



63 WEST STREET
CHEICOPEE, MA 01013
Ph# 413-594-3267
Ph# 413-594-3271
Fax# 413-594-3273

Date Received _____

PLEASE FILL OUT EACH ITEM AS COMPLETELY AS POSSIBLE TO HELP SPEED PROCESSING

APPLICATION FOR SINGLE ROOM OCCUPANCY ONLY

1. APPLICANT INFORMATION:

Name _____ Phone# _____

Present Address _____

City/Town _____ Zip _____

Date of Birth _____ SS# _____

2. INCOME INFORMATION:

Employer _____

Employer's Address _____

Employer's Ph# _____

Position _____

Length of Employment _____

Annual Wage _____

Annual Salary * _____

3. OTHER INCOME:

Amount per month

A. Social Security	_____	B. SSI	_____
C. Pensions/Retirement	_____	D. General Relief	_____
E. Unemployment	_____	F. VA Benefits	_____
G. SSDI	_____	H. Other	_____

4. ASSETS:

Asset Type	Asset Value	Asset Type	Asset Value
Savings Accounts	_____	IRA	_____
Checking Accounts	_____	Life Insurance	_____
Stocks/Bonds	_____	Certificate of Deposit	_____
Mutual Funds	_____	Real Estate	_____
Trust Accounts	_____	Other Retirement Funds	_____

5. OTHER INFORMATION:

Do you have a current SECTION 8 voucher or an MRVP voucher? Yes ___ No ___
If yes, Type: _____

Do you require housing that is wheel-chair accessible? Yes ___ No ___

Do you anticipate any change to household income in the coming year? Yes ___ No ___
If yes, please explain:

Do you anticipate a change to household composition in the next year? Yes ___ No ___
If yes, please explain:

Have you ever been convicted of a felony? Yes ___ No ___
If yes, please explain:

Have you ever been evicted from any housing? Yes ___ No ___

Are you a full-time student? Yes ___ No ___

Do you have any pets? Yes ___ No ___
If yes, please list type and number _____

6. PERSONAL REFERENCES:

Please list two references that are not related to you. VOC will contact all references.

A) Name: _____ Phone # _____
Address: _____ City: _____
Relationship to you: _____

B) Name: _____ Phone # _____
Address: _____ City: _____
Relationship to you: _____

RENTAL HISTORY: (APPLICANT)

Current Landlord: _____ Phone#: _____

Address of Landlord: _____

Monthly Rent: \$ _____ street _____ city _____ state _____ zip _____
Average costs of additional utilities: \$ _____

Is the lease in your name? Yes No If not, whose name is it in? _____

Dates of residence: From: ____/____/____ To: ____/____/____

IF LESS THAN 5 YEARS AT THAT ADDRESS, please list each address for the last 5 years:

Previous Address: _____
street _____ city _____ state _____ zip _____

Was the lease in your name? Yes No If not, whose name is it in? _____

Length of tenancy: _____ Years _____ Months From ____/____/____ To ____/____/____

Previous Landlord: _____ Phone# _____

Address of Landlord _____
street _____ city _____ state _____ zip _____

Reason for Leaving _____

Previous Address: _____
street _____ city _____ state _____ zip _____

Was the lease in your name? Yes No If not, whose name is it in? _____

Length of tenancy: _____ Years _____ Months From ____/____/____ To ____/____/____

Previous Landlord: _____ Phone# _____

Address of Landlord _____
street _____ city _____ state _____ zip _____

Reason for Leaving _____

7. CURRENT SITUATION:

Please describe your current living situation.

8. AFFIRMATIVE ACTION:

THIS INFORMATION IS OPTIONAL AND WILL BE USED ONLY FOR OUR FAIR-HOUSING PLAN

Please circle the ethnic group with which you identify:

American Indian Asian Black Hispanic White Other

9. APPLICANT CERTIFICATION:

I understand that this is an application and gives no lease or rent rights. I understand that additional information may be requested, and references will be checked.

All information in this application is confidential. I hereby authorize the Valley Opportunity Council to verify all information contained in this application, including income, assets and rental history.

I understand that it is my responsibility to inform the Valley Opportunity Council in writing of any change of address, income, or household composition.

I hereby certify that the information I have given in this application is complete and accurate. I understand that any false statement or misrepresentation may result in the disqualification of my application.

Applicant's Signature

Date

VALLEY OPPORTUNITY COUNCIL
63 WEST STREET
CHICOPEE, MA 01013
PH: 413-594-3267
FAX: 413-594-3273

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, retail credit history, and arrest and/or convictions records). Their Consumer Phone No. is 413-562-5650.
7. Massachusetts Department of Revenue/Bureau of Special Investigations
8. CORI
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)

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