



YMCA of Yonkers Housing Program Application

Name	Date of Birth
Phone Number	Alternate Phone Number
Current Address	
Previous Address	
Status (circle one): Student Employed Unemployed Veteran Other	
Employer	Duration Employed
Address of Employer	
If unemployed, what is your source of income?	
Name of Social Worker (if any)	Social Worker's Phone Number
Reference Name	Reference Address & Phone Number
Are you currently homeless?	Reason for homelessness/Duration
Do you have disability needs?	Health concerns
I understand that this application for the Transitional Housing Program at the YMCA of Yonkers includes a personal interview. I also understand that this program is a transitional, community-based program with a set of rules and standards set forth by the YMCA of Yonkers and the YMCA of the USA. I comply with these standards and rules of the YMCA of Yonkers.	
Signature of Applicant	Date
Approved Move-In Date	YMCA Representative Signature