



**Teen Housing Pre-Application**

**Legal Name:** \_\_\_\_\_ **Preferred Name**(if different)\_\_\_\_\_

**Current/Last Address:** \_\_\_\_\_ **Phone:**\_\_\_\_\_

**Email:** \_\_\_\_\_

**Age:**\_\_\_\_\_ **Birth date:** \_\_\_\_\_ **Legal Gender:**\_\_\_\_\_ **Gender Identity**(if different) \_\_\_\_\_

Applying for (please check):

**Greenfield Teen Housing**

**Orange Teen Housing**

**Northampton Teen Housing**

***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 \$ 28,000?<br>( 50% of the area median income for 1 person)                              | _____ | _____ |
| 6. Will you attend a tour and information session and sign<br>A 3 month to a year’s lease, depending on location?                                     | _____ | _____ |
| 7. Will you attend a 1-2 hour meeting with Housing Authority staff to discuss<br>Section 8/MRVP guidelines if approved for an apartment? (G/OTH only) | _____ | _____ |
| 8. Do you have case management services in place?   | _____ | _____ |

(It is **required** that you engage in at least 1 meeting per month with a service provider who helps you create a plan with a list of your goals and steps towards those goals and will support and acknowledge your efforts towards those goals and plan.) Please check the option that best describes your situation.

\_\_\_\_\_ I am receiving case management services 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 receiving case management/support services through another 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 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.):**

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

**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?**

**What do you think your biggest challenges will be while living independently, and how do you plan to address those challenges?**

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





***Service Provider Agreement Form***

**Case Manager Name:** \_\_\_\_\_ **Agency Name:** \_\_\_\_\_

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

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

**Participant Name:** \_\_\_\_\_ **Participant Contact Info:** \_\_\_\_\_

If the applicant is eligible and is offered an apartment through Greenfield TeenHousing (GTH), Orange TeenHousing(OTH) or Northampton TeenHousing(NTH) is your agency agreeing to provide this youth with at least 1 meeting per month, with higher frequency contact during transitional periods, and support them in engaging in efforts towards their goals as well as assisting them in obtaining any documentation required by the Franklin County Housing Authority or DIAL/SELF?  
**Y/N**

Are you willing to provide clear, consistent, and timely communication to DIAL/SELF and Property Management of any actions that may impact a tenant's health or safety, or the health and safety of other tenants or the property? (To be timely, communication should happen as soon as possible and no later than 24 hours after partner agency is made aware of an issue.)  
**Y/N**

Are you willing to remain in contact with our Case Management Supervisor , Samantha Pepe (spepe@dialself.org/413-774-7054 x118) in regard to this tenant's efforts towards their goals and engagement in case management?  
**Y/N**

Will you create and maintain a service plan with tenants receiving case management which will include programming focusing on gaining/maintaining employment, attending school and/or participating in community service?  
**Y/N**

Will you be willing to provide information for a quarterly update required by the Franklin County Regional Housing authority or DIAL/SELF 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 the Case Management Supervisor, Samantha Pepe (spepe@dialself.org/413-774-7054 x118).***



## **Release of Information**

I hereby authorize the Franklin Regional Housing and Development Authority and DIAL/SELF, Greenfield TeenHousing LLC and Orange Teen Housing Inc. to share any and all information related to my CORI and SORI records, income verification, my Section 8 or MRVP application and housing/service status.

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Signature

Printed Name

Date



## **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 resident" **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

CE Staff Only Section: CE Score: \_\_\_\_\_ CE Score Date: \_\_\_\_\_

