



## **Release of Information**

I hereby authorize the Franklin Regional Housing and Development Authority and DIAL/SELF, as the managing agent of Greenfield Teen Housing LLC, to share any and all information related to my CORI and SORI records, income verifications and my section 8 application/housing.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date



## Teen Housing Pre-Application

**Name:**

**Current/Last Address:**

**Phone:**

**Email:**

**Age:**

**Birth date:**

**Gender:**

### ***Eligibility Checklist***

**Yes**

**No**

- |  |       |       |
|--|-------|-------|
| 1. Are you homeless or “at risk” of homelessness?<br>(see attached description of homelessness)  | _____ | _____ |
| 2. Are you between 18-24 years old?  | _____ | _____ |
| 3. Are you employed or have some source of income?   | _____ | _____ |
| 4. Are you willing to provide 4 hours/month of<br>volunteer service to the community?  | _____ | _____ |
| 5. Are you income eligible (gross annual income is less than<br>\$ 27,150 ( 50% of the area median income for 1 person )?)   | _____ | _____ |
| 6. Will you attend a tour and information session with Teen Housing and sign<br>a year’s lease?  | _____ | _____ |
| 7. Will you attend a 1-2 hour meeting with Housing Authority staff<br>to discuss Section 8 guidelines if approved for an apartment?  | _____ | _____ |
| 8. Do you have case management services in place?<br>(It is <b>required</b> that you engage in at least 1 meeting per month with a service provider who helps you create a<br>plan with a list of your goals and steps towards those goals and will support and acknowledge your efforts<br>towards those goals and plan.) | _____ | _____ |

\_\_\_\_\_ I am a former Step Program Participant and will commit to at least 1 meeting per month of case planning and support through Aftercare and engage in working towards my goals.

\_\_\_\_\_ I am working with the TeenLine Program through DIAL/SELF and will commit to at least 1 meeting per month of case planning and support, and engage in working towards my goals.

\_\_\_\_\_ I am over the age of 21, or reside outside of Franklin County/the North Quabbin Region and receive case management/support services through Service Net, Community Action, or other community organization and will commit to at least 1 meeting per month of case planning and support through this community agency and engage in working towards my goals.

**\*Your case manager will need to complete the attached DIAL/SELF Program Director or Area Service Provider Reference Form**





**Are you employed? Y / N**

- **Name of employer and contact number:**
  
- **How long have you worked there?**

**Please list your total monthly gross income and list all sources and amounts for each (including employment, social security, cash assistance, etc.):**

**Are you a college student? Y / N**

**For how many credits are you currently enrolled?** (*Tenants in Teen Housing receive a section 8 voucher that may not allow full time student status.*)

**What services are you receiving from DIAL/SELF or another social service agency?**

**What additional services do you need?**

**Do you have any tenant history?**

- **Previous addresses and landlord contacts:**

**Are you able to climb 1-2 flights of stairs to access an apartment? Y / N**

**Do you have a medically documented disability that states that you require a handicapped accessible unit, or other special accommodations? If yes, please explain.**

**Why are you interested in this housing?**

By signing below I acknowledge the above information to be correct, and that I agree to abide by the rules and guidelines associated with this housing and my lease.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed name

\_\_\_\_\_  
Date





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***DIAL/SELF Program Director or Area Service Provider Reference Form***

**Name:** \_\_\_\_\_ **Address:** \_\_\_\_\_

**Agency:** \_\_\_\_\_ **Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

***As part of the pre-application process for Teen Housing, an applicant needs to demonstrate that they are working with an area service provider, who will meet with them to create a case plan, provide case management services, and ensure they are following their case plan.***

***If the applicant is eligible and is offered an apartment through Teen Housing, is your agency prepared to provide this youth with at least 1 meeting per month and support them in engaging in efforts towards their goals?*** **Y / N**

***Are you willing to remain in contact with our Director of Residential Services in regard to this tenant's efforts towards their goals?*** **Y / N**

***Will you provide a copy of the case plan that this tenant is working on to our agency for our records, as well as any major changes made to this plan?*** **Y / N**

***Will you be willing to provide information for a quarterly update required by the Franklin County Regional Housing authority to determine if this tenant is following through with case management services and is considered "in good standing" for this required area of their lease?*** **Y / N**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

***If you have questions regarding any of the above, feel free to contact Phil Ringwood, at 413-774-7054 ext 115***





## **Certification of Homelessness/Risk of Homelessness**

A Homeless youth is one who does not have "Fixed, regular and adequate nighttime residence". This means a dwelling at which a person resides on a regular basis that adequately provides safe shelter.

"Fixed, regular and adequate nighttime residence" **does not** include a publicly or privately operated institutional shelter designed to provide temporary living accommodations; transitional housing; a temporary placement with a peer, friend, or family member who has not offered a permanent residence, residential lease or temporary lodging for more than 30 days; or a public or private place not designed for, nor ordinarily used as, a regular sleeping accommodation for human beings. "Homeless youth" does not include a person incarcerated or otherwise detained under federal or state law.

A youth is "at-risk" of homelessness when her/his housing is threatened by severe instability within the household. Severe instability includes factors such as financial instability, violence/exploitation, environmental hazards, substandard housing, mental illness or substance abuse in the household, and/or threats of being displaced from the household.

This is to certify that \_\_\_\_\_ is currently homeless or at-risk of homelessness.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Organization