



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					
<b>TOTAL</b>					

**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