

## Y-House Application

259 Prospect Street, Torrington, CT 06790  
Phone: 860-489-3133 x122 Fax: 860-482-4853  
yhouse@nwcty.org

### Instructions

Enclosed are the application and verification forms for residency at Y House. Follow directions exactly:

- 1) Completely fill out all sections of the application. If an item does not apply check 'No' or write 'N/A', **DO NOT LEAVE ITEMS BLANK**. Make sure to sign all certifications and releases. You may drop off the application in person, fax, email or mail it.
  - 2) You must provide copies of a PHOTO ID and SOCIAL SECURITY CARD.
  - 3) If you are on Social Security, public assistance, receive a pension or similar source of income please provide us with a copy of an **Award Letter** not more than **30 days old**. If you need assistance in determining the appropriate type of documentation, please contact the office.
  - 4) Fill out the **TOP ONLY** of the **Landlord Reference Form** and return with your completed application. We will then mail it to your landlord to be completed. **DO NOT** have your landlord fill it out first, it will not be accepted. Applications will not be processed without a landlord reference.
  - 5) Fill out the **TOP ONLY** of the **Employment Verification Form** and return with your completed application. We will then mail it to your employer to be completed. **DO NOT** have your employer fill it out first, it will not be accepted.
- Once all the required forms are received and it is determined you are eligible, you will be notified and placed on our waitlist. Applications and proofs of income will expire and need to be resubmitted after 90 days.
  - When a unit becomes available, you will be scheduled for an interview with the Y-House Manager and Support Services Coordinator.
  - Y-House performs a full criminal background check on each eligible applicant. See the next page for our policy on criminal convictions.
  - Security deposit and first month's rent are due at lease signing. Leases are for a one-year term.

Please call if you have any questions or need assistance filling out the paperwork at (860) 489-3133 Ext 122.

Sincerely,  
Andrea Yeomans  
Y-House Manager

## **Y-House**

259 Prospect Street, Torrington, CT 06790  
Phone: 860-489-3133 x122 Fax: 860-482-4853  
yhouse@nwcty.org

### **Criminal Conviction Guidelines**

Applicants meeting basic tenant selection criteria (including income limits), and with complete documentation including verification of income, homelessness or at risk status, and landlord recommendation will also be screened through a multi-state criminal background check.

The Y-House does **not** accept applicants who have convictions that are related to crimes against another person, including sexual assault, and child molestation OR any felony convictions within the last 5 years of the date of application.

If an applicant is denied on the basis of a felony conviction, they will be notified in writing and can appeal within 10 days. The applicant must make the appeal in writing. The Y-House Manager and Support Services Coordinator will review the appeal as will one other member of the Y-House management team.

# Y-House Application

259 Prospect Street, Torrington, CT 06790  
 Phone: 860-489-3133 x122 Fax: 860-482-4853  
 yhouse@nwcty.org

<b>NAME:</b>			
<b>ADDRESS:</b>	<b>CITY:</b>	<b>STATE:</b>	<b>ZIP:</b>
<b>BEST PHONE TO REACH YOU:</b>		<b>EMAIL:</b>	

<b>MARITAL STATUS:</b> S – SINGLE M – MARRIED D – DIVORCED LS – LEGALLY SEPARATED E – ESTRANGED W – WIDOWED	<b>DATE OF BIRTH:</b> ____/____/____  <b>AGE:</b> _____	<b>SOCIAL SECURITY NUMBER:</b> ____/____/____
---	--	--

**LIST PREVIOUS ADDRESSES IF YOUR CURRENT ADDRESS IS LESS THAN 3 YEARS OLD:**


To be clear in regard to government definitions, you must complete a checklist of household income. Do not leave any fields blank, if 'yes' fill in amounts, if 'no' check no.

INCOME TYPE	YES	NO	AMOUNT
Social Security			\$
Supplemental Security Income (SSI)			\$
Social Security Disability Income (SSDI)			\$
Pension/Annuity			\$
Veteran's Benefits			\$
Unemployment			\$
Workmen's Compensation			\$
TANF/SAGA/Public Assistance			\$
Employment			\$
Alimony			\$
Military Pay/Pension			\$
Income from a business			\$
Other Income			\$

<b>**Do you own any property?</b>	<b>Yes</b>	<b>No</b>
If "Yes", what type of property?		
Location of property?		
Appraised market value?		
Mortgage or outstanding balance due?		
Amount of any insurance premiums?		
Amount of most recent tax bill?		

\*\* Not included in calculating income, but will aid management in determining ability to pay rent

Do you file Income Tax Returns: Yes    No    If no, why not?

Please list your total income for the previous year: \$

If this differs from this year, explain why?

#### ASSETS:

ACCOUNT TYPE	YES	NO	ACCOUNT TYPE	YES	NO
CHECKING ACCOUNT			STOCKS OR BONDS		
SAVINGS ACCOUNT			MUTUAL FUNDS		
CERTIFICATES OF DEPOSIT (CD)			TRUST ACCOUNTS		
IRA			LIFE INSURANCE (whole life)		
OTHER RETIREMENT ACCOUNTS			REAL ESTATE		

Have you sold/disposed of any property in the last two years	YES	NO
If <b>Yes</b> , Type of Property		
Market value when sold/disposed	\$	
Amount sold/disposed for	\$	
Date of transaction		
Have you disposed of any other assets in the last 2 years	YES	NO
If <b>Yes</b> , describe the asset		
Date of disposition		
Amount of disposed asset	\$	
Do you have any other assets not listed above (excluding personal property)	YES	NO
If <b>Yes</b> , please list		

Will you have been a full time student during five calendar months of this year, or, plan	YES	NO
To be in the next year at an educational institution with regular faculty and students?		
If <b>Yes</b> , are you married and filing a joint tax return?		
If <b>Yes</b> , are you enrolled in a job-training program receiving assistance under the JTPA?		
If <b>Yes</b> , are you receiving TANF or Title IV?		

Have you ever been convicted of a felony? YES NO

If **Yes**, describe the conviction:

Have you ever been evicted from any housing: YES NO

If **Yes**, describe where, when and why?

Are you a former resident of either the Torrington or Winsted YMCA? YES NO

**EMERGENCY CONTACT INFORMATION:**

NAME:	
ADDRESS:	
PHONE:	CELL PHONE:

Do you own a vehicle? YES NO Vehicle parking is first come, first served. Vehicles must be registered and in operating order to be parked on the property.

Make: Model: Year: Plate#:

**DO NOT LEAVE ANY QUESTIONS BLANK**

**IF YOU LEAVE ANY QUESTIONS BLANK YOUR APPLICATION WILL BE  
CONSIDERED INCOMPLETE AND WILL NOT BE PROCESSED**

**IF YOU HAVE QUESTIONS ABOUT THE APPLICATION,  
CONTACT THE Y-HOUSE MANAGER  
(860) 489-3133 Ext. 122**

**CERTIFICATIONS**

***Certification by Applicant:*** I understand and have answered all questions on this application. I certify that all answers are true to the best of my knowledge and that any misrepresentations of information or false statements are punishable under Federal Law.

---

Signature of Applicant

Date

I hereby certify that I do/will not maintain a separate subsidized rental unit in another location. I further certify that this will be my permanent residence. I understand that I must pay a security deposit for this SRO Unit (Single Room Occupancy Unit) prior to occupancy. I understand that my eligibility for housing will be based on applicable income limits and by management selection criteria. I certify that all information in this application is true to the best of my knowledge and I understand that false statements or information are punishable by law and will lead to cancellation of this application or termination of tenancy after occupancy.

---

Signature of Applicant

Date

**AUTHORIZATION**

I hereby authorize Y-House and its staff or authorized representative to contact any agencies, local police departments, offices, groups or organizations to obtain and verify any information or materials which are deemed necessary to complete my application for housing in programs administered/managed by the Northwest Connecticut Young Men's Christian Association, Inc.

---

Signature of Applicant

Date

**Y-House**  
259 Prospect Street, Torrington, CT 06790  
Phone: 860-489-3133 x122 Fax: 860-482-4853  
yhouse@nwcty.org

**LANDLORD REFERENCE**

Top portion to be filled out by applicant

Name of Landlord: \_\_\_\_\_

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

Phone#: \_\_\_\_\_ Email: \_\_\_\_\_

Permission by: \_\_\_\_\_

Applicant Name

Signature

Date

The above named person has applied for housing. Please complete the section below and return it via mail, fax it to (860) 482-4853 or email to [yhouse@nwcty.org](mailto:yhouse@nwcty.org) as soon as possible.  
Thank you for your prompt attention.

Y-House Manager

**TO BE FILLED OUT BY LANDLORD:**

Tenant's Address: \_\_\_\_\_

How long did this person rent from you? From \_\_\_\_\_ To \_\_\_\_\_

What is/was the rent: \_\_\_\_\_ Was it paid on time? \_\_\_\_\_

If not, how often was it late and what reason was given? \_\_\_\_\_

What was included in the rent? \_\_\_\_\_

Was the tenant quiet? \_\_\_\_\_ Were there complaints from other tenants? \_\_\_\_\_

If yes, describe: \_\_\_\_\_

Describe any other issues you had with tenant: \_\_\_\_\_

Is it OK to call you if we have questions? YES NO

Print Name

Signature

Date

**Y-House**

259 Prospect Street, Torrington, CT 06790  
Phone: 860-489-3133 x122 Fax: 860-482-4853  
yhouse@nwcty.org

**AUTHORIZATION TO RELEASE INFORMATION**

Applicant/Tenant: \_\_\_\_\_ Unit# \_\_\_\_\_

**Property Name: Y-House**

**Property Address: 259 Prospect Street, Torrington, CT 06790**

As managing agents for this Low Income Housing Tax Credit Project, Federal Regulations require we verify the program eligibility of all individuals applying for admission and verify this information periodically for residents. To comply with this requirement, your cooperation is needed in supplying the information requested. This information will be held in strict confidence for use in determining eligibility status and income for this individual. A signed authorization for your release appears below. Please complete the attached form and return it to the address below at your earliest convenience, or you may fax it back. Thank you for your assistance.

Y-House Manager

\_\_\_\_\_  
Release by Applicant/Resident

I hereby authorize you to furnish all requested information to the Y-House Manager.

\_\_\_\_\_  
Applicant/Resident Signature

\_\_\_\_\_  
Date



## EMPLOYMENT VERIFICATION – TC 100 D

(The use of white out, black out, or alteration of original information will void this document)

Project Name:		Unit ID:		Date:	
Applicant/Tenant:		SSN:			

### Employer Contact:

Business Name:		Contact Person:	
Address:		Phone:	
City:		State:	
		Zip:	
		Fax:	
		Email:	

My Signature Authorizes Verification of My Employment Income Information:

Applicant/Tenant Signature

Date

The individual named directly above is an applicant/tenant of the IRC § 42 Low Income Housing Tax Credit Program. The information provided will be used to determine eligibility for the program and remains confidential to the satisfaction of that stated purpose only. Your prompt response is crucial and would be greatly appreciated.

Sincerely,

RETURN THIS FORM TO: Andrea Yeomans  
fax:860-482-4853 259 Prospect Street  
Torrington, CT 06790  
Aohotnick@nwcty.org

Project Owner/Management Agent

### THIS SECTION TO BE COMPLETED BY EMPLOYER

Please provide an employee pay history report when returning this completed form

Employee Name: \_\_\_\_\_ Job Title: \_\_\_\_\_

Presently Employed: Yes ☐ Date First Employed: \_\_\_\_/\_\_\_\_/\_\_\_\_ No ☐ Last Date of Employment: \_\_\_\_/\_\_\_\_/\_\_\_\_

Current Wages (check one) ☐ Hourly ☐ Salary \$ \_\_\_\_\_ Pay Frequency ☐ Weekly ☐ Bi-weekly ☐ Monthly ☐ Semi-monthly ☐ Yearly  
Pay Method ☐ Cash ☐ Check ☐ Direct Deposit ☐ Other

Number of regular hours scheduled per week: \_\_\_\_\_  
(If hours vary please list maximum anticipated)

Gross Year to Date Pay: \$ \_\_\_\_\_

Gross pay from prior year: \$ \_\_\_\_\_

From \_\_\_\_/\_\_\_\_/\_\_\_\_ Through \_\_\_\_/\_\_\_\_/\_\_\_\_  
Number of pay periods included in the YTD earnings above: \_\_\_\_\_

Overtime Rate: \$ \_\_\_\_\_ per hour

Average number of OT hours per week: \_\_\_\_\_

Shift Differential Rate: \$ \_\_\_\_\_ per hour

Average number of shift differential hours per week: \_\_\_\_\_

(CIRCLE ALL THAT APPLY)

COMMISSIONS, BONUS, TIPS, OTHER: \$ \_\_\_\_\_ Frequency ☐ Weekly ☐ Bi-weekly ☐ Monthly  
☐ Semi-monthly ☐ Yearly ☐ Other \_\_\_\_\_

Did employee receive a raise last year? ☐ No ☐ Yes If YES, when? \_\_\_\_\_ If the employee received a raise last year, is there any reason to think this year might be different? \_\_\_\_\_

Will the employee receive a raise this year? ☐ No ☐ Yes If YES: \$ \_\_\_\_\_ % \_\_\_\_\_; Effective date: \_\_\_\_/\_\_\_\_/\_\_\_\_

List any anticipated change in the employee's rate of pay/hours within the next 12 months: \$ \_\_\_\_\_ % \_\_\_\_\_; Effective date: \_\_\_\_/\_\_\_\_/\_\_\_\_

If the employee's work is seasonal or sporadic, please indicate the layoff period(s): \_\_\_\_\_

Is employee eligible for unemployment during the layoff? ☐ No ☐ Yes Does employee participate in a retirement plan i.e. 401K? ☐ No ☐ Yes  
Does the employee have access to withdraw funds from the retirement plan i.e. 401K while still employed? ☐ No ☐ Yes

Employer Signature

Employer Printed Name & Title

Date

Phone #

Fax #

E-Mail

NOTE: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the United States as to any matter within its jurisdiction.

© SPECTRUM ENTERPRISES 2020



Page 1 of 1



