

ywca residence housing application

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

Dear Applicant,

Thank you for your interest in The YWCA Residence. This newly renovated 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:

Room Style	Household Size	Monthly Rent*	Security Deposit
Cluster Style	1	\$451	\$451
Dorm Style	1	\$499	\$499
Efficiency***	1	\$691	\$691
Apt.***	1	\$865	\$865

* Includes Heat, Hot Water & Electricity

**Income eligibility is based on the Federal Low Income Housing Tax Credit guidelines and is subject to change

***Waitlist

**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.

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: residence@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. other names (maiden name, stage name, etc.) _____
2. STREET ADDRESS _____ APT. NO _____
3. CITY _____ STATE _____ ZIP _____ - _____
4. HOME/CELL PHONE () _____ WORK 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 _____ 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 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? _____

YWCA RESIDENCE
 69 NORTH BROADWAY
 WHITE PLAINS, N. Y. 10603

EMPLOYMENT HISTORY

16. List all full- and/or part-time jobs worked during the last 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

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/PASSBOOK		
MONEY MARKET/TRUSTS		
CREDIT UNION SHARES		
CDs		
IRAs/ RETIREMENT ACCTs		
STOCKS/BONDS		

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. How did you hear about The YWCA? _____

I hereby affirm that, to the best of my knowledge, the foregoing information is true, accurate and complete. I understand that misleading or false statements, misrepresentations, or incomplete information in this application will be grounds for rejection. I authorize YWCA Residence Management to contact my agencies, offices, other groups or organizations to obtain any information or materials deemed necessary to process my application, including verifying my financial, credit, housing and legal history. I understand that this information will be considered when determining my eligibility.

APPLICANT'S SIGNATURE

DATE



white plains & central westchester

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 to be completed by landlord

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 Fax: (914) 428-1439
Central Intake Unit
69 North Broadway
White Plains, NY 10603

Landlord, please answer 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: _____

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 premises: _____

7. Do you plan to, or did you, return the applicant's security deposit in full? YES NO

If no, why? _____

Continue

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

Signature

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

Address

Date

Telephone number

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

HOUSEHOLD STUDENT STATUS VERIFICATION

Applicant/Tenant Name: _____

Address: _____

Completed For: (check one)

_____ Move-in; effective date: _____

_____ Annual recertification; effective date: _____ .

Will you be or have you been a full-time student during five calendar months of the certification year?

_____ Yes _____ No

If YES, then are you:

- 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

Will you or have you been a part-time student during five calendar months of the certification year?

_____ Yes _____ No

Signature of applicant/tenant: _____

Date: _____

UNDER \$5,000 ASSET CERTIFICATION

(For households whose **combined** net assets do not exceed \$5,000.
Complete only **one** form per household; include assets of children)

Household Name: _____ Unit No. _____

Development Name: _____ City: _____

Complete all those which apply for 1 thru 4:

1. 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. 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). Thus, those amounts* are here included: \$ _____ (*the difference between FMV and the amount received, for each asset on which this occurred).
3. 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.
4. I do not have any assets at this time.

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

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"/> Other (see instructions) ▶ _____	
	<input type="checkbox"/> Exempt payee	
	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)		

Part I Taxpayer Identification Number (TIN)

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 *How to get a TIN* on page 3.

Social security number									
				-			-		

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Employer identification number									
				-					

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).

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.

Sign Here	Signature of U.S. person ▶	Date ▶
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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.