

# **ywca residence**

## **housing application**

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for every woman...



...ready to open doors

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.



**The YWCA Residence**

Rev 1/2023

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.

**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. You must provide all documentation requested and a valid identification card .**

**AT NO TIME IN THE APPLICATION PROCESS ARE YOU GUARANTEED A UNIT UNTIL YOU HAVE SIGNED A LEASE.**

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

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.**

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

**APPLICANT INFORMATION**

- 1. NAME \_\_\_\_\_  
     First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_  
 1a. other names (maiden name, stage name, etc.) \_\_\_\_\_
- 2. STREET ADDRESS \_\_\_\_\_ APT. NO \_\_\_\_\_
- 3. CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_
- 3a. E-Mail \_\_\_\_\_
- 4. CELL PHONE (    ) \_\_\_\_\_ OTHER PHONE (    ) \_\_\_\_\_
- 5. BIRTHDATE \_\_\_\_\_ Race \_\_\_\_\_
- 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).

**HOUSING STATUS**

- 7. Present landlord name \_\_\_\_\_ Phone (    ) \_\_\_\_\_
- 8. Landlord's address \_\_\_\_\_
- 9. Is your apartment leased directly to you?  YES  NO
- 10. Monthly rent \$ \_\_\_\_\_
- 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:

PREVIOUS ADDRESS	RENT AMT	DATE OF RESIDENCY	WHY DID YOU MOVE?
		FROM	
		TO	
PREVIOUS ADDRESS	RENT AMT	DATE OF RESIDENCY	WHY DID YOU MOVE?
		FROM	
		TO	
PREVIOUS ADDRESS	RENT AMT	DATE OF RESIDENCY	WHY DID YOU MOVE?
		FROM	
		TO	

- 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.**

DATE	EMPLOYER	POSITION	SALARY	REASON FOR LEAVING
FROM				
TO				
FROM				
TO				
FROM				
TO				
FROM				
TO				

## OTHER CURRENT SOURCES OF INCOME Including DSS Benefits

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.

TYPE OF INCOME	AMOUNT
1)	\$ _____ per _____
2)	\$ _____ per _____
3)	\$ _____ per _____

## ASSETS

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

TYPE	BANK NAME	AMOUNT
CHECKING		
SAVINGS / HOLIDAY CLUB		
MONEY MARKET/TRUSTS		
VENMO/ CASH APP/ PAYPAL		
IRAs/ RETIREMENT ACCTs		
STOCKS/BONDS/ CDs		

19. Do you own any real estate?  YES  NO If yes: What is the current market value? \_\_\_\_\_  
 What is the value less any mortgage or lien? \_\_\_\_\_

Do you receive any rent from tenant(s) living at this property?  YES  NO If yes, how much? \_\_\_\_\_

## GENERAL QUESTIONNAIRE

20. Have you ever been evicted?  YES  NO If yes, when? \_\_\_\_\_  
Briefly explain circumstances: \_\_\_\_\_
21. Have you ever filed for personal bankruptcy?  YES  NO If yes, when? \_\_\_\_\_  
Briefly explain circumstances: \_\_\_\_\_
22. Have you ever been convicted of a felony?  YES  NO If yes, when? \_\_\_\_\_  
Briefly explain circumstances: \_\_\_\_\_
23. Have you previously lived in this facility?  YES  NO If yes, when? \_\_\_\_\_
24. How did you hear about The YWCA? \_\_\_\_\_
25. Why do you want to move from your current residence? \_\_\_\_\_
26. Do you know or are you related to any of our residents or staff?  YES  NO If yes who? \_\_\_\_\_
26. Do you own a vehicle ?  YES  NO
25. Highest level of education:  HS Diploma  GED  Some College  College Diploma

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 UNBLE 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, counslers, 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 \_\_\_\_\_

# LANDLORD VERIFICATION FORM

# YWCA IS ON A MISSION

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

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## *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  
69 North Broadway  
White Plains, NY 10603

Fax: (914) 428-1439  
E-mail [housing@ywcawpcw.org](mailto:housing@ywcawpcw.org)

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*

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**YWCA Activity Center**  
515 North Street, White Plains, NY 10605  
P 914.949.6227 F 914.949.2021

**YWCA Residence for Women**  
69 North Broadway, White Plains, NY 10603  
P 914.428.1130 F 914.428.1439

eliminating racism  
empowering women  
**ywca**  
[ywcawpcw.org](http://ywcawpcw.org)



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**

# EMPLOYMENT VERIFICATION FORM

# YWCA IS ON A MISSION

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

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## *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  
Central Intake Unit  
69 North Broadway  
White Plains, NY 10603

Fax: (914) 428-1439  
E-mail [housing@ywcawpcw.org](mailto:housing@ywcawpcw.org)

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)

*Continue*

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**YWCA Activity Center**  
515 North Street, White Plains, NY 10605  
P 914.949.6227 F 914.949.2021

**YWCA Residence for Women**  
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eliminating racism  
empowering women  
**ywca**  
[ywcawpcw.org](http://ywcawpcw.org)

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** \_\_\_\_\_

# UNDER \$5,000 ASSET CERTIFICATION

(For households whose combined net assets do not exceed \$5,000.)

Household Name: \_\_\_\_\_ Unit No. \_\_\_\_\_

Development Name: \_\_\_\_\_ City: \_\_\_\_\_

**1. Choose one:**

I do not have any assets at this time. (If this box is checked, draw a line through the asset information below, place a zero in #3, sign and date)  
OR

My assets include:

Cash Value*	Int. Rate	Total	Source	Cash Value*	Int. Rate	Total	Source
\$ _____	_____	\$ _____	Savings Account	\$ _____	_____	\$ _____	Checking Account
\$ _____	_____	\$ _____	Cash on Hand	\$ _____	_____	\$ _____	Safety Deposit Box
\$ _____	_____	\$ _____	Certificates of Deposit	\$ _____	_____	\$ _____	Money market funds
\$ _____	_____	\$ _____	Stocks	\$ _____	_____	\$ _____	Bonds
\$ _____	_____	\$ _____	IRA Accounts	\$ _____	_____	\$ _____	401K Accounts
\$ _____	_____	\$ _____	Keogh Accounts	\$ _____	_____	\$ _____	Trust Funds
\$ _____	_____	\$ _____	Equity in real estate	\$ _____	_____	\$ _____	Land Contracts
\$ _____	_____	\$ _____	Lump Sum Receipts	\$ _____	_____	\$ _____	Capital investments
\$ _____	_____	\$ _____	Life Insurance Policies (excluding Term)				
\$ _____	_____	\$ _____	Other Retirement/Pension Funds not named above:				
\$ _____	_____	\$ _____	Personal property held as an investment** :				
\$ _____	_____	\$ _____	Other (list):				

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 mortgage, 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 the disabled.

**2. Choose one:**

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

\_\_\_\_\_ Within the past two (2) years, I have sold or given away assets (including cash, real estate, etc.) for more than \$1,000 below their fair market value (FMV). Those amounts\* are included above and are equal to a total of: \$ \_\_\_\_\_ (\*the difference between FMV and the amount received, for each asset on which this occurred).

**3. Please Complete:**

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

\$\_\_\_\_\_. 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.

\_\_\_\_\_  
Applicant/Tenant

\_\_\_\_\_  
Date

# HOUSEHOLD STUDENT STATUS VERIFICATION

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

Applicant/Tenant Name: \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

Completed For: (check one)

\_\_\_\_\_ Move-in; effective date: \_\_\_\_\_

\_\_\_\_\_ Annual recertification; effective date: \_\_\_\_\_

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 \_\_\_\_\_

Household Student Status Verification

## Request for Taxpayer Identification Number and Certification

Give Form to the  
requester. Do not  
send to the IRS.

Print or type See Specific Instructions on page 2.	Name (as shown on your income tax return)	
	Business name/disregarded entity name, if different from above	
	Check appropriate box for federal tax classification: <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ <input type="checkbox"/> Exempt payee <input type="checkbox"/> Other (see instructions) ▶ _____	
	Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
	City, state, and ZIP code	
List account number(s) here (optional)		

<b>Part I Taxpayer Identification Number (TIN)</b>																																																							
Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I Instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see <i>How to get a TIN</i> on page 3.																																																							
Note: If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.	<table border="1" style="margin: auto;"> <tr><td colspan="9" style="text-align: center;">Social security number</td></tr> <tr><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td></tr> <tr><td colspan="3">-</td><td colspan="3">-</td><td colspan="3"></td></tr> </table> <table border="1" style="margin: auto;"> <tr><td colspan="9" style="text-align: center;">Employer identification number</td></tr> <tr><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td></tr> <tr><td colspan="3">-</td><td colspan="3">-</td><td colspan="3"></td></tr> </table>	Social security number																		-			-						Employer identification number																		-			-					
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<b>Part II Certification</b>	
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).	
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 on page 4.	
<b>Sign Here</b>	Signature of U.S. person ▶ _____
	Date ▶ _____

### General Instructions

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

#### Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

**Note.** If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

**Definition of a U.S. person.** For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

**Special rules for partnerships.** Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.