

Liberty House Application
(Housing for single women and women with children)

Name: _____ Date: _____
 First Middle Last

Date of Birth: _____ / _____ / _____ Age: _____ Social Security #: _____ - _____ - _____

Current Address: _____

City _____ State: _____ Zip: _____

Phone Number: _____ Length of time at this address: _____

Landlords Name: _____ Phone #: _____

May we contact previous landlord? _____ Yes _____ No If no please explain: _____

Are you a former Resident of the YWCA? Yes _____ No _____ In what year? _____

Are you a veteran? Yes _____ No _____

REQUIRED: Drivers' License/Photo ID Number (include state): _____

Do you have a vehicle: Year _____ Make _____ Model _____ Color _____

Previous address: _____

How long did you live there: _____ Length of time in Lycoming County: _____

Current Living Situation: _____

REQUIRED: Where Were You Born?

_____ City _____ State _____ County _____

Marital Status: ___ Married ___ Separated ___ Divorced ___ Never Married ___ Widowed

If you are married, what is your maiden name? _____

Notify the following persons in case of emergency, please provide two emergency contacts:

Name _____

Phone # _____ Relationship: _____

Address _____

Name _____

Phone # _____ Relationship: _____

Address _____

STATISTICS:

FOR YOUR APPLICATION TO BE CONSIDERED
YOU MUST PROVIDE THE FOLLOWING INFORMATION:

1. **AGE AND GENDER:**

Female Child

a.	62 and over		
b.	51 - 61		
c.	31 - 50		
d.	18 - 30		
e.	13-17		
f.	6-12		
g.	1-5		
h.	Under 1		

2. **RACE:** (Please check appropriate box)

a.	American Indian/Alaskan Native	
b.	Asian	
c.	Black/African American	
d.	Native Hawaiian/Other Pacific Islander	
e.	White	
f.	Hispanic	

Height: _____ Hair Color: _____ Eye Color: _____

3. **INCOME AND SOURCE OF INCOME:** (Please check appropriate boxes)

	Monthly Income	
a.	No income	
b.	Below \$11,000	
c.	\$11,000 - \$15,000	
d.	\$15,000 - \$25,000	
e.	Over \$25,000	
f.	Not Known	

TOTAL MONTHLY

INCOME _____

Income Sources	MONTHLY AMOUNT	START DATE
Supplemental Security Income (SSI)		
Social Security Disability Income (SSDI)		
Social Security		
General Public Assistance		
Temporary Aid to Needy Families (TANF)		
State Children's Health Insurance (SCHIP)		
Veterans Benefits		
Employment Income		
Unemployment Benefits		
Veterans Health Care		
Medicare		
Medicaid		
Food Stamps		
Other (please Specify)		
No Financial Resources		

If other please specify: _____

4. **LIVING SITUATION** for last week (please check the one best describing your situation).

Non-Housing (street, park, car, etc)		Hotel or Motel You Paid For	
Emergency Shelter		Foster Care	
Transitional Housing for homeless persons		Place Not Fit For Habitation	
Psychiatric Facility		***Length of Stay :	
Substance abuse treatment facility			
Hospital		Less Than One Week	
Jail/prison		More Than One Week But Less Than One Month	
Domestic violence situation		One To Three Months	
Living with relatives/friends		More Than Three Months But Less Than One Year	
Rental housing		One Year or Longer	
Other (please specify)			
If other please specify: _____			

5. EDUCATION:
(Please check appropriate box)

Completed High School	
Some High School, Highest grade completed ()	
GED	
College, How many years ()	
College Degree ()	
Trade/Vocational school (please list training program's):	

6. EDUCATIONAL GOALS
(Please list below)

7. SPECIAL NEEDS

Mental illness	
Alcohol abuse	
Drug abuse	
HIV/AIDS and related diseases	
Developmental disability	
Physical disability	
Domestic Violence	
If applicable what is your MH Case workers Name:	

8. GENERAL HEALTH:

Excellent	
Very good	
Good	
Fair	
Poor	
Pregnant	
If pregnant what is your due date:	
Do you have any disabilities: (please list)	

LIST ANY MEDICATION YOU ARE TAKING: _____

9. WHAT SUPPORTIVE SERVICES DO YOU REQUIRE? (Please check appropriate boxes)

Outreach	
Case management	
Life skills (outside of case)	
Alcohol or drug abuse services	
Mental health services	
HIV/AIDS-related services	
Other health care services	
Education	

Employment assistance	
Child care	
Transportation	
Housing placement	
Legal	
Other (please specify):	

10. EMPLOYMENT INFORMATION:

Name of Business _____

Address _____ Phone _____

Job Title _____ Supervisor _____

Number of hours/week _____ Pay Rate per hour: _____

Weekly: \$ _____ Bi-Weekly: \$ _____ Not Employed _____

Looking _____ Not looking _____

Additional Information: _____

11. **CHILD INFORMATION:**

Do you have children: Yes _____ No _____

How many children: _____ How many children will enter the program with you? _____

REQUIRED: CHILD INFORMATION:

Name	DOB	Gender	Race	SS #
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

REQUIRED: Birth City of Children:

Childs Name	City	State	County
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

REQUIRED: Please provide a copy of you child (rens) immunizations:

Do your children have any disabilities or chronic illness, if so please describe?

Childs Name and illness: _____

What medications is your child on: _____

Does your child attend school, If so what grade? _____

If applicable C & Y caseworkers Name: _____

Name of daycare _____

12. **GOAL AND SELF EXPECTATIONS:**

What do you feel you would like to accomplish during your stay in the YWCA?

What would you like to be doing one-year from now?

List three personal strengths you feel will help you accomplish your goals.

List three personal characteristics you feel may keep you from accomplishing your goals.

13. IF APPLICABLE CRIMINAL BACKGROUND INFORMATION:

Have you ever been arrested for anything other than a traffic violation or are currently on probation or parole? If yes, please explain _____

Probation Officer's Name: _____

Date of Conviction(s) _____ Length of Probation/parole _____

14. PROVIDE TWO REFERENCES (not relatives)

In what capacity do you know this person? _____ How long? _____

Name _____ Occupation _____

Address _____ Phone _____

In what capacity do you know this person? _____ How Long _____

Name _____ Occupation _____

Address _____ Phone _____

15. STUDENT INFORMATION

Name of School _____

Address _____

Phone _____ Course of Study _____

Enrollment Date _____ Graduation Date _____

16. REASON FOR HOMELESSNESS: (Please briefly describe the circumstance causing your homelessness)

Explanation: _____

Can you provide a Statement of Homelessness (eviction notice or a request to vacate?) _____

Are you willing to do volunteer work to comply with program requirements? _____

Are you willing to attend any and all workshops provided by the program? _____

Applicant's Signature: _____

Date: _____

**** Fill out all information on the application**

***** YOUR APPLICATION WILL NOT BE CONSIDERED
IF IT IS NOT COMPLETED**



Consent to obtain Information

I authorize representatives of the YWCA of Williamsport to contact Employers, Landlords, or any other relevant agencies as necessary to verify the information contained in this application. I also acknowledge that this application does not constitute a commitment on the part of the YWCA of Williamsport to rent this property or any other property to me.

THIS APPLICATION MUST BE SIGNED AND FILLED OUT COMPLETELY BEFORE PROCESSING CAN BEGIN.

NOTE:

Only those individuals who are considered capable of living in a shared living environment and completing program requirements will be considered for program application.

*At the YWCA there is a **ZERO** tolerance policy for drug and alcohol use and a **ZERO** tolerance policy for violence, intimidation, or threats as well as improper use of language.*

Signing below acknowledges that I have read or have had read to me all the above information and understand it fully.

If I do not abide by all the rules of the YWCA I am subject to eviction.

Signing below does not ensure that I will be accepted in the residency program.

Applicant's Signature

Date

*****Residents will be required to pay securities, deposits, membership and one week rent after 30 days.***

REV: 10/3/08