

YMCA of Greater Louisville
Chestnut Street Family YMCA Of Greater Louisville 930 W. Chestnut Street
Louisville, Kentucky 40203
Phone (502) 587-7405 Fax (502) 587-2399

APPLICATION FOR RESIDENCE

GENERAL INFORMATION

The YMCA of Greater Louisville, Chestnut Street Family Branch is a multi-purpose social service center that provides Single Room Occupancy (SRO) Supportive Housing for homeless males who are able to maintain themselves in independent living. The minimum age is eighteen (18) years. Regardless of one's income, no one will pay above the fair market value of the room per month. The rental rate includes utilities (electricity, gas and water). This is a federally assisted housing program (SRO/Section 8). Louisville Metro Housing Authority in conjunction with the YMCA will determine eligibility of each applicant.

We invite you to submit the following application if you are interested in exploring the possibility of entering the Chestnut Street YMCA. It is understood that once an applicant is approved by the YMCA he must make formal application to Louisville Metro Housing Authority. The information will be treated confidentially and will be used by only management in determining the eligibility of the applicant for residence.

Please Note: Your application can be denied due to owing claims to Louisville Metro Housing Authority or due to your criminal background.

Please answer all questions

Name: _____ Social Security #: _____
Place of Birth (city/state): _____ Date of Birth: _____ Age: _____
Driver's License Number/ State ID No. _____ Issue State _____
Present Address: _____
City: _____ State: _____ Zip _____
Mailing Address: _____
City: _____ State: _____ Zip _____
How long homeless?: _____
Marital status (circle one) Single Divorced Separated Widower
Telephone # where you can be reached or get messages: _____
Referred by: _____
Are you working with a case manager from a shelter or other agency? (yes or no) _____
If yes, who and may we contact them?: _____
Are you a veteran? (yes or no) _____ If yes, are you eligible for VA medical services? _____
Please list three (3) previous addresses and dates for rental references:
Address _____ City _____ State: _____ Zip: _____
Address _____ City _____ State: _____ Zip: _____
Address _____ City _____ State: _____ Zip: _____
What is the zip code of your last permanent address? _____
Are you employed? Yes ___ No ___ Full-time ___ Part-time ___

What has been your major occupation and/or educational background? _____

What are your special skills, hobbies or interests? _____

Race: African-American ___ White ___ Other _____

Are you disabled and, if so, what is your disability? _____

Have you ever been in treatment for a substance abuse problem? _____

Do you currently use alcohol or other drugs? _____

Have you ever been diagnosed with a mental illness? _____

Are you receiving services (for example, counseling or medications) for mental or emotional problems anywhere? _____ If so, please provide details. _____

Have you ever been convicted of a felony? _____

Have you ever been convicted of a sexual offense? _____

(Please give dates of any convictions)

Do you have any pending legal problems? _____

Please list names, addresses and phone #'s of closest relatives:

Name _____

Relationship

Address _____

City/State

Telephone #

Name _____

Relationship

Address _____

City/State

Telephone #

Present Annual Income: \$ _____ Source of Income: _____

Comments: _____

Applicant's Signature _____

Date _____