



APPLICATION FOR HOUSING
Gordon H. Mansfield Veterans Communities

Chapin School
40 Meadow Street
Chicopee, MA 01013

PERSONS WITH DISABILITIES MAY ASK FOR THIS APPLICATION IN LARGE PRINT TYPE, OR OTHER ALTERNATE FORMATS.

IF YOU REQUIRE ASSISTANCE, PLEASE CALL (413-387-3639.)

Please fill in all sections completely.

HOUSEHOLD INFORMATION
(List each household member who will be residing in the apartment.)
Last Name : First Name : Middle Initial :
S.S. # : D.O.B : Relationship to Head of House : Sex : Student :
Last Name : First Name : Middle Initial :
S.S. # : D.O.B : Relationship to Head of House : Sex : Student :
Present Address: Email Address:
City: State: Zip Code: Best Telephone Number
Mailing Address (if different):
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, explain: _____
2. Do you anticipate any changes in household composition in the next twelve (12) months? Yes No
If yes, explain: _____
3. Is there someone not listed above who would normally be living with the household? Yes No
If yes, explain: _____
4. Will any of the persons in the household be or have been students during five calendar months of this year or plan to be in the next calendar year at an educational institution? Yes No

IF YOU ANSWERED YES TO #4, 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 his/her 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, or obtain a referral from a case manager in another VA program, from a community program, or other referral sources.

- 2. Are you a U.S. Veteran?** (Definition of veteran from 38 U.S.C. 101(2): The term "veteran" means a person who served in the active military, naval, or air service, and who was discharged or released there from under conditions other than dishonorable.) Yes No

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 verification: DD - 214 or VA Medical Card

- 3. Have you been determined to be 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, from 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? Mobility Adapted Sensory Adapted
2. Does any member of the household have any accessibility or reasonable accommodation requests or changes in a unit or 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 fill in "N/A" in the Gross Monthly Amount box next to that source.

Household Member Name	Source of Income	Gross Monthly
	Social Security	\$ per month
	SSI / SSP Benefits	\$ per month
	Veteran's Benefit (Claim #:)	\$ per month
	Chapter 115	\$ per month
	Pension (List Sources:)	\$ per month
	Public Assistance (Title IV, TANF, etc.)	\$ per month
	Settlement from Workers Compensation or an Insurance Claim	\$ per month
	Unemployment Compensation	\$ per month
	Contributions to the Household from outside the Household (monetary or not)	\$ per month
	Full-Time Student Income (18 & Over Only)	\$ per month
	Financial Aid (excluding loans)	\$ per month
	Annuities (List Sources:)	\$ per month
	Long Term Medical Care Insurance Payments in excess of \$180/day	\$ per month

Are you receiving dual entitlement benefits from Social Security? Yes No Benefit Claim #:

Does any household member receive periodic payments from a retirement account, pension, IRA, Annuity, Investment? Yes No



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 <i>legally entitled</i> to receive Alimony?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, list the amount you are <i>entitled</i> 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 <i>legally entitled</i> to receive child support?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, list the amount you are <i>entitled</i> 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 fill in "N/A" in the Balance \$ section next to the item that did not apply.

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 \$

Mutual Funds	Name:	# of Shares	Dividend Paid \$	Value \$
Stocks	Name:	# of Shares	Dividend Paid \$	Value \$
Bonds	Name:	# of Shares	Dividend Paid \$	Value \$

Real Estate Property:	<i>Do you own any property?</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If yes</i> , type of property:		
Location of the property:		Appraised Market Value: \$
Mortgage or outstanding loan balance due: \$	Amount of annual insurance premium: \$	Amount of most recent tax bill: \$

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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If yes</i> , please explain:	
Have you or any member of the household sold/disposed of any property in the last 2 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If yes</i> , please explain:	
Have you or any member of the household sold/disposed of any other assets in the last 2 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If yes</i> , please explain:	
Do you or any member of the household have any other assets not listed above (excluding personal property)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If yes</i> , please explain:	



7. ADDITIONAL INFORMATION

Are you or any member of your household required to register as sex offender under Massachusetts or any other state law? Yes No

If yes, list the name of the persons and the registration requirements (i.e. place where registration needs to be filed, length of time for which registration is required).

- List all states where the applicant and members of the applicant's household have resided: _____
- How did you hear about this housing development?
- Do you have a pet? Yes No If yes, provide detail _____

Application Certification

I understand that this form 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, and a **consumer credit report and a Criminal Offenders Record Information (CORI) report or other criminal background check may also be requested.** I understand that any false statement or misrepresentations are criminal offenses punishable under state and federal laws. I also understand that providing false statements or information are grounds for rejection of my application or termination of tenancy or program participation

Signed under the pains and penalties of perjury.

Signature of the Head of Household

Date

Signature of Co-Applicant

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 Property Manager, 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.

The initial rent-up will be done by lottery. Applications received by April 8th, 2016 will be reviewed for completeness and eligibility and placed into all lottery pools for which they qualify, based on the application and the properties Tenant Selection Plan.

Completed application must be returned to:

Soldier On, Inc.

421 N. Main Street, Building 6, Leeds, MA 01053

