Thank you for requesting the YWCA’s Senior Housing Application Packet!

Please review the enclosed eligibility criteria and identify which property you are interested in using the housing options form. Once we have reviewed your application packet, you will be notified in writing of the outcome. The YWCA can only accept completed applications packets.

If you have questions, contact the following Housing Staff member for assistance:

**Frannie Chenoweth**  
Housing Specialist  
205.322.9922 x179

**Kayce Swift**  
Housing Compliance Specialist  
205.322.9922 x329

YWCA CENTRAL ALABAMA  
HOUSING OFFICE  
309 23rd STREET NORTH  
BIRMINGHAM, AL 35203  
205.322.9922

www.ywcabham.org
So what’s next? Once an applicant completes this housing options form and the attached application, the packet should be submitted to the YWCA (mailed to YWCA Housing Office at 309 23rd Street North, Birmingham, AL 35203 or dropped off there in person) and the YWCA’s Housing staff will review everything and ensure it is complete.

After Housing staff has reviewed the application packet, the applicant will be notified in writing as to whether or not it appears that the packet is complete and whether or not the applicant appears to meet the eligibility criteria for the property specified in the application. If the applicant appears to meet the eligibility criteria for the property specified, the eligible applicant will be added to the waiting list for that property.

The YWCA is unable to determine how long the wait may be as this depends on unit turnover and eligibility.

Once there is a vacancy and the applicant’s name comes up on the waiting list, Housing staff will contact the applicant to schedule an interview and conduct the final qualification process prior to move in.
APPLICATION ASSISTANCE AND INFORMATION STATEMENT

IF YOU ARE HANDICAPPED OR DISABLED, OR HAVE DIFFICULTY COMPLETING THIS APPLICATION, PLEASE ADVISE US OF YOUR NEEDS WHEN YOU RECEIVE THE APPLICATION OR CALL US TO SCHEDULE ASSISTANCE.

OUR PHONE NUMBER IS (205)322-9922. IF YOU HAVE A HEARING OR SPEAKING IMPAIRMENT, YOU MAY ALSO USE THE STATE RELAY SYSTEM PURSUANT TO THE INSTRUCTIONS IN YOUR PHONE BOOK. CALL 1(800) 548-2546 (TTY ONLY) OR 1(800) 548-2547 (VOICE ONLY) FOR INFORMATION ON THIS SERVICE.

APPROPRIATE ASSISTANCE WILL BE PROVIDED IN A CONFIDENTIAL MANNER AND SETTING.

Please answer all questions truthfully. We will verify your answers. Any misrepresentation of information related to eligibility, preference for admission, allowances, rent, family composition, or prior tenant history is grounds for rejection.

Answers to questions concerning handicap or disability status are optional. However, without this information we may not be able to: (1) determine your eligibility or (2) determine your need for special housing features. Families with handicapped or disabled members may be entitled to certain deductions from income that affect rent.

If you answer these questions, we will need to verify that you or a family member is handicapped or disabled. We do not need to know the nature, extent, or current condition of the handicap or disability. We will need to know that you meet the Federal definitions that apply to these terms and that you can abide by the terms of the Lease.
Notice to all Applicants:  
Options for Applicants with Disabilities or Handicaps

We are not permitted to discriminate against applicants on the basis of race, color, religion, sex, national origin, familial status, or handicap. In addition, we have a legal obligation to provide “reasonable accommodations” to applicants if they have a disability or handicap. Compliance actions may include reasonable accommodations as well as structural modifications to the unit or premises.

A reasonable accommodation is some modification or change that we can make to policies or procedures that will assist an otherwise eligible applicant with a disability to take advantage of the program. Examples of reasonable accommodations and structural modifications include:

- Installing strobe type flashing light smoke detectors in an apartment for a family with a hearing impaired member;
- Permitting a family to have a seeing eye dog to assist a vision impaired family member;
- Making large type documents or a reader available to a vision impaired applicant during the application process.
- Making a sign language interpreter available to a hearing impaired applicant during the interview;
- Permitting an outside agency to assist an applicant with a disability to meet the property’s applicant screening criteria.

However, we are not required to take any action that results in a fundamental alteration in the nature of its program or activity. In addition, we are not required to take any action if the change would impose undue financial or administrative burdens.

Applicants with disabilities must still be able to meet essential obligations of tenancy – they must be able to pay rent, to care for their apartments, to report required information to the Manager, to avoid disturbing their neighbors, etc., but there is no requirement that they be able to do these things without assistance.

If you or a member of your household has a disability or handicap and think you might need a reasonable accommodation, you may request it in writing at any time during the application process or after admission.
APPLICATION FOR SENIOR HOUSING

Today’s Date: ____________  Your Name: ________________________________

CURRENT ADDRESS: ______________________________________________________

________________________________________________________________________

CITY __________________________  STATE _________  ZIP CODE ___________

HOME PHONE #                      WORK PHONE #

A. General Information

1. Household Composition:
Please list information for you and anyone else who may live in the apartment with you.

<table>
<thead>
<tr>
<th>FULL NAME</th>
<th>RELATIONSHIP</th>
<th>DATE of BIRTH</th>
<th>MALE or FEMALE?</th>
<th>SOCIAL SECURITY #</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>M□ F□</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>M□ F□</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>M□ F□</td>
<td></td>
</tr>
</tbody>
</table>

2. Do you plan to have anyone living with you in the future who is not listed above?
□ Yes  □ No  If yes, explain: ____________________________________________

3. Are you or any of the above persons ages 18-23 years AND a full-time student?
□ Yes  □ No  If yes, explain: ____________________________________________
A. General Information (continued)

4. Are you and all other household member U.S. citizens or eligible noncitizens? □ Yes □ No

5. Do you or any household member occupy another residence other than the address you provided on this application? □ Yes □ No
   If yes, explain: ____________________________________________________________

6. Identify any special housing needs that may be required by your household.
   ________________________________________________________________

7. How did you hear about our apartments? ________________________________

8. Have you or any household member ever lived at YWCA housing before?
   □ Yes □ No   If yes, explain: ____________________________________________________________

9. Have you or any household member ever applied for YWCA housing before?
   □ Yes □ No   If yes, explain: ____________________________________________________________

B. Background Information

1. List the states where each household member has lived: ____________________________

2. Have you or any household member ever been convicted of a felony?
   □ Yes □ No   If yes, explain: ____________________________________________________________

3. Have you or any household member ever been arrested or involved in any criminal activity?
   □ Yes □ No   If yes, explain: ____________________________________________________________

4. Have you or any household member ever been convicted of the illegal distribution or manufacture of any controlled substance? □ Yes □ No

5. Are you or any household member a current illegal abuser or addict of a controlled substance? □ Yes □ No

6. Have you or any household member ever been subject to a lifetime sex offender registration in any state? □ Yes □ No

7. Are you or any household member currently under litigation or other notice regarding loan defaults, late payment of rent, bills, etc.? □ Yes □ No   If yes, explain:
   ________________________________________________________________


C. **Housing Information**

1. Are you now living in a government subsidized unit such as Section 8, Section 236, or Section 221(d)(3) Subsidized Project? ☐ Yes ☐ No

2. Have you or any household member ever applied for or participated in a rent assistance program? ☐ Yes ☐ No  
   If yes, where? ____________________________

3. Have you or any household member ever been evicted, breached, or violated your contract while leasing any type of rental housing? ☐ Yes ☐ No  
   If yes, explain: ________________________________

4. Have you or any household member ever been evicted for drug-related criminal activity? ☐ Yes ☐ No  
   If yes, explain: ________________________________

5. **Housing References:**

<table>
<thead>
<tr>
<th>Present Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street</td>
</tr>
<tr>
<td>City, State, Zip</td>
</tr>
<tr>
<td>Landlord</td>
</tr>
<tr>
<td>Landlord’s Address</td>
</tr>
<tr>
<td>Landlord’s Tel #</td>
</tr>
<tr>
<td>How long have you lived at this address?</td>
</tr>
<tr>
<td>Monthly Rent Amount: $</td>
</tr>
<tr>
<td>Reason for Moving:</td>
</tr>
</tbody>
</table>

*If you have lived at this present address for **less than 3 years**, please complete the following:*

<table>
<thead>
<tr>
<th>Previous Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street</td>
</tr>
<tr>
<td>City, State, Zip</td>
</tr>
<tr>
<td>Landlord</td>
</tr>
<tr>
<td>Landlord’s Address</td>
</tr>
<tr>
<td>Landlord’s Tel #</td>
</tr>
<tr>
<td>How long have you lived at this address?</td>
</tr>
<tr>
<td>Monthly Rent Amount: $</td>
</tr>
<tr>
<td>Reason for Moving:</td>
</tr>
</tbody>
</table>

*Use an additional sheet if needed to list all your housing within the past three years.*
D. Income and Asset Information

For each type of income that your household receives, give the source of the income and the amount of income that can be expected from that source during the next twelve (12) months. List all income sources for all household members. Some examples are as follows: wages from full or part-time employment (including overtime, tips, etc.), Social Security Benefits, Supplemental Security Income, pensions, child support, TANF, unemployment benefits, alimony, regular cash contributions, etc.

**Annual Income**

*Include anticipated income (before taxes) from all sources for the next twelve months for ALL household members.*

<table>
<thead>
<tr>
<th>Household Member</th>
<th>INCOME SOURCE</th>
<th>ANNUAL INCOME</th>
</tr>
</thead>
<tbody>
<tr>
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<td></td>
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</tbody>
</table>

1. Do you or any household member anticipate receiving additional income not listed above within the next twelve (12) months?  □ Yes  □ No
   If yes, explain: ___________________________________________________________

2. Please indicate if anyone in the household has any of the following and indicate the amounts:

   | Checking Account | □ Yes □ No | $______________ |
   | Savings Account  | □ Yes □ No | $______________ |
   | Stocks/Bonds     | □ Yes □ No | $______________ |
   | Certificates of Deposit | □ Yes □ No | $______________ |
   | Other: ___________ | □ Yes □ No | $______________ |

3. Do you or any household member own a home or real estate?  □ Yes  □ No
   If yes, explain: __________________________________________________________

4. Have you sold or given away real estate property or other assets in the last two years for less than fair market value?  □ Yes  □ No
   If yes, explain: __________________________________________________________
E. Personal Reference

Name ________________________________

Address ________________________________

Street __________ City __________ State __________ Zip __________

Telephone # ______________ How do you know this person? ______________________

F. Emergency Contact (Please list someone in the immediate area if possible)

Name ________________________________

Address ________________________________

Street __________ City __________ State __________ Zip __________

Home Telephone # ______________ Cell Phone # ______________________

G. Social Worker Information (for all household members)

Do you have a social worker? YES □ NO □ If yes, please provide the following:

Name of social worker: ________________________________

Telephone number of social worker: ________________________________

Agency affiliation of social worker: ________________________________

H. Vehicle/Driver ID (for all household members 18 and older)

Driver’s License# ________________________________ State Issued __________________

Car Make __________ Color __________ Year _____ Lic. # ____________________

I. Optional

The information solicited in this question is requested in order to assure the Dept. of HUD of compliance with Federal laws prohibiting discrimination against tenant applicants on the basis of race, color, national origin, religion, sex, familial status, and handicap. This information is optional and will not be used to evaluate your application or to discriminate against you in any way.

RACE (Circle): WHITE BLACK ASIAN AMERICAN INDIAN OTHER

ETHNICITY (Circle): HISPANIC NON-HISPANIC
J. 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. I understand that any misrepresentation may result in the denial of my application.

I authorize the YWCA Central Alabama, its subsidiaries, and its agents to investigate my credit worthiness through any credit bureau or other reasonable means and to undertake a criminal background check. By my signature below I acknowledge that 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, YW Homes (Rosedale) or its managing agent, the YWCA Central Alabama.

It is the owner and managing agent’s aim to ensure that this residency is a drug-free zone. The use and sale of controlled substances will not be tolerated. By signing this application form, I verify my support for this policy.

WARNING: This application is for housing that has received/receives federal funding from the U.S. Department of Housing and Urban Development. Title 18, Section 1001 of the United States Code, states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department or agency of the United States.

______________________________  __________
Signature/s                      Date

The YWCA complies with Section 504 of the Rehabilitation Act of 1973 in providing individuals with a disability equal access to the services programs and activities the YWCA offers. Upon request as set forth in the Resident Handbook, the YWCA will provide reasonable accommodations to individuals with disabilities.

All persons will be treated fairly and equally without regard to race, color, religion, sex, familial status, disability, national origin or sexual orientation.

Return Completed Application Packet (including ALL Required Materials) to:
YWCA Central Alabama  •  309 23rd Street North  •  Birmingham, AL 35203