

**HOUSING APPLICATION**

**\*\* Thank you for applying to the YWCA. Your housing application will be processed after you submit a complete application, meet with YWCA staff for an interview, and complete an income certification. Please call (608)257-1436 option 2 to schedule an appointment. When scheduling your appointment, please let us know if you need any special assistance to complete the application process. *Esta solicitud también está disponible en Español. Esta aplicación está disponible en español en la página web de la YWCA, y en la recepción de nuestro edificio en el centro.***

Today's Date                      /                      /                      Desired Move-In Date                      /                      /

**YWCA Housing Program Applying to:**

Please provide information for each family member.

First Name, Middle Initial, Last Name	Relationship	Date of Birth
	Head	

PHONE Number (or Message #): \_\_\_\_\_ Email Address: \_\_\_\_\_

Please list any other names you have gone by: \_\_\_\_\_ What is your preferred name? \_\_\_\_\_

Do you smoke?                      Are you a full-time student?                      If yes, where?

Referred to the YWCA by: \_\_\_\_\_

Have you ever lived at the YWCA before?                      If yes, when?                      Have you applied to the YWCA before?                      If yes, when?

Do you need special accommodations for accessibility? \_\_\_\_\_ YES \_\_\_\_\_ NO \_\_\_\_\_ (circle one) \_\_\_\_\_

Accommodation Requested: \_\_\_\_\_

Accessible Bathroom Required:                      YES                      NO                      (circle one)

**Housing History & References:** List **ALL** landlords or places that you have stayed in the past **TWO YEARS**  
(You may attach additional sheets if necessary)

**Present Address** \_\_\_\_\_ Zip \_\_\_\_\_

From (month/year) \_\_\_\_\_ to \_\_\_\_\_ Work Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Landlord \_\_\_\_\_ Landlord's Phone # \_\_\_\_\_ Landlord's Fax # \_\_\_\_\_

Landlord's Address \_\_\_\_\_ Zip \_\_\_\_\_

Reason For Leaving \_\_\_\_\_

**Previous Address** \_\_\_\_\_ Zip \_\_\_\_\_

From (month/year) \_\_\_\_\_ to \_\_\_\_\_ Landlord's Phone # \_\_\_\_\_ Landlord's Fax # \_\_\_\_\_

Landlord \_\_\_\_\_ Landlord's Phone # \_\_\_\_\_ Landlord's Fax # \_\_\_\_\_

Landlord's Address \_\_\_\_\_ Zip \_\_\_\_\_

Reason For Leaving \_\_\_\_\_

**Previous Address** \_\_\_\_\_ Zip \_\_\_\_\_

From (month/year) \_\_\_\_\_ to \_\_\_\_\_

Landlord \_\_\_\_\_ Landlord's Phone # \_\_\_\_\_ Landlord's Fax # \_\_\_\_\_

Landlord's Address \_\_\_\_\_ Zip \_\_\_\_\_

Reason For Leaving \_\_\_\_\_

**Previous Address** \_\_\_\_\_ Zip \_\_\_\_\_

From (month/year) \_\_\_\_\_ to \_\_\_\_\_

Landlord \_\_\_\_\_ Landlord's Phone # \_\_\_\_\_ Landlord's Fax # \_\_\_\_\_

Landlord's Address \_\_\_\_\_ Zip \_\_\_\_\_

Reason For Leaving \_\_\_\_\_

**Previous Address** \_\_\_\_\_ Zip \_\_\_\_\_

From (month/year) \_\_\_\_\_ to \_\_\_\_\_

Landlord \_\_\_\_\_ Landlord's Phone # \_\_\_\_\_ Landlord's Fax # \_\_\_\_\_

Landlord's Address \_\_\_\_\_ Zip \_\_\_\_\_

Reason For Leaving \_\_\_\_\_

**IN THE PAST 2 years, HAVE YOU BEEN EVICTED FROM AN APARTMENT FOR ANY REASON? IF SO, PLEASE EXPLAIN:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Employment/Income Source(s):**

**Income Source** \_\_\_\_\_ Monthly Income \$: \_\_\_\_\_

Contact Person \_\_\_\_\_ Phone Number (      ) \_\_\_\_\_

Address \_\_\_\_\_ Fax: \_\_\_\_\_

**Additional Source** \_\_\_\_\_ Monthly Income \$: \_\_\_\_\_

Contact Person \_\_\_\_\_ Phone Number (      ) \_\_\_\_\_

Address \_\_\_\_\_ Fax: \_\_\_\_\_

**\*\* If you have Social Security income, please bring your award letter to appointment if available.**

**Professional References:** Examples - Case Worker, Employer, Teacher, Supervisor, Co-Worker, etc. Please do not list family members.

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Number of years known \_\_\_\_\_

Address \_\_\_\_\_ Zip \_\_\_\_\_

Telephone # \_\_\_\_\_ Work Phone# \_\_\_\_\_ Fax # \_\_\_\_\_

**Professional References (Continued):**

Name	Relationship	Number of years known
Address		Zip
Telephone #	Work Phone #	Fax #

Name	Relationship	Number of years known
Address		Zip
Telephone #	Work Phone #	Fax#

**Receipt of Notice**

Do you want a written notice if your application is denied (circle one)? Yes No Initials

If yes, I would like it mailed to:

NAME	ADDRESS	CITY	STATE	ZIP
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**Criminal Background Check**

**The YWCA of Madison conducts a criminal background check on all applicants.**

An application may be denied for the following: 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 the YWCA, its employees or other tenants may lead to denial. For example:

- Criminal activity involving violence to persons such as murder, child abuse, sexual assault, battery, aggravated assault, assault with a deadly weapon.
- Criminal activity involving violence to or destruction of property, such as arson, vandalism, theft, burglary, criminal trespass to a dwelling.
- Manufacture of a controlled substance
- Operating a drug dwelling

Convictions are only considered if less than 2 years have passed since the applicant was placed on probation, paroled, released from incarceration or paid a fine for the offense.

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

**Is there anything you want to explain related to your criminal background? Please Explain:**

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**Release Authorization**

If you have an advocate who is assisting you with seeking housing we must have your permission to share application information. Please complete information below.

I authorize the YWCA to release to or obtain from the following individuals or agencies any information pertaining to my housing application.

Advocate/Case Manager Name	Agency	Phone		
Address	City	State	ZIP	email address

**Signature Clause**

I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for residency as may be necessary, and I authorize the YWCA to contact the persons or agencies listed on this application for the purpose of determining my ability to live in the YWCA residence. This includes releasing to and obtaining information from those persons or agencies listed on this application.

I understand that any misrepresentations may result in the denial of my application. I have read this application and understand it.

THIS APPLICATION IS NOT A RENTAL AGREEMENT, CONTRACT OR LEASE. ALL APPLICATIONS ARE SUBJECT TO THE APPROVAL OF THE OWNER OR MANAGING AGENT.

Signature	Date
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