

Application for Residency  
YWCA Wheeling  
1100 Chapline Street  
Wheeling WV 26003

Date: \_\_\_\_\_ Name: \_\_\_\_\_

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

Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Occupation: \_\_\_\_\_

Name of Employer \_\_\_\_\_

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

Years at Present Employer: \_\_\_\_\_

Present Salary: \_\_\_\_\_

Health Status: \_\_\_\_\_ Are you under a Physician's Care? \_\_\_\_\_

Nature of Physical ailments? \_\_\_\_\_

Mental Health Status? \_\_\_\_\_ Have you been hospitalized, receiving  
Psychiatric care or attempted suicide? If so please explain including # of times/length of stay,  
diagnosis, date when occurred

Have you ever lived at the YWCA Wheeling? \_\_\_\_\_ yes \_\_\_\_\_ no

If so when \_\_\_\_\_

Have you ever resided at another YWCA within the USA? \_\_\_\_\_ yes \_\_\_\_\_ no

Where? \_\_\_\_\_

Have you ever been convicted of a crime? \_\_\_\_\_yes \_\_\_\_\_ no

If so, please give details (conviction, charges, probation, parole, etc) :

---

---

---

---

Name/Number of Parole or Probation Contact

---

---

Conditions of Residency: You must conform to the rules and regulations set forth by the YWCA Wheeling. This includes being alcohol and drug free since the residency is shared with women in recovery. A drug screen will be required at intake and must be negative for entrance into our self-pay residence. Initial for agreement\_\_\_\_\_

References:

Former Landlord:\_\_\_\_\_

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

Two responsible Persons ( No relatives)

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

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

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

Address\_\_\_\_\_