



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

## VALLEY YMCA

### Application for Members In Residence Program

Please note that only applications that are filled out completely and legibly will be processed.

The objective of the Members in Residence Program is to provide a clean and affordable, single room to the community. This program includes all utilities plus access to all YMCA fitness facilities and membership privileges.

#### SINGLE ROOM:

\$75.00	Joiner's Fee
\$250.00	2 week deposit
\$15.00	Key deposit
<u>\$125.00</u>	<u>1<sup>st</sup> week</u>
<b>\$465.00</b>	<b>INITIAL PAYMENT</b>

#### DOUBLE ROOM:

\$75.00	Joiner's Fee
\$284.00	2 week deposit
\$15.00	Key deposit
<u>\$142.00</u>	<u>1<sup>st</sup> week</u>
<b>\$516.00</b>	<b>INITIAL PAYMENT</b>

Members in Residence should give two weeks notice to the Valley YMCA staff when leaving the program. All security deposit refunds will be held up to seven days until room is inspected and keys are returned.

I, the undersigned, attest that the information given in this application is accurate and that I received a copy of the policies and regulations and understand that I must adhere to the policies of the Members In Residence Program.

\_\_\_\_\_  
Member In Residence

\_\_\_\_\_  
Date

\_\_\_\_\_  
YMCA Director

\_\_\_\_\_  
Date

#### VALLEY YMCA

12 State Street Ansonia, CT 06401

P 203 736 1435 F 203 736 1438 W [valleyy.org](http://valleyy.org)



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## VALLEY YMCA

### Application For Members In Residence Program

Name: \_\_\_\_\_ SS #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work: Phone: \_\_\_\_\_  
Current Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
How long at this address: \_\_\_\_\_ Rent per month \$: \_\_\_\_\_  
Reason for moving: \_\_\_\_\_  
Owner/Manager: \_\_\_\_\_ Phone: \_\_\_\_\_  
Present Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_ Phone: \_\_\_\_\_  
How long with this employer: \_\_\_\_\_ Supervisor: \_\_\_\_\_ Phone: \_\_\_\_\_  
Previous Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_ Phone: \_\_\_\_\_  
How long with this employer: \_\_\_\_\_ Supervisor: \_\_\_\_\_ Phone: \_\_\_\_\_  
Current gross income per month (before deductions): \_\_\_\_\_  
List sources and amounts of other income: \_\_\_\_\_

**Upon completion of this application all information will be verified for the safety of Members in Residence, employees, and members of the Valley YMCA.**

Have you ever been arrested?: \_\_\_\_\_  
Ever been convicted of a felony?: \_\_\_\_\_  
Have you ever been evicted?: \_\_\_\_\_  
Vehicle(s) Make(s): \_\_\_\_\_ Model(s): \_\_\_\_\_ Year(s): \_\_\_\_\_ Plate #: \_\_\_\_\_  
Personal Reference: Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
Emergency Contact:  
Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Work Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Address: \_\_\_\_\_

I declare that the statements above are true and correct. I authorize verification of my references and credit as they relate to my tenancy and to future rent collections. I authorize investigation of all statements contained in this application. I understand that falsification; misrepresentation or omission of facts called for will result in immediate termination from Members in Residence program or removal of my application from consideration. I authorize the Valley YMCA to secure information about my background with former employers, and criminal records.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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