



Casa Esperanza, Inc. & Affiliates
 (Nueva Vida, Inc. & Nuestro Hogar, LLC)
 302 Eustis Street
 Roxbury, MA 02119



SUPPORTIVE HOUSING APPLICATION

HOUSEHOLD MEMBERS INFORMATION

1. Resident Name: _____

Effective Date: _____

Address: _____

Move-In Date: _____

Primary Number: _____

2. Unit type: Single Family

Unit Size: Studio SRO 2 bedroom 3 bedroom Sensory/Mobility accessible unit

3. Household composition

List ALL persons who will live in the apartment

	Last Name	First name	Relationship	Birth Date	SSN	Student Y/N
1			Head of Household			
2						
3						
4						
5						

Has the number of household members changed in the last 12 months? Yes No

Will the number of household members to change in the next 12 months? Yes No

Are any housing members currently absent? Yes No

When they are expected to return? Yes No

Will all of the persons in the household be or have been full-time students during five calendar months of this year or plan to be in the next calendar year at an educational institution (other than a correspondence school) with regular faculty and students? Yes No

INCOME (Gross Annual Income)

Please list ALL sources of monthly income each household member

Are you or any member of the household receiving:					
Source of Income	Head of Household	Family member	Family member	Family Member	Family Member
Employment					
Job 1					
Job 2					
Social Security					
SSI					
Pension/Annuity					
Child Support					
Alimony					
TANF					
Other					
Other					
TOTAL					

4. Describe your current living situation:

Recovery Program: _____

Shelter: _____

Transitional: _____

Other: _____

Current Phone # _____ Other _____

How long have you been living in this address? _____

5. Employment:

Are you employed? Yes _____ No _____

If employed, Name of Employer/Company _____

Address _____

City: _____ State: _____ Zip Code _____

Phone # () _____

Supervisor Name: _____

Length of time working _____ Date started _____

Position: _____ Weekly gross pay _____

6. Other Income Source:

Social Security _____ SSI _____

Veterans Pension _____ D.T.A. _____

Child support: _____ Unemployment: _____

Other _____

7. Person to notify in the event of an emergency:

Name: _____ Relationship _____

Address _____

City _____ State _____ Zip Code _____

Phone # () _____

Applicants who meet the following criteria will receive a preference for supportive housing. All information will be verified.

8. Special accommodations:

Are you disabled and require the features of a wheelchair accessible unit?

Yes _____ No _____

9. Are you homeless, or at risk of becoming homeless? Yes _____ No _____

Do you have a history of substance abuse, and have completed a minimum of a six-month rehabilitation treatment program? Yes _____ No _____ if yes, indicate name of program:

Can you benefit from the any of the following services: Job training workshops; career counseling; peer support groups; family case management and support; parenting skills workshops; individual and family counseling; NA support groups?

Yes _____ No _____

I understand that this information will be used to determine my eligibility for housing at Nueva Vida Inc., Nueva Esperanza and Dunmore place supportive housing. Therefore, I grant consent for management to verify information in this application.

Applicant Signature Date

Interviewer Signature Date