



## **DIAS - Dignity in Asylum Housing Application**

### **Eligibility**

Dignity in Asylum offers free housing and support to applicants who have an active asylum case or are in the process of applying for asylum, and who have an attorney representing them or are in the process of being matched with an attorney.

DIAS is run by volunteers only. We are offering a supportive, welcoming community of people who care deeply about your well-being and donate their time and talents.

### **What we expect from you**

We expect everyone to abide by the rules of the home, which will be explained during the interview. The success of DIAS depends on us all working together, solving any arising problems creatively and in collaboration, and communicating openly to avoid misunderstandings. Our goal is for everyone to feel safe, welcome and accepted in their community.

### **Application**

Space for housing at DIAS is limited. Your application may be placed on a waiting list. We select applicants based on their need and their compatibility with other guests.

If you are interested and meet the above criteria, please fill out the application and send it to:

DIAS – Dignity in Asylum  
PO Box 1244  
Concord, MA 01742

Or email it to:

[dignityinasyllum@gmail.com](mailto:dignityinasyllum@gmail.com)

## Housing Application

Date: \_\_\_\_\_

### Contact Information

First and last name: \_\_\_\_\_

Current address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone number: \_\_\_\_\_

E-mail: \_\_\_\_\_

How did you hear about DIAS?

\_\_\_\_\_

### Current housing situation

Please describe your current housing situation:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you have a date by which you must leave your current living place? If so, when?

\_\_\_\_\_

\_\_\_\_\_

How many times have you moved in the last 3 months?

\_\_\_\_\_

Have you spent any nights in the last three months on the street or in a homeless shelter? If so, how many nights?

\_\_\_\_\_

### Personal background

Date of birth: \_\_\_\_\_

Country of birth: \_\_\_\_\_ Country of citizenship: \_\_\_\_\_

Gender: \_\_\_\_\_ Marital Status: \_\_\_\_\_

Number of children: \_\_\_ Are any children under 18 currently living with you? \_\_\_

If you have children living with you, please list their names, birthdates and country of citizenship:

\_\_\_\_\_

\_\_\_\_\_

What languages do you speak? \_\_\_\_\_

Do you speak English? \_\_\_Fluent \_\_\_ Advanced \_\_\_Intermediate \_\_\_Beginner

What is your highest level of education? \_\_\_\_\_

Please list any degrees/certificates/diplomas you have:

\_\_\_\_\_  
\_\_\_\_\_

### **Your asylum case**

When did you enter the US? \_\_\_\_\_

Where did you enter? \_\_\_\_\_

How long have you been in the Boston area? \_\_\_\_\_

Have you already applied for asylum? \_\_\_ When? \_\_\_\_\_

Have you had an asylum hearing yet? \_\_\_\_\_

Has an asylum hearing been scheduled? \_\_\_ If so, for when? \_\_\_\_\_

Have you applied for work authorization? \_\_\_\_\_

If so, have you been granted work authorization? \_\_\_\_\_ When? \_\_\_\_\_

Please list your attorney's contact information:

Name: \_\_\_\_\_

Law Firm/Organization: \_\_\_\_\_

Phone number \_\_\_\_\_ E-mail: \_\_\_\_\_

Please list your case worker's contact information:

Name: \_\_\_\_\_

Organization: \_\_\_\_\_

Phone number: \_\_\_\_\_ E-mail: \_\_\_\_\_

### **Arrests**

Please let us know if you have been arrested or convicted of a crime not related to your asylum case, either in the US or other countries:

Date: \_\_\_\_\_ Location: \_\_\_\_\_

Charge: \_\_\_\_\_

Date: \_\_\_\_\_ Location: \_\_\_\_\_

Charge: \_\_\_\_\_

Are you an alcoholic? \_\_\_\_\_

Do you drink alcohol? \_\_\_\_\_

Do you take any drugs? \_\_\_\_\_

Have you ever taken illegal drugs? If so, what is the date of your last drug use?

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**Work experience and skills**

Please describe your work experience and any skills you have that will help you find employment in the U.S.:

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What are your plans once you have received work authorization?

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**Housing and your needs/interests**

What are your interests/hobbies? When you have time for yourself, what do you enjoy doing?

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How would you describe yourself?

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In addition to the above, what would you like us to know about you?

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Are you currently taking any medications or prescription drugs? If so, please explain:

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Do you have any special needs or accommodations or any specific concerns you would like us to know about?

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### References

Please provide two references:

Name: \_\_\_\_\_  
Street: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone number: \_\_\_\_\_ e-mail: \_\_\_\_\_

Name: \_\_\_\_\_  
Street: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone number: \_\_\_\_\_ e-mail: \_\_\_\_\_

### Signature

The above information is true and complete to the best of my knowledge.  
I give DIAS volunteers permission to contact the listed references and to discuss my case with my case worker and/or attorney.

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

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Signature