

YWCA of the Niagara Frontier
TRANSITIONAL HOUSING PROGRAM
APPLICATION FOR RESIDENCY
Low-income housing tax credit property

In order to process this application, please answer all questions, including names, addresses, and telephone numbers. If additional space is needed for any question(s) use the back of the page. Incomplete applications will not be processed. Applications are placed in order of date and time received. An applicant may be interviewed only after the receipt of this tenant application.

Date of Application _____

General Information

Name _____ Date of Birth: _____

Address _____
Street Apt. # City State Zip

Daytime phone: _____ Evening phone: _____

Number of bedrooms in current unit: _____ Do you _____ rent _____ own (check one)

Amount of current monthly rent or mortgage payment: _____

If owned, do you receive monthly rental income from property? _____ yes _____ no (check one)

Check utilities paid by you: _____ heat _____ electric _____ gas _____ Other (specify)

Approximate monthly cost of utilities paid by you (excluding phone and cable TV): \$ _____

How did you find out about Carolyn's House? _____

If referred, Referral Agency _____

Worker Name _____ Phone _____

Address _____

Bedroom size requested: _____ studio _____ 1 bdrm _____ 2 bdrm _____ 3 bdrm

_____ handicap BR

Our program requires that the head of household be 18 years or older. Do you meet this requirement?
 Yes No

Marital Status _____ Citizenship/Immigration Status _____

Are you a Veteran? Yes No

DEPENDENT INFORMATION

Please list all who will be living with you.

Child	First Name	Last Name	DOB	Age	Gender	SS#
1						- -
2						- -
3						- -
4						- -

Have there been any changes in household composition in the last 12 months? Yes No

If yes, explain: _____

Do you anticipate any changes in household composition in the next 12 months? Yes No

If yes, explain: _____

Will all the persons in the household be or have been full-time students during five calendar months of this year or plan to be in the next calendar year at an educational institution (other than a correspondence school) with regular faculty and students? Yes No

If yes, answer the following questions:

Have any full-time students married and filing a joint tax return? Yes No

Have any students enrolled in a job-training program receiving assistance under the Job Training Partnership Act? Yes No

Are any full-time students a TANF or Title IV recipient? Yes No

Are any full-time students a single parent living with his/her minor child who is not a dependent on another's tax return? Yes No

We are an equal opportunity housing program. Federal Laws prohibit discrimination based on the voluntary questions stated below. We would appreciate your voluntary answer to the following questions.

Ethnicity (Please fill in appropriate letter) **Y** = Hispanic or Latino **N** = Non-Hispanic or Latino

Race (Please fill in appropriate letter) **B** = Black or African American **A** = Asian **BR** = Bi-Racial

W = White or Caucasian **I** = American Indian or Alaskan Native **P** = Native Hawaiian or Pacific Islander

Child	Ethnicity	Race
1		

Do you have documentation to prove that you are homeless? Yes No

Are you willing to submit a urine sample?

Yes

No

A urine sample may be required to be considered for admittance.

Do you have any other not living with you? If so, please fill out chart completely.

Child's Name	DOB	Who has legal & physical custody

INCOME / EXPENSES

Please list your present income any benefits you receive:

INCOME	AMOUNT PER MONTH
Employment	\$
Social Security	\$
Social Security Disability	\$
Supplemental Security Income	\$
TANF #- Case #	\$
Unemployment Benefits (You must submit a copy of your benefit award statement to show what date the benefits are received)	\$
Child Support (You must submit a copy of a child custody order and child support payment order at time of entrance interview)	\$
General Public Assistance	\$
Veterans Benefits	\$
Medicare	\$
Medicaid	\$
Current Checking Account Balance (If so, you must submit a copy of a current balanced sheet to show balance at time of entrance interview)	\$
Current Savings Account Balance (If so, you must submit a copy of a current balanced sheet to show balance at time of entrance interview)	\$
Pension	\$

Maintenance aka Spousal Support (Copy of a divorce decree and/or support court documents)	\$
Other income (Student income, trust accounts, certificates, insurance policies, mutual funds, stocks, bonds, investment properties – documentation must be submitted on any or all of these items.	List:

Finance/Assets

Do you own property or are you listed as a co-owner of any property? Yes No

If yes, type of property? _____

Appraised market value: _____

Mortgage or outstanding loans balance due: _____

Amount of annual insurance premium: _____

Amount of most recent tax bill (please supply a copy at entrance interview): \$ _____

Does any member of the household have an asset(s) owned jointly with a person who is not a member of the household as previously listed? Yes No

If yes, please describe: _____

Do they have access to the assets? _____

Have you sold/dispensed of any property in the last two years? Yes No

If yes, describe type of property: _____

Market Value when sold/dispensed: _____

Amount sold/dispensed: _____

Do you have any other assets not listed above? Yes No

If yes, please list: _____

Do you have any outstanding electric bills? Yes No

Have you ever been denied Public Assistance? Yes No

Have you ever filed for bankruptcy? Yes No

HOUSING INFORMATION

Please check the box that best describes where you're living right now:

- a. Non-housing (street, park, car, bus station, etc.)
- b. Emergency Shelter
- c. Transitional housing for homeless persons
- d. Psychiatric Facility
- e. Substance abuse treatment facility
- f. Hospital
- g. Jail / Prison
- h. Domestic violence situation
- i. Living with relatives / friends
- j. Rental Housing
- k. Other (please specify)

Please describe your present living situation.

How soon do you need to move?

Are you being or have you been evicted?

Yes No

If yes, please explain

Have you ever participated in a parenting program?

Yes No

If yes, Program Name

Program Location

Graduation Date

Can you provide proof (such as a certificate)?

Yes No

Educational Information

Do you have a high school diploma? Yes No

What high school did you attend and where was it located? _____

While in high school, were you ever in special classes or special education? Yes No

If yes, what were you told was the reason for being placed in the special classes? _____

Have you taken any college courses? Yes No

If yes, please list college courses you have completed.

Do you have a college degree? Yes No

If yes, what is your degree in? _____

If you've answered no to the college questions above, would you be interested in taking any college courses? Yes No

If yes, what subjects interest you? _____

LEGAL INFORMATION

Do you have any pending legal issues? Yes No

If yes, what type?

- Custody Divorce Criminal
- Domestic Violence Bankruptcy Court Orders
- Other: _____

Have you ever been arrested? Yes No

If yes, when and why? _____

Have you ever been in jail? Yes No

If yes, when and why? _____

Do you have a lawyer? Yes No

If yes, Name of Lawyer _____ Phone _____

Address _____

Are you currently or have you ever been on probation? Yes No

If yes, when? _____

Probation Officer _____ Phone _____

Do you have any outstanding legal matters? Yes No

If yes, please describe _____

Do you currently have or have you ever filed a restraining order? Yes No

If yes, to whom? _____ When? _____

Why? _____

Please attach a copy of any CURRENT restraining orders to the application.

Does anyone have a restraining order against you? Yes No

If yes, who and why? _____

HEALTH INFORMATION

How would you describe your current health? _____

Please explain _____

Are you currently under any medical care? Yes No

If yes, Name of Doctor or Clinic _____

Address _____

Do you have any physical or emotional problems that we should be aware of? Yes No

If yes, please describe _____

Have you had any history of suicidal thoughts or actions? Yes No

If yes, what was happening during that time in your life? _____

Do you receive treatment for mental health or substance abuse? Yes No

If yes, please explain _____

Name of Counselor Therapist _____

Agency _____

Has it prevented you from working? Yes No

If yes, where and for what reason? _____

Are you currently on any medication? Yes No

If yes, please fill in chart:

Name of Medication	Prescribed for	Dosage	Does it Help

Do you have any health insurance?

Yes

No

If yes, Name of company _____

Do any of the children living with you have health insurance?

Yes

No

If yes, please fill in chart:

Child's Name	Doctor	Health Insurance	Policy #

Do you or your children living with you have any significant health problems or are they on medication?

Yes

No

If yes, please fill in chart:

Child's Name	Describe Health Problems	Medications

I certify that the information presented in this application is true and accurate to the best of my knowledge. I also understand that providing false information and/or representations in this application does constitute an act of fraud. False, misleading or incomplete information are punishable by law and may result in the termination of lease agreement. I also certify that I/we do/will not maintain a separate subsidized rental unit in another location and that this will be my/our permanent address. I/we understand that we must pay a security deposit for this apartment prior to occupancy. I/we understand that my eligibility for housing will be based on applicable income limits and by management's selection criteria. All adult applicants, 18 or older, must sign application.

Signature of applicant

Date

YWCA of the Niagara Frontier

32 Cottage St.
Lockport, NY 14094
716.433.6714
716.433.1929 – Fax

Carolyn's House

542 6th St.
Niagara Falls, NY 14301
716.278.9662
716.278.9663 - Fax

Homeless Verification Form

Date:

All applicants for housing through the YWCA of Niagara must complete this verification form in accordance with state and federal requirements. The form must be signed by the person and/ or organization representative providing housing.

I, _____, attest that I am homeless on this date, _____, due to the following circumstances:

- Non-housing (street, park, car, bus station, etc.)
- Emergency Shelter
- Transitional Housing for homeless person
- Psychiatric Facility
- Substance Abuse Treatment Facility
- Hospital
- Jail/Prison
- Domestic Violence Situation
- Living with Friends/Relatives
- Rental Housing – Substandard housing (roof caved in, unstable)
- Other

To be completed by the person providing housing:

I, _____ (housing provider name/agency) attest that on
this date, _____, (applicant name) does hereby reside at
_____ (list address location/organization).

Signature of housing provider

Date

YWCA Program Eligibility Requirements

To maximize your self-sufficiency opportunities in our program, the following conditions will determine your eligibility for YWCA housing programs. In order to be accepted into any housing programs, you must agree to possess or provide the following:

- Minimum 90 days of documented sobriety/clean time, provided by a chemical dependency treatment agency or counselor.
- Documented mental health treatment OR willingness to participate in mental health treatment/counseling if a diagnosis is present. An absence of active psychosis or current self-harm practices (within the last 60 days prior to application) is also required.
- Self-sustainability: Our housing requires you to have the ability to maintain own appointment scheduling and calendars with minimal assistance, the ability to maintain own medications, safety and security, even when no staff is present. Additionally, we require you to have the ability to care for children in one’s own custody, and the ability to maintain apartment quarters to a minimum standard of care.
- Willingness to participate in program agreement, which includes (but is not limited to); group attendance and participation, active goal planning and participation in goal plan, understanding and willingness to abide by safety rules.
- Capable of acquiring the skills and resources necessary to become economically self-sufficient. Must additionally have capability of paying rent in a timely fashion.
- Able to live cooperatively and responsibly with other residents in the program.
- Residents and their children must not have a history of fire setting or sexual offender incidents.

Application Process – The applicant must independently request, complete and return an application. The Program Case Manager will review the application and set up an interview/assessment with the applicant. After all available information and required documentation is gathered, a decision will be made. If it appears that this program is appropriate for the applicant’s needs, apartment availability will be reviewed and client will be admitted to housing or placed on waiting list. If this program does not effectively meet the needs of the applicant, referral information will be provided.

I understand the preceding information is a requirement for eligibility in any housing program of the YWCA of Niagara.

Signature: _____

Date: _____