



## The Residence at White Plains YMCA - Application

**Additionally with this completed application, proof of income and government-issued photo identification is needed to be considered for residence.**

I hereby apply for residence at the White Plains YMCA, with the understanding that I am in agreement with the policies and procedures of the residence program and that all applications are subject to the approval of the Resident Director. If admitted, I further agree to abide by the Resident Agreement and by such other changes made by the Resident Director from time to time.

Date \_\_\_\_\_

Name \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Driver's License # \_\_\_\_\_

Current Address:

\_\_\_\_\_

Cell: \_\_\_\_\_ Home/Work: \_\_\_\_\_

E-mail address: (please print): \_\_\_\_\_

Have you ever lived at a YMCA before? Yes/No: If yes, please explain

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Employer and address:

\_\_\_\_\_

\_\_\_\_\_

Contact Person: \_\_\_\_\_

Phone# \_\_\_\_\_

Your Job Title: \_\_\_\_\_

How Long Employed: \_\_\_\_\_

Weekly/Monthly/Bi-Monthly Salary Amount:

Have you ever been evicted? Yes/No; if yes, please explain

Have you ever been convicted of a felony? Yes/No; if yes, please explain

**REFERENCES:**

Name	Address	Phone #

We require a complete record of your residence for the past two years, including name, address, and phone number of your Landlord. List most recent dates first:

<p>_____</p> <p><b>Address</b></p>	<p>_____</p> <p><b>Landlord's Name</b></p>	<p>_____</p> <p><b>Phone Number</b></p>
<p>From: _____ to: _____</p>		
<p>_____</p> <p><b>Address</b></p>	<p>_____</p> <p><b>Landlord's Name</b></p>	<p>_____</p> <p><b>Phone Number</b></p>

**The Residence at White Plains YMCA - CONFIDENTIAL**

**EMERGENCY CONTACT INFORMATION**

Name \_\_\_\_\_

Address \_\_\_\_\_

Relation to Resident \_\_\_\_\_

Phone numbers:

Daytime \_\_\_\_\_ Cell \_\_\_\_\_ Evening \_\_\_\_\_

\*\*\*\*\*

Name \_\_\_\_\_

Address \_\_\_\_\_

Relation to Resident \_\_\_\_\_

Phone numbers:

Daytime \_\_\_\_\_ Cell \_\_\_\_\_ Evening \_\_\_\_\_

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Name \_\_\_\_\_

Address \_\_\_\_\_

Relation to Resident \_\_\_\_\_

Phone numbers:

Daytime \_\_\_\_\_ Cell \_\_\_\_\_ Evening \_\_\_\_\_

Are you allergic to any medication? If yes, please explain \_\_\_\_\_

Do you have any physical limitations that require special consideration for you to live at the YMCA? If yes, please explain.

\_\_\_\_\_

**CONFIDENTIAL**

**MEDICAL INFORMATION**

Medical Insurance Company & Policy Number \_\_\_\_\_

Physician's Name: \_\_\_\_\_

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

Phone Number(s): \_\_\_\_\_

Do you take any medications? If yes, please list medication and purpose

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

**\*Leave Blank until Check-in\***

By signing this document, I understand and agree to the **POLICIES & PROCEDURES** and understand that failure to follow the **POLICIES & PROCEDURES** will result in eviction from the Residence at White Plains YMCA.

Room Number: \_\_\_\_\_

Check in date: \_\_\_\_\_

Tenant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

YMCA Staff Name:

\_\_\_\_\_ Postion: \_\_\_\_\_

**Staff Sign:** \_\_\_\_\_