NYC LIVING
Independent Living Housing
PROGRAM APPLICATION / ENTRY REQUEST FORM

Please complete this form as fully and honestly as possible. Nothing on this form determines eligibility on its own — it helps us understand your situation and match you to the right level of support. All information is kept confidential.

1. Applicant Information

Full Name: _____

Date of Birth: _____ Gender: _____

Phone Number: _____ Email: _____

Current Address / Living Situation: _____

Are you currently: ☐ Homeless ☐ In a shelter ☐ Fleeing unsafe housing ☐ Housed but at risk of losing housing ☐ Other: _____

2. Household Composition

NYC Living houses single women and women with children.

Number of minor children who would live with you: _____

Child 1 — Name: _____ Age: _____ Grade/School (if applicable): _____

Child 2 — Name: _____ Age: _____ Grade/School (if applicable): _____

Child 3 — Name: _____ Age: _____ Grade/School (if applicable): _____

Is there a custody order, protective order, or legal restriction affecting who may contact you or your children? ☐ Yes ☐ No If yes, please describe (documentation may be requested): _____

3. Income & Employment

☐ Employed — Employer: _____ Monthly income: $_____

☐ Unemployed — currently seeking work

☐ Student

☐ Receiving benefits: ☐ SSI ☐ SSDI ☐ SNAP ☐ TANF ☐ Other: _____

Total monthly household income: $_____

4. Reason for Seeking Housing

In your own words, briefly tell us about your current situation and what led you to apply. This helps us understand how best to support you — there is no wrong answer.

5. Safety & Support Needs

These questions are asked only so we can keep you, your children, and other residents safe, and connect you with the right resources, they are not used to deny program entry.

Are you currently experiencing or fleeing domestic violence, trafficking, or another safety threat? ☐ Yes ☐ No

Do you or a household member have a physical, mental health, or medical need we should be aware of to support you? ☐ Yes ☐ No (Optional: Describe only what you're comfortable sharing):

_____

Are you currently in recovery or would you like recovery support resources? ☐ Yes ☐ No ☐ Prefer not to say

Do you have a current Case Manager or Referring Agency? ☐ Yes ☐ No

Referring Agency: _____ Case Manager Name/Phone: _____

6. References

Reference 1 — Name: _____ Relationship: _____ Phone: _____

Reference 2 — Name: _____ Relationship: _____ Phone: _____

7. Consent & Acknowledgment

By signing below, I certify that the information provided on this application is true and accurate to the best of my knowledge. I understand that providing false information may result in denial or removal from the program. I understand that acceptance into NYC Living requires agreement to the House Rules and completion of a full Resident Intake Form.

☐ I consent to NYC Living contacting the references and referring agency listed above to verify information.

☐ I consent to a background check as part of the application process.

Applicant Signature: _____ Date: _____

For Office Use Only

Date Received: _____ Reviewed By: _____

Decision: ☐ Approved ☐ Waitlisted ☐ Referred Elsewhere ☐ Denied

Notes: _____