

M.C.D.I.
Families First Program 140 Wilbraham Ave.
Springfield, MA 01109
Tel. (413) 781-5640 ext. 243 ext. 233

Name: _____ Date: _____

Date of Birth: _____ Social Security Number: _____

Present Complete Address: _____

Phone Number: (cell) _____ (home) _____ (work) _____

How long have you lived at your Present Address? _____

Current Living Situation (Check One)

Homeless Shelter _____ Transitional Housing _____

Recovery Program _____ Renting Apartment _____

Hospital _____ Street/Car/Tent _____

Other (Explain) _____

Please explain why you are leaving your current living situation _____

List all Children that would be living with you; include names, ages and genders.

List anyone, other than your children, who will be living with you.

Financial Obligations

Do you have any outstanding Utility Bills? If yes, how much do you owe?

Electric _____ Gas _____

Please list ALL outstanding bills

Previous Residence List housing History for the Past five (5) years.

1. Landlord's Name (or name of person with whom you lived): _____

Complete Address: _____

Phone: _____ From _____ To _____

2. Landlord's Name (or name of person with whom you lived): _____

Complete Address: _____

Phone: _____ From _____ To _____

3. Landlord's Name (or name of person with whom you lived): _____

Complete Address: _____

Phone: _____ From _____ To _____

4. Landlord's Name (or name of person with whom you lived): _____

Complete Address: _____

Phone: _____ From _____ To _____

5. Landlord's Name (or name of person with whom you lived): _____

Complete Address: _____

Phone: _____ From _____ To _____

6. Landlord's Name (or name of person with whom you lived): _____

Complete Address: _____

Phone: _____ From _____ To _____

7. Landlord's Name (or name of person with whom you lived): _____

Complete Address: _____

Phone: _____ From _____ To _____

Legal Obligations

Have you ever been convicted of a crime? Yes? _____ No? _____ If yes, please explain **when** you were convicted and **why** you were convicted. _____

Employment! Educational / Training Status

List your present Employer or Training Program _____

Address _____

Job Title/ Area of Study _____

What is your length of Employment/ Length of time in Training Program? _____

Income Status

What is your Gross Salary per week from your current employer? _____

What is your Gross Salary per month from your current employer? _____

Do you have any other Income? Yes? _____ No? _____

Type Of Income

Amount of Income

- **Transitional Assistance (Welfare)** \$ _____

List the length of time you have been on Transitional Assistance _____

What date will your benefits end? _____

Name of Social Worker _____

Social Worker's Phone Number _____

DTA Office: Liberty St. _____ State St. _____

- **Social Security** \$ _____
- **Supplemental Security** \$ _____
- **Unemployment** \$ _____
- **Worker's Compensation** \$ _____
- **Food Stamps** \$ _____
- **Child Support** \$ _____
- **WIC** **Yes?** _____ **No?** _____
- **Other** \$ _____

Do you have a DSS Worker? Yes? _____ No? _____
Do you have a DSS Worker? Yes? _____ No? _____
If yes, what city is the worker out of? _____
Name of Worker _____ Phone Number _____

Financial Savings

Do you have a **savings' account**? Yes? _____ No? _____
If yes, please specify:
Bank Name/ Address _____
Account Number _____ Balance _____

Do you have a **checking account**? Yes? _____ No? _____
If yes, please specify:
Bank Name/ Address _____
Account Number _____ Balance _____

Do you expect any changes in your income during the next 12 months?
Yes? _____ No? _____
If yes, please explain _____

Do you expect any changes in the number of household members in the next 12 months?
Yes? _____ No? _____
If yes, please explain _____

***** Voluntary Information Regarding Race/National Origin*****

What Race/National origin are you?

White _____

Black _____

Hispanic _____

Asian/Pacific Islander _____

American Indian/Native American _____

Other (Explain) _____

The information regarding race, national origin and sex designation solicited on this application is requested in order to assure the Federal Government, acting through the Department of Housing and Urban Development that Federal Laws prohibiting discrimination against tenants applicants on the basis of race, color, national origin, religion, sex, familial status, age, and handicap are complied with. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However, if you choose not to furnish it, staff is required to note the race/national origin and sex of individual applicants' on the basis of visual observations or surname.

I, _____, agree that the information that is provided on this application is accurate and completed to the best of my abilities. I understand that falsification of information can and will result in dismissal of this application. I agree and understand that if selected in the Families First program I will work closely with a Families First Case Worker to achieving a goal of self-sufficiency.

Signature of Applicant _____ Date _____

Please return completed application to:

MCDI Families First Program

140 Wilbraham Ave.

Springfield, MA 01109

Phone (413) 781-5640 ext. 243 or ext. 233

Include with your application **copies** of:

Your most recent pay stub _____

Your most recent benefits check (s) _____

Income verification _____

Homeless verification _____

Photocopies of Birth Certificates (yours and your children) _____

Photocopies of Social Security cards (yours and your children) _____

Revised 2007