



YWCA Lancaster
110 N. Lime St.
Lancaster, PA 17601
T: 717-393-1735
F: 717-396-0513
www.ywcalancaster.org

YWCA LANCASTER
Residence Application Cover Sheet
(For Your Information)

The YWCA Residence Program is a transitional housing program for women with no children living with them, and for women with up to two children (boys must be under age 9 and girls must be under 16) There are currently 27 rooms for women alone, and 8 rooms for women with children. Residents may stay for up to 2 years, and must be working, attending school, or volunteering. We also offer 3 Emergency Shelter rooms for women with children. Water Street Mission does the intake for our emergency rooms.

Transitional residents must have sufficient income to pay weekly rent in advance. Room rent ranges from \$52 to \$58 a week. An additional \$80 is needed to move in, and covers a \$45 refundable key deposit and \$35 yearly membership to the YWCA. Residents are required to be a member of the YWCA.

Applications are placed in our active file only if they are complete, and contain two references who can attest to your character. Please provide references who are not relatives or friends. When a room becomes available, you may be called to come in for an interview. Within 30 days, you may call the Residence Director at 393-1735, extension 222 and leave a message stating you are still interested in a room here. Otherwise your application will be back-filed after 30 days.

Thank you for your interest in the Residence Program

A United Way Agency



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RESIDENCE APPLICATION

DATE APPLIED _____

Name _____

Date of Birth _____

Address _____

Social Security # _____

Phone # _____

Best time to call _____

Please list the children who will stay with you here. Girls must be 15 years old or younger, and boys must be 8 years old or younger. Only two children may live here with you.

Full Name	Relationship	Birth date	Social Security #

List any medical or mental health issues for you and children: _____

Local Doctor's Name and Phone # _____

Preferred Hospital in an Emergency _____

In Case of Emergency, Contact _____ Relationship _____

Phone # _____

Are you homeless at this time? _____ Where did you spend last night? _____

Are you being referred to this Program? _____ If so, who referred you? _____

What do you think you will need to do to obtain permanent housing? _____

Identify any barriers you may have in reaching the goal of obtaining permanent housing _____

STUDENT INFORMATION

Are you currently attending classes or enrolled in a school or college? _____ If so, please enter the name of the school/college _____ Phone # _____

What hours and days do you attend classes? _____

Do you have a graduation date? _____ If so, when? _____

EMPLOYMENT INFORMATION

Are you currently employed? _____ If so, where? _____

Phone # _____ Job Title _____ Supervisor _____

Scheduled days/hours _____

of hours per week _____ Hourly rate _____ Net Income: Weekly _____ Bi-weekly _____

OTHER SOURCES OF INCOME

List all other sources of income (including money from friends/relatives, child support, etc.) and the amounts you receive:

Do you receive Cash Assistance/TANF? _____ If so, what is the monthly amount? _____

Do you receive any non-cash benefits? _____ DPW Case Worker's Name _____

REFERENCES

Note: Your references should not include relatives or friends. Please do include former or current Landlords, Case workers, Pastors, or any former/current Employers/Teachers/School Counselors who can attest to your good character:

Name _____ Occupation _____ Phone # _____

In what capacity do you know this person, and for how long? _____

REFERENCES CONTINUED

Name _____ Occupation _____ Phone# _____

In what capacity do you know this person, and for how long? _____

SERVICES YOU ARE CURRENTLY RECEIVING

CHILDREN AND YOUTH - Do you have an open case with Children and Youth? _____ If so, what is your Case Manager's name? _____ Phone # _____

PROBATION AND PAROLE - Do you have an open case with Probation and Parole? _____ If so, Please provide PO's name and phone # _____

MH/MR (or other agency dealing with Mental Health issues) - Do you have a diagnosis of Mental Illness? _____ Are you receiving treatment? _____ Please provide the name of the Agency, Therapist, or Physician where/from whom you receive treatment _____ Phone # _____

HOUSING – Please indicate if you are already receiving services from Tabor or The Lodge _____, If so, please provide your Case Manager's name and phone # _____

DRUG ADDICTION AND/OR ALCOHOLISM – Are you coming from a drug/alcohol treatment facility? _____ Which one? _____ Please indicate your drug of choice _____ How long have you been clean? _____ Are you currently in treatment? _____ Do you attend NA or AA Meetings? _____ Do you have a sponsor? _____ Please provide phone # _____

STATEMENT OF VERIFICATION

This is to verify that all of the information provided on this application is true and complete to the best of my knowledge and belief. I hereby consent to the disclosure of income and financial references for the purpose of verification related to my application for residency at the YWCA Lancaster. I further authorize the YWCA Residence Director to contact my employer and any references provided, and any relevant agencies as necessary to verify information provided on the application. I understand that applying for Residency does not guarantee I will be accepted as a resident of the YWCA Lancaster.

Note: Applications which are incomplete or unsigned will not be considered. Please sign and date below.

Applicant Signature

Date