

# Housing



205 Baltimore Avenue, Cumberland, Maryland 21502  
Equal Housing Opportunity Programs

**Please be aware as you complete this application that you are not just applying for a place to live. You are applying to participate in a supportive housing program, which will require you to adhere to specific requirements, establish and pursue goals, and participate in structured activities to continue to live in our housing program. Failure to adhere to program guidelines can result in termination of your lease.**

Applicant's Full Name: \_\_\_\_\_ Date: \_\_\_\_\_

Maiden/Other names ever used: \_\_\_\_\_

Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_ Social Security Number: \_\_\_\_-\_\_\_\_-\_\_\_\_

Current Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
\_\_\_\_\_

Are you homeless or at risk of eviction? YES NO If yes, please explain: \_\_\_\_\_

(Homeless is defined as "literally homeless", which means living in a emergency shelter, on the streets, or in a place not meant for habitation)

## Please list your income:

Wages from work: \$ \_\_\_\_\_  
Public Assistance: \$ \_\_\_\_\_  
Supplemental Security Income (SSI): \$ \_\_\_\_\_  
Social Security Disability (SSDI): \$ \_\_\_\_\_  
Assistance from family or friends: \$ \_\_\_\_\_  
Income from any other source: \$ \_\_\_\_\_  
Please list: \_\_\_\_\_ \$ \_\_\_\_\_

**TOTAL INCOME:** \$ \_\_\_\_\_

## Please list any rental subsidies you receive:

Rental Assistance (RAP) \$ \_\_\_\_\_  
Maryland Energy Assistance (OHEP) \$ \_\_\_\_\_  
Other: \_\_\_\_\_ \$ \_\_\_\_\_

**Please list other assistance you receive:**

Food Stamps: \$ \_\_\_\_\_

Tuition Assistance: \$ \_\_\_\_\_

Other: \_\_\_\_\_ \$ \_\_\_\_\_

*Please list your most recent places of residency:*

<b>ADDRESS:</b> _____	<b>FROM:</b> _____	<b>TO</b> _____
_____		
<b>LANDLORD/REFERENCE NAME:</b> _____		
<b>PHONE:</b> _____		
<b>ADDRESS:</b> _____	<b>FROM:</b> _____	<b>TO</b> _____
_____		
<b>LANDLORD/REFERENCE:</b> _____		
<b>PHONE:</b> _____		
<b>ADDRESS:</b> _____	<b>FROM:</b> _____	<b>TO</b> _____
_____		
<b>LANDLORD/REFERENCES:</b> _____		
<b>PHONE:</b> _____		

Have you ever lived in your own house or apartment?      YES      NO

Have you ever been evicted?      YES      NO

Do you have any outstanding debts to local housing authority?      YES      NO

Do you have any outstanding utility debts?      YES      NO      amount: \_\_\_\_\_

What other counties or states have you ever lived in? \_\_\_\_\_

**PLEASE LIST ALL MEMBERS OF HOUSEHOLD WHO WILL BE LIVING WITH YOU:**

NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

BIRTHDATE: \_\_\_/\_\_\_/\_\_\_ AGE: \_\_\_\_\_ SS# \_\_\_\_\_ - \_\_\_ - \_\_\_\_\_

NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

BIRTHDATE: \_\_\_/\_\_\_/\_\_\_ AGE: \_\_\_\_\_ SS# \_\_\_\_\_ - \_\_\_ - \_\_\_\_\_

NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

BIRTHDATE: \_\_\_/\_\_\_/\_\_\_ AGE: \_\_\_\_\_ SS# \_\_\_\_\_ - \_\_\_ - \_\_\_\_\_

NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

BIRTHDATE: \_\_\_/\_\_\_/\_\_\_ AGE: \_\_\_\_\_ SS# \_\_\_\_\_ - \_\_\_ - \_\_\_\_\_

*Please list personal or business references who are not friends or family (could be minister, landlord, boss, etc.):*

ADDRESS: \_\_\_\_\_ FROM: \_\_\_\_\_ TO \_\_\_\_\_

REFERENCE NAME: \_\_\_\_\_

PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ FROM: \_\_\_\_\_ TO \_\_\_\_\_

REFERENCE NAME: \_\_\_\_\_

PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ FROM: \_\_\_\_\_ TO \_\_\_\_\_

REFERENCE NAME: \_\_\_\_\_

PHONE: \_\_\_\_\_

**Please be aware that the Downtown Cumberland YMCA has school students and young children on our campus, so we are considered a "school zone". That means that no drugs and/or alcohol are permitted on the property. We have adopted a "0 tolerance drug/alcohol policy" which is strictly enforced.**

Are you currently employed?                      YES                      NO

List Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

Supervisor: \_\_\_\_\_

From: \_\_\_\_\_ to \_\_\_\_\_

List Previous Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

Supervisor: \_\_\_\_\_

From: \_\_\_\_\_ to \_\_\_\_\_

List Previous Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

Supervisor: \_\_\_\_\_

From: \_\_\_\_\_ to \_\_\_\_\_

If you are not employed, do you wish to become employed in the future?                      YES                      NO

If not, please list reason: \_\_\_\_\_

Do you have a high school diploma or equivalent?                      YES                      NO

Are you interested in getting your diploma?                      YES                      NO

Are you interested in attending college or vocational training?                      YES                      NO

Are you a full-time student at this time, or for five months of this calendar year?     Yes     No

Have you or any member of your household ever been convicted of a crime?                      YES                      NO

If yes, explain: \_\_\_\_\_

\_\_\_\_\_

Are you or any member of the household currently on probation?                      YES                      NO

Are you or any member of your household on file for any crimes against children or have you ever been convicted of any child crimes?                      YES                      NO

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

Do you have any disabling conditions (mental health diagnosis, physical disability, or drug and/or alcohol problems) or medical conditions that we should be made aware of?                      YES                      NO

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you applied for SSI/SSDI? YES NO

Do you receive treatment on a regular basis from a medical doctor? YES NO

Doctor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Do you receive mental health treatment? YES NO

Treatment Provider: \_\_\_\_\_ Phone: \_\_\_\_\_

Are you a Veteran of the U. S. Military?  Yes  No

Please list any medications you take on a regular basis; list family member's medications on the back of the sheet.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you have any allergies? YES NO Please list: \_\_\_\_\_

Do you have:

Medical Assistance YES NO

Private Insurance YES NO

Pharmacy Card YES NO

Other: \_\_\_\_\_ YES NO

Do you drink alcohol? YES NO If yes, how often? \_\_\_\_\_

Do you use illegal drugs? YES NO If yes, how often? \_\_\_\_\_

If you answered yes to the above, what is your drug of choice? \_\_\_\_\_

Are you now or ever have been involved in a recovery program? YES NO

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

Describe your feelings about your or other's drinking/drug use: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Is there any information not asked on this application that you feel we should know about you? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Are there any types of symptoms or behaviors that we should consider to be warning signs that you may be having a

problem? If so, please list below: \_\_\_\_\_

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In the event that we notice some of these warning signs, do you recommend any specific action be taken?

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Describe your circumstances leading up to your application to the YMCA for housing:

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Please list someone who we may contact in the event of an emergency:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Relationship: \_\_\_\_\_

**Please be aware that all questions must be answered in order that application can be considered as 'complete'.  
Incomplete applications may not be considered.**

The mission of YMCA Housing Programs is to support you with assessing the needs of your family in an effort toward developing independence so you can move into permanent housing in the community. We work with you to develop goals in the following areas:

- 1. Obtain and maintaining permanent housing**
- 2. Increase skill development and/or income**
- 3. Increase self determination**

Following your goal plan is one of the main components to program participation and program success. Please use the space provided below to indicate what specific goals in these three main areas you would like to accomplish as a participant of our housing program:

**Obtain and Remain in permanent housing i.e. finding a place to live and staying there.**

**Developing your skills and/or ability to increase your income.**

**Anything you would like to accomplish for yourself and/or your family to improve your quality of life.**

Another criterion of our Housing Programs is that you are required to engage in a structured activity. Your case manager can share with you how many hours would be required of you to maintain participation in the program. These activities can include working a job. Going to school, or engaging in volunteer work in the community. Please indicate what activity or activities you are currently participating in to meet criteria for our program.

We appreciate your interest in our housing programs and we look forward to discussing more of the program with you during your interview. Please answer these questions to the best of your ability and make sure this sheet is included with your application.

## YMCA Housing Program Release of Information

**Purpose:** This form is used to confirm the direction of an individual to authorize the request, use, and/or disclosure of the participant's protected health information (PHI).

Participant: \_\_\_\_\_ Social Security \_\_\_\_ - \_\_ - \_\_\_\_

Date of Birth: \_\_/\_\_/\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

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

**Start Date of Authorization:** \_\_/\_\_/\_\_\_\_

**Expiration Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Programs that are authorized to disclose PHI:** Any offices, agencies, groups or organizations to obtain any information or materials deemed necessary to meet eligibility requirement for housing programs through the Cumberland YMCA.

**Use of Disclosure:** Any written or verbal information needed to coordinate services to ensure needs of participant are maintained.

**Purpose of Disclosure:** To coordinate services to ensure proper support to the participant

**Right to Revoke:** I understand that I may revoke this authorization at any time by giving a written notice to the YMCA Housing Program. I am under full understanding that until I have contacted the YMCA Housing Program that this release is to be considered valid through \_\_/\_\_/\_\_\_\_.

I authorize the use and/or disclosure of my PHI as described in the "Use of Disclosure" section. I understand this authorization is voluntary.

\_\_\_\_\_  
**Signature of Participant**

\_\_\_\_/\_\_\_\_/\_\_\_\_  
**Date**

\_\_\_\_\_  
**Witness Signature**

\_\_\_\_/\_\_\_\_/\_\_\_\_  
**Date**



## **Applicant Criteria.**

### **Leasing Project and Path Program**

1. An applicant must show proof of homelessness to apply to our housing programs.
2. An applicant must be receiving treatment for a disabling condition before or at time of entry into the program.
3. The YMCA identifies the following criminal history that could deter your candidacy for our programs as:
  - Multiple convictions of any crime.
  - Felony convictions for violent crimes and/or child crimes
4. Leaving a treatment, residential, or outpatient program before completion of the program can deter candidacy.
5. Failure to disclose complete and accurate information can deter candidacy.
6. An applicant must provide and we will check up to three references who are not friends and/or family.
7. An applicant needs to be able to make a program commitment of at least six months to be considered a candidate for our programs.
8. If applying as a family, an applicant must have custody of at least one minor child who will be living with them.

### **YMCA Transitional Housing Program for Families**

#### **(Housing at the Downtown YMCA)**

1. The YMCA identifies the following criminal history that can deter candidacy for the program.
  - Multiple convictions of any crime
  - Felony convictions for violent crimes and/or child crimes
2. Leaving a treatment, residential, outpatient, or another housing program before completion of the program can deter candidacy.
3. Failure to disclose complete and accurate information can deter candidacy.
4. An applicant must provide and we will check up to three references who are not friends and/or family.
5. An applicant must show proof of homelessness to apply to our housing programs.
6. An applicant must have custody of at least one minor child who will be living with them.
7. An applicant must have proof of an income source to apply to this housing program.

### **SRO Units at Downtown YMCA**

1. Meet Income Limits set by HUD and Tax Credit restrictions
2. Acceptable Criminal Record
3. Means of monthly rental payment
4. Must be a single male or female over the age of 18
5. Willing to cooperate and participate in on-site case management services

You will need to bring the following pieces of information with you to your housing interview:

- ~ proof of current income
- ~ proof of current living circumstances
- ~ proof of disability if applicable
- ~ photo ID
- ~ Social Security Card
- ~ Birth Certificate if available

To set up an appointment for Transitional Housing for Families at the Downtown Y.M.C.A., contact Josie Guthrie at 301-724-5445 ext. 113.

To set up an appointment for Men's Housing or the Path to Independence Program for single men, contact Ryan Davis, the Men's Housing Coordinator at 301-724-5445 ext. 102

To set an appointment for The Y.M.C.A. Community Housing Program or Single Ladies Housing, contact Mechelle Lee at 301-724-5445 ext. 112 or Sherry Lee at 301-724-5445 ext. 104.

**\* Please keep this sheet to refer to for program information.\***