YWCA Residence
Housing Application

All information obtained is confidential and will be used for application review purposes only. The YWCA maintains a firm commitment to equal opportunity for all applicants. The YWCA does not discriminate based on race, sex, age, color, national origin, religion, sexual orientation, or disability.
Dear Applicant,

Thank you for your interest in The YWCA Residence. This property offers 92 individual rooms, 89 cluster rooms, 11 efficiencies and 1 apartment. The YWCA is a non-smoking facility. Per your request, an application is enclosed.

The rent is as follows:

<table>
<thead>
<tr>
<th>Room Style</th>
<th>Household Size</th>
<th>Monthly Rent*</th>
<th>Security Deposit</th>
</tr>
</thead>
<tbody>
<tr>
<td>KDR Dorm Style</td>
<td>1</td>
<td>$483</td>
<td>$483</td>
</tr>
<tr>
<td>AWH Cluster Style</td>
<td>1</td>
<td>$534</td>
<td>$534</td>
</tr>
</tbody>
</table>

* Includes Heat, Hot Water & Electricity

**Additional eligibility requirements:

- Full-time students are not eligible for residency, unless you qualify for an exception under the IRS code.
- Pets are not allowed.

**Application Process**

All applications will be reviewed for eligibility. The Intake Unit will review your financial, credit, housing and employment histories. Eligible applicants will be asked to participate in at least one interview upon application approval. Please be aware that acceptance for our housing is based on all of these criteria. At no time in the application process are you guaranteed a unit until you have signed a lease.

If you have any questions or experience difficulty completing the forms, please contact the Intake office at 914-428-1130.

Sincerely,
Intake Department
The YWCA Residence

We Provide Housing in Compliance with Federal Fair Housing Laws
The YWCA Residence
Application Checklist

This is a checklist that you can use to ensure that you are submitting a complete application. Incomplete applications will not be processed. All applicable forms and/or documents must be submitted including documentation regarding your income, student status and landlord history.

1. HOW TO APPLY
   Applications may be submitted by the following options:
   Mail: YWCA Residence
         Central Intake Unit
         69 North Broadway, White Plains, New York, 10603
   Fax: 914-428-1439
   Email: housing@ywcawpcw.org

2. EMPLOYMENT VERIFICATION FORM
   If you are employed, please have your employer(s) fill out the enclosed form(s) and return it to the above address.

3. LANDLORD VERIFICATION FORM
   Please have your past or current landlord (apartment lessee, primary tenant or housing specialist) fill out the enclosed landlord verification form and return it to the above address. If you receive rental subsidy please provide proof of your subsidy with your application (e.g., a recent Breakdown Letter, copy of your voucher, etc.).

4. RECENT PAY STUBS
   If you are working, please include copies of your last six consecutive pay stubs with year-to-date totals.

5. VERIFICATION OF SOCIAL SECURITY BENEFITS
   If you receive SSA, SSI, or SSD, please provide a current award letter (you can request one from your local Social Security office). The letter must be dated within the last 90 days.

6. VERIFICATION OF PENSION AND ANNUITIES
   If you receive a pension or annuities, please provide documentation of the monthly or yearly amount in a letter dated within the last 90 days.

7. STATEMENT(S) OF ASSETS
   Please provide copies of documentation of the accounts you listed in the application. Must provide bank statements for the previous consecutive 6 months.

Please return all information and supporting documentation with your completed application.
Please complete all sections and sign the last page. PLEASE PRINT.

APPLICANT INFORMATION

1. NAME ____________________
   First ____________________
   Middle ____________________
   Last ____________________

1a. PHOTO ID/TYPE ____________ NUMBER ____________ STATE ____________ EXP. DATE ____________ Other ____________

2. STREET ADDRESS ____________________________________________ APT. NO ____________

3. CITY ____________________________________________ STATE ____________ ZIP ____________

3a. E-Mail ____________________________________________

4. CELL PHONE ( ) ____________________________ COUNTRY OF ORIGIN ____________________________

5. BIRTHDATE ____________ RACE ____________ PREFERRED GENDER PRONOUNS ____________________________

6. Are you a fulltime student? ☐ YES ☐ NO (A Full-Time Student is one who attends school at least 5 months out of a year and has full-time student status for those 5 months, unless the individual qualifies for an exception under IRS code).

CURRENT HOUSING STATUS

7. Are you Homeless? ☐ YES ☐ NO If yes; How long have you been Homeless ____________________________

7a. What unforeseen circumstances happened that left you homeless ____________________________

8. Present landlord name ____________________________ Phone ( ) ____________________________

8a. Landlord’s address ____________________________

9. Is your apartment leased directly to you? ☐ YES ☐ NO If no, who was it leased out to? ____________________________

10. Monthly rent you pay $ ____________________________

11. Is your rent subsidized by a Government Agency (i.e. Section 8)? ☐ YES ☐ NO

12. How long have you lived at this address? ________ Years ________ Months

13. PLEASE LIST YOUR LAST 3 (THREE) RESIDENCES STARTING WITH THE MOST CURRENT:

<table>
<thead>
<tr>
<th>PREVIOUS ADDRESS</th>
<th>RENT AMT</th>
<th>DATE OF RESIDENCY</th>
<th>WHY DID YOU MOVE?</th>
</tr>
</thead>
<tbody>
<tr>
<td>FROM</td>
<td>TO</td>
<td>FROM</td>
<td>TO</td>
</tr>
<tr>
<td>PREVIOUS ADDRESS</td>
<td>RENT AMT</td>
<td>DATE OF RESIDENCY</td>
<td>WHY DID YOU MOVE?</td>
</tr>
<tr>
<td>FROM</td>
<td>TO</td>
<td>FROM</td>
<td>TO</td>
</tr>
<tr>
<td>PREVIOUS ADDRESS</td>
<td>RENT AMT</td>
<td>DATE OF RESIDENCY</td>
<td>WHY DID YOU MOVE?</td>
</tr>
<tr>
<td>FROM</td>
<td>TO</td>
<td>FROM</td>
<td>TO</td>
</tr>
</tbody>
</table>

14. What is your current gross annual income? ____________________________

15. What was your total income from last year’s federal tax return? ____________________________
EMPLOYMENT HISTORY
16. List all full- and/or part-time jobs worked during the last 5 (five) years, including self-employment and/or freelance income. List your current/most recent job first.

PLEASE NOTE: YOU WILL BE REQUIRED TO DOCUMENT ALL CURRENT AND/OR PERIODIC SOURCES OF EMPLOYMENT.

<table>
<thead>
<tr>
<th>DATE FROM</th>
<th>EMPLOYER</th>
<th>POSITION</th>
<th>SALARY</th>
<th>REASON FOR LEAVING</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

OTHER CURRENT SOURCES OF INCOME Including DSS Cash Benefits not SNAP
17. List other income that you currently receive, such as public assistance, Social Security, Supplemental Security Income, pension, disability, unemployment compensation, alimony, child support, Armed Forces Reserves, regular financial support and/or grants.

<table>
<thead>
<tr>
<th>TYPE OF INCOME</th>
<th>AMOUNT</th>
</tr>
</thead>
<tbody>
<tr>
<td>1)</td>
<td>$      per</td>
</tr>
<tr>
<td>2)</td>
<td>$      per</td>
</tr>
<tr>
<td>3)</td>
<td>$      per</td>
</tr>
</tbody>
</table>

ASSETS
18. Complete each category as applicable, and attach statements for each account listed.

<table>
<thead>
<tr>
<th>TYPE</th>
<th>BANK NAME</th>
<th>AMOUNT</th>
</tr>
</thead>
<tbody>
<tr>
<td>CHECKING</td>
<td></td>
<td></td>
</tr>
<tr>
<td>SAVINGS/HOLIDAY CLUB</td>
<td></td>
<td></td>
</tr>
<tr>
<td>MONEY MARKET/TRUSTS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>VENMO/CASH APP/PAYPAL</td>
<td></td>
<td></td>
</tr>
<tr>
<td>IRAs/RETIREMENT ACCTs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>STOCKS/BONDS/CDs</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

19. Do you own any real estate? YES NO If yes: What is the current market value? ______________

19a. Do you receive any rent from tenant(s) living at this property? YES NO If yes, how much? ______________

GENERAL QUESTIONNAIRE
20. How did you hear about The YWCA? ________________________________________________________________

21. Have you ever been evicted or asked to leave? YES NO If yes, when & why? ____________________________
22. Have you ever filed for personal bankruptcy? □ YES □ NO If yes, when? ____________________________

23. Have you ever been convicted of a felony? □ YES □ NO If yes, when? ____________________________

Briefly explain circumstances: __________________________________________________________________

24. Have you previously lived in this facility? □ YES □ NO If yes, when? ____________________________

25. Why do you want to move from your current residence? __________________________________________________________________

26. Do you know or are related to any of our residents or staff? □ YES □ NO If yes who? __________________

27. Do you own a vehicle? □ YES □ NO If yes- Year, Make and Model______________________________

28. When will you be available to move in? __________________________________________________________________

29. Do you have Medicaid? □ YES □ NO If yes, ID# on card__________________________________________

30. Were you ever been served a late rent notice? □ YES □ NO

31. Do you smoke? □ YES □ NO

32. Do you have any pets? □ YES □ NO

33. Are you (check all that apply): □ Victim of DV □ Disabled □ Elderly □ Veteran

34. Highest level of education: □ HS Diploma □ GED □ Some College □ College Diploma

Please include a copy of your State ID

I certify that the above information is correct to the best of my knowledge; I am not falsifying or withholding any information from The YWCA. I also understand that The YWCA assumes NO responsibility for applications NOT received.

I authorize YWCA Management to obtain and verify information about the income, assets, personal data. I also authorize the sources of such information (which may include, but not be limited to employers, social workers, landlords, resident managers, housing managers, DSS workers, parole officers, court records, drug treatment centers, clinics, physicians, or the police department) to release such requested information.

IF THE YWCA IS UNABLE TO CONTACT ME AT THE ADDRESS PROVIDED OR PHONE NUMBER PROVIDED, MY APPLICATION WILL BE CANCELLED.

The following documents must be submitted with application and I have put my initial as I fully completed the application.

— Application — Household Student Status Form
— Consent form — W-9 Form
— Landlord Verification — Proof of Income
— Employment Verification — Bank Statements
— Under $5,000 Assets — State Issued Photo ID

_________________________________________________________  ____________________________________________
APPLICANT’S SIGNATURE  DATE
APPLICANT AUTHORIZATION/ CONSENT FORM

Some of our applicants allow family members, case workers, friends, counselors, social workers, and significant others, to call and request the status of their application.

If you wish to have your status information released to any others mentioned above, you must sign this form.

You have the right to revoke this consent, in writing, except where we have already made disclosures in reliance on your prior consent.

I authorize The YWCA Residence to contact and discuss my application status and information to the following individuals:

1. _________________________________ Relation to Applicant: ____________________________

2. _________________________________ Relation to Applicant: ____________________________

3. _________________________________ Relation to Applicant: ____________________________

4. _________________________________ Relation to Applicant: ____________________________

Applicant Signature __________________________________________ Date ____________
HOUSEHOLD STUDENT STATUS VERIFICATION

Completed For: (check one)

_____ Move-in; effective date: _______________

_____ Annual recertification; effective date: _______________

1 & 2 must be filled out even if you are not a student

1. Will you be or have you been a full-time student during five calendar months of the certification year?
   ____ Yes   ____ No

2. Will you or have you been a part-time student during five calendar months of the certification year?
   ____ Yes   ____ No

   If YES to question #1 above, then are you must complete the questions below:

   • A full time student married and filing a joint tax return? _____Yes   _____No
   • A full time student enrolled in a job training program under the Job Training Partnership Act
     (federal, state or local)? _____Yes   _____No
   • A full time student and Title IV/TANF recipient? _____Yes   _____No

Name of School attending/planning to attend: ____________________________________________________________

Location of School: ________________________________________________________________________________

You will be asked to complete a verification form to the school mentioned

Signature of applicant/tenant: ___________________________________________________ Date____________
EMPLOYMENT VERIFICATION FORM

I hereby authorize the release of the requested information, which will be kept confidential and used for program purposes only. The YWCA will call to verify this information.

_________________________________  ____________________
Applicant’s name (printed)  Applicant’s signature

This part to be completed by employer (Not Applicant)

Dear Supervisor/HR Department Representative:

As the Central Intake Unit of the YWCA Residence, we have been authorized to verify the information provided by the individual whose signature appears above. We ask your cooperation by promptly completing and returning this form.

Please return form to:  YWCA Residence, LLC  Fax: (914) 428-1439
Central Intake Unit  E-mail housing@ywcaupw.org
69 North Broadway
White Plains, NY 10603

Supervisor/HR Department Representative, please answer the following questions regarding the above named person:

1. Employee’s start date: __________  Still employed? _____ If no, date last worked _____________

2. Position/Job Title: ________________  Probability of continued employment ______________

3. Year to date gross earnings: $________________  through _____/_____/________

4. Average gross pay: $______________ per week/bi-weekly/monthly/annual (circle one)

5. Average hours per week: _____________

6. Hourly pay rate: $_______________ (if applicable)

7. Current rate of overtime (OT) pay: $_________/hr. (if applicable)
   Anticipated amount of OT: ________/hrs. per week/bi-weekly/monthly (circle one)
8. Anticipated tips, commissions, bonuses: $______________

9. Do you anticipate any changes in salary in the next 12 months? □ YES  □ NO
   If yes, please explain: ______________________________________________________________

10. If work is seasonal or sporadic, please indicate likely layoff period: ________________________

This information is provided in strict confidence by:

__________________________________
Signature of employer

__________________________________
Printed name of employer/title

__________________________________
Company name

__________________________________
Company address

__________________________________
Daytime phone number

__________________________________
Date

__________________________________
Email
LANDLORD VERIFICATION FORM

I hereby authorize the release of the requested information, which will be kept confidential and used for program purposes only. The YWCA will call to verify this information.

_________________________________  ______________________________________
Applicant’s name (printed)          Applicant’s signature

This part (1 to 10) to be completed by Landlord (Not Applicant)

Dear Landlord:

As the Central Intake Unit of the YWCA Residence, we have been authorized to verify the information provided by the individual whose signature appears above. We ask your cooperation by promptly completing and returning this form.

Please return form to: YWCA Residence, LLC
                        Central Intake Unit
                        Fax: (914) 428-1439
                        69 North Broadway
                        White Plains, NY 10603

Landlord, please answer ALL the following questions regarding the above named person:

1. Resides, or once resided, at the following apartment (list address):
   _______________________________________________________________________

2. Length and dates of residence (Month and Year):
   _______________________________________________________________________

3. Monthly rent amount: $____________ Timeliness of rent payments: ______________________

4. Was/Is the applicant in eviction proceedings?  □ YES  □ NO
   If yes, please state the reason:
   _______________________________________________________________________

5. Rent arrears amount, if any: _________________________________________________

6. Care of your premises: _____________________________________________________

Continue
7. Do you plan to, or did you, return the applicant's security deposit in full? □ YES □ NO
   If no, why? ________________________________________________________________

8. Are you aware of any incidents relating to the applicant that required police presence at the
   premises? □ YES □ NO
   If yes, please explain: __________________________________________________________
   _____________________________________________________________________________
   _____________________________________________________________________________

9. Would you rent again to this applicant again? □ YES □ NO

10. Other comments: _____________________________________________________________
    _____________________________________________________________________________

This information was provided in strict confidence by:

Print name (Landlord) ____________________________  Signature (Landlord) ____________________________

Title (e.g., Housing Specialist, Primary Lessee, Managing Agent, etc.)

__________________________________  Address _______________________________________

Date ________________________________  Telephone number ____________________________

Email ____________________________________________________________
UNDER $5,000 ASSET CERTIFICATION
For households whose combined net assets do not exceed $5,000.

Head of Household Name: ___________________________________________ Unit No.: ______

Development Name and Address: YWCA Women’s Residence, White Plains

Complete all that apply for 1 through 4:

1. My/our assets include (enter n/a in (A) if you do not own the respective asset):

<table>
<thead>
<tr>
<th>Source</th>
<th>(A) Cash Value*</th>
<th>(B) Int. Rate</th>
<th>(A*B) Annual Income</th>
<th>Source</th>
<th>(A) Cash Value*</th>
<th>(B) Int. Rate</th>
<th>(A*B) Annual Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>Savings Account(s)</td>
<td></td>
<td></td>
<td>$</td>
<td>Checking Account(s)***</td>
<td></td>
<td></td>
<td>$</td>
</tr>
<tr>
<td>Cash on Hand</td>
<td></td>
<td></td>
<td></td>
<td>Government Benefits****</td>
<td></td>
<td></td>
<td>$</td>
</tr>
<tr>
<td>Certificates of Deposit</td>
<td></td>
<td></td>
<td></td>
<td>Money Market Funds</td>
<td></td>
<td></td>
<td>$</td>
</tr>
<tr>
<td>Stocks</td>
<td></td>
<td></td>
<td></td>
<td>Bonds</td>
<td></td>
<td></td>
<td>$</td>
</tr>
<tr>
<td>IRA Account(s)</td>
<td></td>
<td></td>
<td></td>
<td>401(k)/403(b) Account(s)</td>
<td></td>
<td></td>
<td>$</td>
</tr>
<tr>
<td>Keogh Account(s)</td>
<td></td>
<td></td>
<td>$</td>
<td>Trust Funds</td>
<td></td>
<td></td>
<td>$</td>
</tr>
<tr>
<td>Equity in Real Estate</td>
<td></td>
<td></td>
<td>$</td>
<td>Land Contracts</td>
<td></td>
<td></td>
<td>$</td>
</tr>
<tr>
<td>Lump Sum Receipts</td>
<td></td>
<td></td>
<td></td>
<td>Capital Investments</td>
<td></td>
<td></td>
<td>$</td>
</tr>
<tr>
<td>Bitcoin/ Cryptocurrency</td>
<td></td>
<td></td>
<td></td>
<td>GoFundMe/Crowdsourcing</td>
<td></td>
<td></td>
<td>$</td>
</tr>
<tr>
<td>Life Insurance (Excluding Term)</td>
<td></td>
<td></td>
<td>$</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other Retirement/Pension Funds not named above:</td>
<td>$</td>
<td>%</td>
<td>$</td>
<td>Explanation ________________________________</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Personal Property Held as an Investment**</td>
<td></td>
<td></td>
<td>$</td>
<td>Explanation ________________________________</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other (list):</td>
<td></td>
<td></td>
<td>$</td>
<td>Explanation ________________________________</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

PLEASE NOTE: Certain funds (e.g., Retirement, Pension, Trust) may or may not be (fully) accessible to you. Include only those amounts which are.

*Cash value is defined as market value minus the cost of converting the asset to cash, such as broker's fees, settlement costs, outstanding loans, early withdrawal penalties, etc.

**Personal property held as an investment may include, but is not limited to, gem or coin collections, art, antique cars, etc. Do not include necessary personal property such as, but not necessarily limited to, household furniture, daily-use autos, clothing, assets of an active business, or special equipment for use by persons with disabilities.

***Checking Account cash value should be the average in the checking account over the last six (6) months

****Cash Card Account used to receive government benefits or other income.

(5) Check either box 2 or box 3 below, not both)

2. ❑ Within the past two (2) years, I/we have sold or given away assets (including cash, real estate, etc.) for more than $1,000 below fair market value (FMV). Those amounts equal a total of: $____________________ (enter the difference between FMV and the amount you received).

3. ❑ I/we have not sold or given away assets (including cash, real estate, etc.) for less than fair market value during the past two (2) years.

4. ❑ I/we do not have any assets at this time (do not check this box if you have entered any numbers in section 1, above).

The net family assets (as defined in 24 CFR 813.102) above do not exceed $5,000, and the annual income from the net family assets is $____________________ (enter the total of all (A*B) Annual Income in section 1 above). **This amount is included in total gross annual income.**

Under penalty of perjury, I/we certify that the information presented in this certification is true and accurate to the best of my/our knowledge. The undersigned further understand(s) that providing false representations herein constitutes an act of fraud. False, misleading, or incomplete information may result in the termination of a lease agreement.

Signature of Applicant/Tenant ______________________ Date _______________________

-----------------------------------------------------------------------------------------------------
**Request for Taxpayer Identification Number and Certification**

Before you begin. For guidance related to the purpose of Form W-9, see Purpose of Form, below.

1. Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner’s name on line 1, and enter the business/disregarded entity’s name on line 2.)

2. Business name/disregarded entity name, if different from above.

3a. Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only one of the following seven boxes:

   - Individual/sole proprietor
   - C corporation
   - S corporation
   - Partnership
   - Trust/estate
   - LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership)
   - Other (see instructions)

   Note: Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should check the appropriate box for the tax classification of its owner.

3b. If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions.

5. Address (number, street, and apt. or suite no.). See instructions.

6. City, state, and ZIP code

7. List account number(s) here (optional)

**Part I Taxpayer Identification Number (TIN)**

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see How to get a TIN, later.

**Note:** If the account is in more than one name, see the instructions for line 1. See also What Name and Number To Give the Requester for guidelines on whose number to enter.

**Part II Certification**

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and, generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

**Sign Here**

Signature of U.S. person

Date

**General Instructions**

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

**What's New**

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

**Purpose of Form**

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they...