other:		
		
	A second of the	
I hereby give you my permission to release this information to condition that it be kept confidential. I would appreciate you requested on the attached page to the Valley Opportunity Co request.	r prompt attention in supplying the information	
I understand that a photocopy of this authorization is as valid	as the original.	
Thank you for your assistance and cooperation in this matter.		
	<u>-</u>	
(Signature)	(Date)	

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

Valley Opportunity Council 516 Chicopee Street Chicopee, MA 01013 Phone: (413) 594-3261

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