



Application for Veterans Housing Communities

Persons with disabilities may ask for this application in large print type or other alternate formats. If you require assistance, please contact Courtney Dondi at (413) 770-1390.

Put a check mark in the box above each property you would like to apply for.				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Agawam Veterans Housing	Chapin School Chicopee	Gordon H. Mansfield Leeds	Gordon H. Mansfield Pittsfield	Gordon H. Mansfield Tewksbury
702 S. Westfield St. Agawam, MA 01030	40 Meadow St. Chicopee, MA 01013	425 N. Main St. Leeds, MA 01053	360 W. Housatonic St. Pittsfield, MA 01201	1660 Main St. Tewksbury, MA 01876

Please fill in all sections completely, if section does not apply, please write not applicable (N/A).
Incomplete applications will be returned to applicant.

1. HOUSEHOLD INFORMATION				
(List each applicant/household member who will be residing in the apartment.)				
Last Name:		First Name:		Middle Initial:
SSN:	DOB:	Relationship to Head of Household:	Sex (Optional):	Student: Yes No
Last Name:		First Name:		Middle Initial:
SSN:	DOB:	Relationship to Head of Household:	Sex (Optional):	Student: Yes No
Present Address:			Best Telephone Number: (____) _____ - _____	
City:	State:	Zip Code:	Email Address:	
Mailing Address (if different from Present):				
City:	State:	Zip Code:		
If you wish to identify an advocate who is assisting you in the application process, please do so in the boxes below:				
Name:	Relationship:	Phone:	Email:	



2. HOUSEHOLD COMPOSITION

1. Have there been any changes in household composition in the last twelve (12) months? Yes No

If yes, please explain: _____

Do you anticipate any changes in household composition in the next twelve (12) months? Yes No

If yes, please explain: _____

2. Is there someone not listed above who would normally be living with the household? Yes No

If yes, please explain: _____

3. Will any of the persons in the household be or have been students during five (5) calendar months of this year or plan to be in the next calendar year at an educational institution? Yes No

If yes, please answer the following questions:

4a. Are any full-time student(s) married and filing a joint tax return? Yes No

4b. Are any student(s) enrolled in a job-training program receiving assistance under the Job Training Partnership Act? Yes No

4c. Are any full-time student(s) a TANF or a Title IV recipient? Yes No

4d. Are any full-time student(s) a single parent living with their child(ren) who is not a dependent on another's tax return whose children are not dependents of anyone other than a parent? Yes No

4e. 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)? Yes No

3. ELIGIBILITY INFORMATION

1. Are you homeless or at risk of being homeless? Yes No

Defined as an applicant who:

- Veterans must meet the definition of homelessness defined in The McKinney Homeless Assistance Act as amended by S. 896 The Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Act of 2009.
- Veterans who are appropriate for this program must be VA health care eligible veterans. VA eligibility makes this determination.
- To apply for HUD-VASH, please contact your local VA Homeless Program. Veterans can contact the HUD-VASH program directly, obtain a referral from a case manager in another VA program or community program, or other referral sources.

2. Are you a U.S. Veteran? Yes No

Definition of veteran from 38 U.S.C. 101(2): The term "veteran" means person who served in the active military, naval, or air service, and who was discharged or released there from under conditions other than dishonorable.

Please note that veteran status is a requirement for residency at this property. If you are a veteran, please attach one of the following documents as verifications: DD-214 or VA Medical Card.

3. Have you been determined eligible for the HUD-VASH Supportive Housing Program? Yes No

If yes, when and by whom? _____

4. Are you currently receiving case management services? Yes No

If yes, when and by whom? _____

5. Are you currently living in transitional housing? Yes No

If yes, where? _____



4. APARTMENT ADAPTIONS AND REASONABLE ACCOMMODATIONS

1. Are you in need of an accessible apartment? Yes No

If yes, Mobility Adapted Sensory Adapted

2. Does any member of the household have any accessibility, reasonable accommodation requests, or changes in a unit, development, or alternate ways we need to communicate with you? Yes No

If yes, please explain: _____

5. INCOME INFORMATION

Please fill in all sources of income received by each member of your household. If you do not have income from a particular source listed below, please write "N/A" in the Gross Monthly box next to the applicable income source.

Household Member Name	Source of Income	Gross Monthly Amount
	Social Security	\$
	SSI/SSP Benefits	\$
	Veteran's Benefits	\$
	Chapter 115	\$
	Pension(s) - List Source(s):	\$
	Public Assistance (Title IV, TANF, etc.)	\$
	Settlement from Workers Compensation or Insurance Claim	\$
	Unemployment Compensation	\$
	Contributions to the household from outside of the household (monetary or not)	\$
	Full-time Student Income (18 & over only)	\$
	Financial Aid (excluding loans)	\$
	Annuity – List Source(s):	\$
	Longer Term Medical Car Insurance – Payment in excess of \$180/day	\$

Are you receiving dual entitlement benefits from Social Security? Yes No

If yes, please provide the Benefit Claim #: _____

Does any household member receive periodic payments from a retirement account, pension, IRA, annuity, or investment? Yes No

If yes, please explain: _____



5. INCOME INFORMATION (continued)

Employment

Household Member Name	Employment Amount	\$	per
	Employer's Name:		
	Employer's Address:		
	Employer's Phone & Fax #:	Start Date:	

Employment

Household Member Name	Employment Amount	\$	per
	Employer's Name:		
	Employer's Address:		
	Employer's Phone & Fax #:	Start Date:	

Alimony

Household Member Name	Are you legally entitled to receive Alimony?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, list the amount you are entitled to receive:	\$ per
	Do you receive alimony?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, list the amount you receive:	\$ per

Child Support

Household Member Name	Are you legally entitled to receive child support?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, list the amount you are entitled to receive:	\$ per
	Do you receive child support?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, list the amount you receive:	\$ per

Other Income (List any other sources of income you have below)

		\$	per
		\$	per
		\$	per

Total Gross Annual Income (Based on the monthly amounts listed above X 12) \$

Total Gross Annual Income for the previous year \$

1. Do you anticipate any changes in income in the next 12 months?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Is any member of the household legally entitled to receive additional income assistance not listed above?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Is any member of the household likely to receive income or assistance (monetary or not) from someone who is not a member of the household as listed on Page 1?	<input type="checkbox"/> Yes <input type="checkbox"/> No

If you answered yes to questions **1 to 3 above**, please explain: _____



6. ASSET INFORMATION

Please list all of your assets. You may duplicate this page if additional space is needed. If a section does not apply, please write "N/A" in the Balance \$ box next to the applicable source.

Checking Account	#: _____	Bank: _____	Balance \$ _____
	#: _____	Bank: _____	Balance \$ _____
Savings Account	#: _____	Bank: _____	Balance \$ _____
	#: _____	Bank: _____	Balance \$ _____
Certificates of Deposit (D)	#: _____	Bank: _____	Balance \$ _____
	#: _____	Bank: _____	Balance \$ _____
Money Market Accounts	#: _____	Bank: _____	Balance \$ _____
Trust Account	#: _____	Bank: _____	Balance \$ _____
Savings Bonds	#: _____	Maturity Date: _____	Value \$ _____
Life Insurance Policy	#: _____	Held at: _____	Value \$ _____

Real Estate Property Do you own any property? Yes No

If yes, type of property and location of property: _____

Appraised Market Value \$ _____	Outstanding loan balance: \$ _____	Annual Insurance Premium: \$ _____	Most recent Tax Bill: \$ _____
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Do you or any member of the household have an asset owned jointly with a person who is NOT a member of the household as listed on page 1? Yes No

If yes, please explain: _____

Have you or any member of the household sold/disposed of any property in the last 2 years? Yes No

If yes, please explain: _____

Have you or any member of the household sold/disposed of any other assets in the last 2 years? Yes No

If yes, please explain: _____

Do you or any member of the household have any other assets not listed above (excluding personal property)? Yes No

If yes, please explain: _____



7. ADDITIONAL INFORMATION

1. Are you or any member of your household required to register as a sex offender under Massachusetts or any other state law? Yes No
If yes, list the name of the person(s) and the registration requirement(s) (i.e. place where registration needs to be filed, length of time for which registration is required): _____

2. List all states where you and members of the household listed on this application have resided: _____

3. Do you have a pet? Yes No If yes, please provide additional details: _____

4. How did you hear about this housing development? _____

Application Certification

I understand that this application is not an offer of housing. Based on this application, I understand that I should not make any plans to move. I understand that it is my responsibility to inform Soldier On of any change of address, income, reasonable accommodation, property selection, and/or family composition or my application will be withdrawn. I hereby certify that the information furnished on this application is true and complete to the best of my knowledge and belief. **Inquiries may be made to verify the statements herein.** All information is regarded as confidential in nature, **a consumer credit report, and a Criminal Offenders Record Information (CORI) report or other criminal background check may be requested.** I understand that any false statement(s) or misrepresentation(s) are criminal offenses punishable under state and federal laws. I also understand that providing false statement(s) or information is grounds for rejection of my application or termination of tenancy or program participation.

Signed under the pains and penalties of perjury.

Applicant Signature

Date

Co-Applicant Signature

Date

Soldier On, acting as management agent for the Property does not discriminate on the basis of race, color, religion, sex, national origin, ancestry, sexual orientation, age, familial status, children, marital status, veteran status or membership in the armed services, the receiving of public assistance, or physical or mental disability in the access or admission to its programs or employment, or in its programs' activities, functions or services.

Upon request to the Veteran Community Coordinator, you have the right to receive a Tenant Selection Plan which details the tenant application process, including eligibility and screening requirements, for occupancy in the property.

Completed applications must be returned to:

phwaitlist@wesoldieron.org

OR

Soldier On, Inc.
Attn: Veteran Community Coordinator
290 Merrill Rd.
Pittsfield, MA 01201

Applications received will be reviewed for completeness and eligibility and placed into lottery pool and/or waitlist for which they qualify, based on the application and the property's Tenant Selection Plan.

