

# 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

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
<b>Dorm Style</b>	<b>1</b>	<b>\$451</b>	<b>\$451</b>
<b>Cluster Style</b>	<b>1</b>	<b>\$499</b>	<b>\$499</b>
<b>Efficiency***</b>	<b>1</b>	<b>\$691</b>	<b>\$691</b>
<b>Apt.***</b>	<b>1</b>	<b>\$865</b>	<b>\$865</b>

\* 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.

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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**

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

Fax: (914) 428-1439

**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*

Activity Center: 515 North Street • White Plains, NY 10605 • (914) 949-6227

Residence: Kennedy Duncan / Acheson Wallace Hall • 69 North Broadway • White Plains, NY 10603 • (914) 428-1130

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





white plains & central westchester

## 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**

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*This part to be completed by employer*

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

**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: \$ \_\_\_\_\_

*Continue*

Activity Center: 515 North Street • White Plains, NY 10605 • (914) 949-6227

Residence: Kennedy Duncan / Acheson Wallace Hall • 69 North Broadway • White Plains, NY 10603 • (914) 428-1130

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.)  City, state, and ZIP code  List account number(s) here (optional)	Requester's name and address (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.

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

Social security number									
			-			-			

Employer identification number									
			-						

### Part II Certification

Under penalties of perjury, I certify that:

- 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
- 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
- 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 ▶
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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:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
- Certify that you are not subject to backup withholding, or
- 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.