

Mailing Address:
Glaves House LP
160 West 71st Street #2F
New York, NY 10023

Woodstock Hotel/Glaves House LP Community Intake Housing Application

Last Name: _____		First Name: _____	Date: _____
<input type="checkbox"/> Male	<input type="checkbox"/> Female	MI _____	
Date of Birth: _____	Current Age: _____ (Must be 55 or older)	Social Security # _____	
Contact Information: _____ _____			
Telephone #: _____		Email: _____	
US Citizen: <input type="checkbox"/> Yes or <input type="checkbox"/> No		Veteran: <input type="checkbox"/> Yes or <input type="checkbox"/> No	
Income: \$ _____		<input type="checkbox"/> Monthly	<input type="checkbox"/> Yearly
Sources of Income: <input type="checkbox"/> Employment _____ <input type="checkbox"/> Social Security _____ <input type="checkbox"/> SSI _____ <input type="checkbox"/> Public Assistance _____ <input type="checkbox"/> Disability _____ <input type="checkbox"/> VA _____ <input type="checkbox"/> Pension _____ <input type="checkbox"/> Anticipated Pension _____ <input type="checkbox"/> Bank Acct _____			

Current Housing: Address _____

How long have you lived there? _____

Referring Agency (if Applicable):

Contact Information: _____

Contact Person: _____

Telephone #: _____ Email: _____

References: Name _____ Telephone: _____
Contact Information: _____