



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



516 CHICOPEE
CHICOPEE, MA 01013
Ph# 413-594-3267
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Date Received _____

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

CHAPIN MANSION / MAGUDER HOUSE

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. SSDI	_____
G. VA Benefits	_____	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: _____

7. RENTAL HISTORY:

Name of Present Landlord _____ Phone # _____

Address of Landlord _____

Monthly Rent: \$ _____ Average costs of additional Utilities: \$ _____

Is this lease in your name? Yes ___ No ___ If not, whose name is it in? _____
Years (circle one)

How long have you lived here? _____ Months

A) Previous Address _____ Apartment size _____
Years (circle one)

Length of tenancy: _____ Months From ___/___/___ To ___/___/___

Name of previous Landlord _____ Phone # _____

Address of landlord _____

Reason for leaving _____

B) Previous Address _____

Length of tenancy _____ Months From ___/___/___ To ___/___/___
Years (circle one)

Name of Previous Landlord _____ Phone # _____

Address of Landlord _____

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

Document Type	Enclosed	To Follow	Not Applicable
DD214			
Military Discharge			
Proof of Sobriety			
Proof of Homelessness			



63 West Street
Chicopee, MA 01013
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CHAPIN MANSION SOBRIETY AGREEMENT

By signing below, I understand and agree to meet the following expectations, if accepted for residency into Chapin Mansion.

- I have been sober for 6 months or more. _____ (Initial)
- I agree to remain clean and sober at all times. _____ (Initial)
- I agree to keep Chapin Mansion free from alcohol and illegal drugs at all times. _____ (Initial)
- I agree to enter into a resident behavioral contract (following all resident rules for structure and accountability) and abide by the terms. _____ (Initial)

I certify that ALL information I have provided to Valley Opportunity Council-Chapin Mansion is true and correct. I have read all material on this application form including the limitations above. I have answered each question honestly and want to achieve long-term sobriety from alcoholism and/or drug addiction. When I am accepted and take residency, I agree to hold harmless Valley Opportunity Council-Chapin Mansion, the property owners and any and all service providers.

Signature: _____ Date: _____



Applicant Name _____ Date _____

Attached Third party verification of being homeless:

Case Note:

Agency Employee Signed: _____ Date: _____

Job Title: _____

Referral Agency: _____

Checklist for Eligibility for Permanent Housing

Applicant Name: _____ Date: _____

Referral Agency: _____

Basically, a homeless person is someone who is living on the street or in an emergency shelter. A person is considered homeless only when he/she resides in one of the places described below:

	Lacks the resources to obtain housing and one of the following situations on the night before the household applied. <i>Explain:</i>
	In places not meant for human habitation, such as cars, parks, sidewalks, abandoned buildings, camps, on the street, etc. <u>with third party verification attached (see instructions attached if unavailable)</u>
	In an emergency shelter <u>with third party verification attached:</u>

VALLEY OPPORTUNITY COUNCIL
516 CHICOPEE STREET
CHICOPEE, MA 01013
PH: 413-594-3267
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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