

## **YWCA Madison Housing Application**

Thank you for submitting an application for housing at YWCA Madison. We require one professional reference, verifiable income, and two years of housing history. We also conduct a criminal background screening. Completed applications can be dropped off in person or mailed to YWCA Madison (101 E. Mifflin St, Madison, WI 53703). Applications can also be faxed to (608) 257-1439.

Once you have submitted a <u>completed</u> application, our housing staff will contact you to schedule an application interview for the program you are applying to. **Please note, application interviews are a required part of our application process**. After this interview, staff will begin processing your application. If applying to a family based housing program, please make sure to have all documents listed on the program cover sheet, in order for your application to be processed as quickly as possible.

For YWCA Madison Use Only			
Date Received:	Received: Received By (staff):		
Housing Program:			
Date Applicant Was Contacted:	e Applicant Was Contacted: Contacted By (staff):		
Application Interview Date:			
Section 42 Processing Date:			
Today's Date:	Desired Mo	ve-in Date:	
Household Information			
First Name, Middle Initial, Last Name	Preferred Name and Pronouns	Relationship	Date of Birth
		Self	
Have you ever lived at the YWCA before? If yes, when?			
Have you applied to the YWCA before?  If yes, when?			
Have you gone by any other names? YE If <u>yes</u> , list all other names you have gone be			

## **Contact Information**

If your contact information changes at any time, please call to update your contact information.



Phone Number:	Alterna	ative Phone Number:		
E-mail:				
Student Status and Accommoderate Status and Accommoderate YI Accessibility Accommodation Re	ES NO If yes, where	e?		
Professional Reference Could be a mentor, social worke considered a professional refere		risor, etc. (Family membe	ers and friends are not	
Name	Relationship	Phone Number	Email	
Verifiable Income List all sources of income includi Income Source/Employer	ing employment, SSI/SSI	DI, Child Support, etc.  Contact Phone #	Fax	
Financial Assistance If you have financial assistance is cash gift on your behalf.  Will you receive financial assista	ance: YES NO Anti	icipated amount of assist	ance:	
Agency Name:		_		
Agency phone number: Agency Case Manager:				
Housing History We require two years of housing requested information below. Ho be considered incomplete and w	ousing history must be vewill not be processed.	erifiable. If information is i	· '	
	Exam	ıple		
Previous Address: 123 ABC Lane, Apt D, Madison WI, 12345 Management Company/Landlord Name: John Smith (Friend) Landlord Phone Number/Fax Number: (123) 456-7890 Previous Address: Salvation Army (Madison) Management Company/Landlord Name: Salvation Landlord Phone Number/Fax Number: (608) 250-2			ndlord Name: Salvation Army	

Monthly Rent: No rent

Reason for Leaving: Staying with friend, need permanent

housing

Dates: 10/12/18 - 12/31/18

Monthly Rent: No rent

Reason for Leaving: Temporary Shelter

**Dates:** 10/7/18 - 10/11/18

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Current Address:		
Landlord/Management Company:		
Landlord Phone Number:		Fax:
Monthly Rent:		
Reason for Leaving:		
Dates from (month/year):	to	
Previous Address:		
Landlord/Management Company:		
Landlord Phone Number:		Fax:
Monthly Rent:		
Reason for Leaving:		
Dates from (month/year):	to	
Previous Address:		
Landlord/Management Company:		
Landlord Phone Number:		Fax:
Monthly Rent:		
Reason for Leaving:		
Dates from (month/year):	to	
Previous Address:		
Landlord/Management Company:		
Landlord Phone Number:		Fax:
Monthly Rent:		
Reason for Leaving:		
Dates from (month/year):	to	

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In the past 2 years, have you ever been removed, evicted, or asked to leave prior housing? If so, pleas explain:		
If you are unable to provide ho explain your missing housing	busing history for the last 2 years, please use the following space to history	
Release Authorization  Do you work with any case mana	ager/social worker/support person who is helping you fill out this application?	
•	Agency:	
Phone Number:	Agency E-mail:	
	fer you help with the application process, securing housing, and obtaining	

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## **Criminal Background Check**

## YWCA Madison conducts a criminal background check on all applicants.

Past criminal conviction record for offenses that bear a substantial relationship to tenancy, such that a reasonable person would have a justifiable fear for the safety or property of YWCA Madison, its employees and/or tenants <u>may</u> lead to denial. Examples of offenses that would bear substantial relationship to tenancy include:

- Criminal activity involving violence to persons such as murder, child abuse, domestic violence, dating violence, sexual assault, stalking, battery, aggravated assault, assault with a deadly weapon.
  - o Criminal activity that requires an individual to be placed on the National Sex Offender Registry.
- Criminal activity involving violence to or destruction of property, such as arson, vandalism, theft, burglary, criminal trespass to a dwelling.
- Manufacture or delivery of a controlled substance.
- Operating a drug dwelling.
- Possession with intent.

An application will be denied if:

- 1. Less than 4 years have passed since any criminal felony conviction(s).
- 2. Less than 2 years have passed since any criminal misdemeanor conviction(s).

Please note - No time limit applies if the offense must be reported under the Sex Offender Reporting Requirements.

Is there anything you would like to explain related to your criminal background?		
Signature Clause		
I certify the answers given here are true and accurate to	the best of my knowledge.	
I authorize the YWCA Madison to contact the persons or determining my ability to live in the YWCA Madison resid information from those persons or agencies listed on this	dence. This includes releasing to and obtaining	
I understand that any misrepresentations will result in the and understand it.	e denial of my application. I have read this application	
This application is not a rental agreement, contract, approval of the YWCA Madison Operations Departm	• • • • • • • • • • • • • • • • • • • •	
Signature:	Date:	

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