



Residence Application

Non-Refundable application fee \$100: I understand that my application fee is used for administrative processing and to conduct a background check. I understand this is a non-refundable fee, even if my application is denied. **Initials Here----->**

Applicant Information			
LAST NAME		FIRST NAME	
DOB: / /	SSN	PHONE	
STREET ADDRESS			
CITY	STATE	ZIP	
Own Rent (Please circle)	MONTHLY RENT OR MORTGAGE PAYMENT	TIME AT RESIDENCE	
PREVIOUS ADDRESS			
CITY	STATE	ZIP	
Own Rent (Please circle)	MONTHLY RENT OR MORTGAGE PAYMENT	TIME AT RESIDENCE	
Employment Information			
CURRENT EMPLOYER			
STREET ADDRESS			LENGTH OF EMPLOYMENT
CITY	STATE	ZIP	
PHONE	EMAIL	SALARY	
POSITION	DIRECT SUPERVISOR		
Additional Source of income with Explanation			
CONFIDENTIAL: Do you take any medications? If yes, please list medication and purpose			
Have you ever been convicted of a felony? If yes, please explain:			

EMERGENCY CONTACT

NAME:

STREET ADDRESS:

CITY	STATE	ZIP	PHONE
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RELATIONSHIP

NAME:

STREET ADDRESS:

CITY	STATE	ZIP	PHONE
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RELATIONSHIP:

References

NAME	ADDRESS	PHONE & EMAIL

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The Residence at the White Plains YMCA

Policies & Procedures

In order to provide you with a positive living experience, we require that the following policies and procedures be adhered to:

1. Rooms and facilities may be occupied by the resident renting the room **ONLY (NO GUEST ALLOWED)**. Unregistered persons will be asked to leave the building. The registered resident will be giving one written warning; any further guest violations will lead to eviction.
2. Rent is due on a monthly basis; the resident agrees to pay based on the resident's check-in date. First rent payment and maintenance fee is always due at check-in, unless receiving assistance from the Department of Social Services. **New Wing rate is \$900, and Old Wing rate is \$700**. There is also a one-time **Maintenance fee \$400**, which is nonrefundable and must be submitted when your first month's rent is paid.
 - a. Rent is to be paid on or before the date stated on the monthly bill. Payments that are 30 days delinquent will result in immediate commencement of the eviction process. Residents are also subject to collections reporting for all past due rent.
3. Vacating:
 - a. 14-day notice must be provided in writing to the Resident Director to vacate.
 - b. If the Resident vacates mid-month, a refund will be given for the difference between the amounts paid for the month and the transient rate (Old Wing= \$72 a day, \$165 a week; New Wing= \$80 a day, \$225 a week).
 - c. The Resident agrees to check out by 1:00 p.m. weekdays and 11:00 a.m. on Saturdays and Sundays. The Resident agrees to pay a charge for an additional day based on the transient (per day) rate, should they fail to check out at the aforementioned time.
 - d. If a refund is to be necessitated, it will be received within 6-8 weeks to the forwarding address provided by the Resident.
4. The YMCA is a **NON-SMOKING FACILITY**. The resident agrees not to smoke cigarettes, cigars, e-cigarettes, pipes, hookahs, or any type of smoke producing products on the premises of the YMCA. Failure to comply will put their residency in jeopardy if this is a repeated offense.
 - a. This also extends to burning candles, incense or any other item in their room.
5. The White Plains YMCA will **NOT** be responsible for loss or damage to resident's personal property by fire, theft or any other cause. For your safety, your room should be kept locked at all times. It is the suggestion of the White Plains YMCA that residents secure independent Renter's Insurance.
6. Parking:
 - a. Resident agrees to park in YMCA's front parking lot only during hours designated to residents.
 - i. Monday-Friday: 6pm-7am
 - ii. Weekends: Resident may park at any time understanding they must vacate the room no later than 7am Monday morning.

- b. All residents must have a valid resident parking pass in windshield/
 - c. Violator's vehicles will be subject to towing.
7. The resident agrees to comply with any statutes, ordinances, rules, orders, regulations and requirements of the Federal, State and Local Governments or any/all departments and bureaus, applicable to said premises. For example, the resident will not throw anything from the windows of the YMCA building, tamper with fire apparatus, alter or interfere with electric wiring, lamps, or fixtures or erect or cause to be erected outside aerials for radio or televisions. The resident agrees that electric appliances, such as, but not limited to hot plates, sunlamps, etc. shall not be kept or used in their room.
 8. Residents of the White Plains YMCA will conduct themselves in accordance with the core values of the YMCA, which are honesty, caring, respect and responsibility. Residents of the White Plains YMCA will also adhere to the YMCA Code of Conduct which is provided as an addendum here.
 9. Gambling, the use of profane or obscene language, the presence of alcoholic beverages, use of tobacco products, e-cigarettes, hookah, controlled substances (drugs), obscene pictures and/or posters are PROHIBITED.
 10. Residents are prohibited from storing items on the ledge of their window.
 11. The resident agrees to leave their room for thirty (30) minutes during each day, at the request of the YMCA housekeeping staff, to allow for the cleaning of their room. The resident further agrees that he/she shall not keep clothing, books or newspapers, and/or other personal belongings on the floor of his/her room which could prevent housekeeping staff from sweeping or mopping the floor. Clutter in the rooms will not be tolerated and is cause for eviction. Housekeeping service is mandatory.
 12. The resident will not bring in additional furniture and excessive personal items into their room as to cause clutter or a fire hazard.
 13. Residents are to refrain from loud talking, singing, or unnecessary noise at all hours. The volume of radios and televisions should be kept at a level that will not disturb occupants of adjacent rooms.
 14. Residents are responsible for lost room key and scan card. To replace key and scan, resident will be charged \$15 (\$10 room key/\$5 scan card).
 - a. Residents are required to scan into the facility every time they enter.
 15. The resident agrees to turn off all lights, radios, televisions and similar electric items when they leave the room.
 16. The resident agrees to allow the Residence Director, Executive Staff, Maintenance/Housekeeping Staff or authorized personnel and contractors to enter their room for inspection, extermination services or to make necessary repairs. Housekeeping is mandatory and does not require any notice.
 17. The resident agrees not to use the name of the YMCA, or the telephone number of the YMCA, for their own personal correspondence, letterhead or advertisement.
 18. Pets are not allowed in the room at any time.

19. The resident will respect common spaces (3rd and 4th Floor restrooms, and 3rd Floor Lounge) by cleaning after use. Failure to comply will result in eviction.
20. The resident understands that their residency includes a full fitness membership, however, for usage only during operating hours.
21. The resident understands that other than the residence, lobby, and healthy lifestyles areas all other areas of the building are off-limits.
22. The resident understands that unless on the approved handicapped list, all entrance must be performed through the main lobby.

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YMCA Code of Conduct

At the White Plains YMCA, we expect staff, members, and guest to behave in accordance with our mission and values at all times, respecting the rights and dignity of others.

- We demonstrate the Y Core Values of Respect, Responsibility, Caring, and Honesty by:
- Speaking in respectful tones; refraining from the use of vulgar or derogatory language, and dressing appropriately.
- Resolving conflicts in a respectful, honest and caring manner, never resorting to physical contact or threatening gestures.
- Respecting other by refraining from intimate behavior in public; abstaining from contact of sexual nature.
- Respecting the property of others; never engaging in theft or destruction.
- Creating a safe, caring environment; never carrying any illegal firearms or devices.
- Participating in programs to build a healthy spirit, mind and body; never engaging in the use, sale, dispensing, or possession of any illegal drugs or narcotics, or the unsanctioned use of alcohol on YMCA premises.

NONECOMPLIANCE MAY RESULT IN THE SUSPENSION OR TERMINATION OF YMCA MEMBERSHIP PRIVILEGES.

By signing this document, I understand the agree to the POLICIES & PROCEDURES and understand that failure to comply with the POLICIES & PROCEDURES will result in eviction from the White Plains YMCA

Date

Resident Name Printed

Date

Resident Signature



APPLICANT DISCLOSURE AND AUTHORIZATION FORM

[IMPORTANT -- PLEASE READ CAREFULLY BEFORE SIGNING AUTHORIZATION]
DISCLOSURE REGARDING BACKGROUND INVESTIGATION

YMCA of Central & Northern Westchester ("The Company") may obtain information about you from a consumer reporting agency for employment purposes. Thus, you may be the subject of a "consumer report" and/or an "investigative consumer report" which may include information about your character, general reputation, personal characteristics, and/or mode of living, which can involve personal interviews with sources such as your neighbors, friends, or associates. These reports may contain information regarding your credit history, criminal history, social security verification, motor vehicle records ("driving records"), verification of your education or employment history including current position, worker's compensation injuries, or other background checks. You have the right, upon written request made within a reasonable time after receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report. Please be advised that the nature and scope of the most common form of investigative consumer report obtained with regard to applicants for employment is an investigation into your education and/or employment history conducted by [One Source The Background Check Company, PO Box 24148 Omaha, NE 68124, 1.800.608.3645] or another outside organization. The scope of this notice and authorization is all-encompassing, however, allowing YMCA of Central & Northern Westchester to obtain from any outside organization all manners of consumer reports and investigative consumer reports now and throughout the course of your employment to the extent permitted by law. As a result, you should carefully consider whether to exercise your right to request disclosure of the nature and scope of any investigative consumer report.

ACKNOWLEDGMENT AND AUTHORIZATION

I acknowledge receipt of the DISCLOSURE REGARDING BACKGROUND INVESTIGATION and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and certify that I have read and understand both of those documents. I hereby authorize the obtaining of "consumer reports" and/or "investigative consumer reports" by the Company at any time after receipt of this authorization and throughout my employment, if applicable. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested by [One Source The Background Check Company, PO Box 24148 Omaha, NE 68124, 1.800.608.3645], another outside organization acting on behalf of YMCA of Central & Northern Westchester, and/or YMCA of Central & Northern Westchester itself. I agree that a facsimile ("fax"), electronic or photographic copy of this Authorization shall be as valid as the original.

New York applicants or employees only: You have the right to inspect and receive a copy of any investigative consumer report requested by YMCA of Central & Northern Westchester by contacting the consumer reporting agency identified above directly.

PLEASE PRINT LEGIBLY

Last Name _____ First _____ Middle _____

Other Names/Alias _____

Social Security #* _____ Date of Birth* (MM/DD/YYYY) _____

Driver's License # _____ State of Driver's License _____

Present Address _____ Phone Number _____

City/State/Zip _____

All Previous Addresses in the Last Seven Years _____

Signature _____ Date _____

*This information will be used for background screening purposes only and will not be used as hiring criteria.