

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

Woodstock Hotel/Glaves House LP
Community Intake Housing Application

Date: _____	
Last Name: _____	First Name: _____ MI _____
<input type="checkbox"/> Male	<input type="checkbox"/> Female
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"/> VA
<input type="checkbox"/> SSI	<input type="checkbox"/> Pension
<input type="checkbox"/> Public Assistance	<input type="checkbox"/> Anticipated Pension
<input type="checkbox"/> Disability	<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: _____