



Mailing Address

NYSUM Long Term Dorm Program
ATTN: Wendy Owan
31-10 47th St.
L.I.C., NY 11103

NYSUM's Long Term Dorm Location

31-10 47th St.
Long Island City, NY 11103
Phone: (718) 204-6471 Fax: (718) 204-6998
E-mail: wendy@nysum.org

Christian Singles Long Term Dorm Program

**Application: Long Term
12 Month Minimum Commitment**

Name: _____

Date: ___/___/___

Name: _____

Date ____ / ____ / ____

Steps In Applying:

A. The **Application, Guidelines, and Personal Statement Form** must be completed solely by the Applicant, not by another party.

B. Furnish three persons, whom you name as personal references with copies of the **Personal Reference Form** provided with this application. If one of your parents is the pastor of your home church, an elder or other church officer may act as the pastoral reference for you.

PLEASE NOTE: We expect you to indicate your choice regarding the Waiver of Access. If no choice is indicated, we will be unable to process your application.

C. **Non-Discrimination Policy:** The New York School of Urban Ministry does not discriminate, regarding applicants on the basis of race, color, and national or ethnic origin.

1. Present Address: _____

2. City: _____ State: _____ Zip: _____ Country: _____

3. Permanent Address (if different from above)

City: _____ State: _____ Zip: _____ Country: _____

4. Home Phone () _____ - _____ Daytime Phone () _____ - _____

5. E-mail address: _____

6. Birth Date: ____ / ____ / ____

7. Social Security Number: _____ - _____ - _____

8. Country of Birth: _____ Country of Citizenship: _____

9. If you are not a U.S. or Canadian citizen, do you have a current U.S. Visa? Yes ___ No ___

If Yes, what kind of visa? _____

Visa Expiration Date (Mo/Day/Yr): ____ / ____ / ____ (Please provide copy)

10. Have you ever been convicted of a misdemeanor or felony? Yes ___ No ___

If Yes, please explain: _____

11. Father/Guardian name: _____

Name: _____

Date ____ / ____ / ____

Living ___ Deceased ___

Address: _____

City: _____ State/Province: _____ Zip: _____

Phone: () _____ - _____

12. Mother/Guardian name: _____

Living ___ Deceased ___

Address: _____

City: _____ State/Province: _____ Zip: _____

Phone: () _____ - _____

13. Applicant's Marital Status:

Single ___ Separated ___ Widowed ___ Engaged ___ Divorced ___ Married ___

Education Information:

14. List senior high school and institutions of higher education in order of attendance (latest listed first):

Name & Address	Dates Attended	Graduated (Yes/No)	Degrees Earned

15. *If you do not have a high school diploma, do you have a high school equivalency diploma (GED)? Yes ___ No ___

16. *If no, are you working towards receiving one? Yes ___ No ___

(*Acceptance into the NYSUM dorm program does not require a high school diploma or equivalent)

17. Fellowship affiliation of your home church:

Name: _____

Date ____ / ____ / ____

18. When were you converted? _____

19. Have you lived a consistent Christian life since conversion? _____

20. Have you received the baptism of the Holy Spirit? Yes ___ No ___

If yes, when? ____ / ____ / ____

21. List the name and address of your home church and senior pastor:

Name of Church: _____

Address: _____

City: _____ State/Province: _____ Zip: _____

Phone: () _____ - _____

Number of years attended: _____

Name of Senior Pastor: _____

Address: _____

City: _____ State/Province: _____ Zip: _____

Phone: () _____ - _____

Employment Information:

22. Present Employer:

Name of Company: _____

Address: _____

City: _____ State/Province: _____ Zip: _____

Phone: () _____ - _____

Your title or type of work: _____

Number of years employed at this company: _____

23. List your employment for the past five years:

Employer	City & State	Type of Work	Dates (From – To)

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Financial Responsibility:

24. Indicate the source of funds and list approximate amounts (in U.S. funds) available from each source:

- Savings: \$_____
 Work (Monthly): \$_____
 Help from church*: \$_____
- Parents*: \$_____
 VA Benefits: \$_____
- Social Security (Monthly): \$_____
 Other*: \$_____

If other, please explain:

\$ _____

*If parents, church, or others are to assist, please have them complete the **Co-Signer's Statement of Financial Responsibility**, or send a letter acknowledging financial responsibility.



NYSUM Short Term Dorm Program

Terms & Agreement

If I am accepted into NYSUM's Short Term Dorm Program, I agree to abide by the program's policies and guidelines, both spoken and written. Moreover, I agree to conduct my life according to the highest of Christian ethics; respecting the sensibilities of others at the NYSUM Headquarters facility, extending to my brothers and sisters in Christ love, dignity, and respect.

I also understand the NYSUM's Short term Dorm Program is a temporary housing program. The program runs from August 1st until June 30th and is open for Christians wanting to stay anywhere from 1 to 11 months. Leaving this program without 30 days notice will result in forfeiture of my one month security deposit. I also understand that at the time of my departure, my room will be assessed and the deposit I have paid will be applied toward any damages that may have occurred.

I understand that acceptance into the NYSUM Short term Dorm Program is not a lease, and therefore I have no legal right to the occupancy of any space on the property, no matter the length of my stay. I understand that I am paying a fee for the services provided at the facility; I am not renting a room. I understand that NYSUM may require my dismissal from the program and immediate removal of myself and all belongings from the premises at anytime if I do not follow the dorm guidelines or am delinquent on my monthly dorm payments. I understand that grace and mercy will be extended, both by and toward my fellow residents

and the program's coordinator, as we live and grow together in God's favor. However, I recognize that dismissal from the program is at the discretion of the program coordinator.

I also understand that in the event that NYSUM has to secure legal counsel for delinquency in paying dorm fees, I, the dorm program participant, will pay for all of NYSUM's attorney fees and for all involved parties.

I have received, read, understand, and agree to abide by all of the provisions stated in the NYSUM Short term Dorm Program Guidelines and Application.

Signed: _____

Date: ____ / ____ / ____

Printed Name: _____

Date of Application: ____ / ____ / ____

Name: _____

Date ____ / ____ / ____

PERSONAL REFERENCE FORM

TO BE COMPLETED BY THE APPLICANT

Furnish the three persons whom you name as personal references (in section 38 of the NYSUM Application for Residence) with this Personal Reference Form. None of your references should be related to you. If your father is the pastor of your home church, an elder or other church officer may act as the pastoral reference for you.

Waiver of Access: The Family Rights and Privacy Act of 1974 provides the applicant the right to review all materials placed in his/her file after January 1, 1975, if admitted as a resident. You may waive your rights to see the character references that are provided with the understanding that you will not see them. Check the box below which represents your wishes. This will in no way affect the decision of the Admissions Committee. ***Please note: A failure to indicate a choice is the same as checking the "I do not waive" box.***

I waive my rights to see my character references under the provisions of the Family Rights and Privacy Act of 1974.

I do not waive my rights to see my character references under the provisions of the Family Rights and Privacy Act of 1974.

Last Name: _____ First Name: _____ M.I.: _____

____ Male ____ Female Address: _____

City: _____ State/Province: _____ Zip: _____

Phone: () _____ - _____ Date you wish to enter NYSUM: ____ / ____ / ____

Name: _____

Date ____ / ____ / ____

TO BE COMPLETED BY THE REFERENCE:

This reference form, when completed, should be returned directly:

ATTN: Dorm Coordinator
NYSUM
31-10 47th St.
L.I.C., NY 11103

Please note the applicant's choice concerning the waiving of his/her rights under the Family Rights and Privacy Act of 1974. If no choice has been indicated, you may wish to return this form to the applicant.

Your Name (*please print*):

Address: _____

City: _____ State/Province: _____ Zip: _____

Home Phone: () _____ - _____ Work Phone: () _____ - _____

E-mail Address: _____

Church Name (if acting as pastoral or church leader reference):

Church Address: _____

City: _____ State/Province: _____ Zip: _____

Church Phone Number: () _____ - _____

1. How long have you known the applicant?

2. How well?

___ Very Well ___ Fairly Well ___ Casually ___ By Name/Sight

3. What is your official relationship to the applicant?

___ Senior Pastor ___ Elder ___ Employer ___ Assistant Pastor

___ Sunday School Teacher ___ Youth Leader ___ Teacher ___ Other: _____

4. What is the applicant's influence on his/her peers?

___ Positive ___ Neutral ___ Negative ___ Unknown

Name: _____

Date ____ / ____ / ____

5. Please rate the applicant in the following areas by checking the appropriate box:

	Excellent	Above Average	Average	Below Average	Unknown
Personal Appearance					
Industry					
Diligence					
Motivation					
Intellectual Capacity					
Mental Health					
Quality of Work					
Acceptance of Responsibility					
Acceptance of Instruction & Discipline					
Cooperation					
Promptness					
Integrity & Honesty					
Moral Character					
Emotional Stability					
Concern For Others					
Courtesy					
Warmth of Personality					
Sense of Humor					
Health					
Ability to Handle Finances					

6. Applicant is:

___ Highly Recommended

___ Recommended

___ Recommended with reservations

___ Not Recommended

*Please Explain:

Name: _____

Date ____ / ____ / ____

7. Please share with us any other information you feel would help in our evaluation of the applicant (you may use an additional sheet if necessary):

Questions 8 through 11 are to be answered only by pastor/church leader reference:

8. Has the applicant made a meaningful personal commitment to Jesus Christ?

Yes No* I don't know*

*Please Explain:

9. Indicate the applicant's level of involvement in the life and work of the church (check all that apply):

Attends Regularly Cooperative Interested
 Attends Irregularly Involved Distant
 Enthusiastic Willing to help

10. Are there any negative family factors which might affect the applicant's success at NYSUM?

Yes No (If Yes, please explain):

11. Signature of Reference: _____ Date: ____ / ____ / ____

Name: _____

Date ____ / ____ / ____

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____ Male ____ Female Address: _____

City: _____ State/Province: _____ Zip: _____

Phone: () _____ - _____ Date you wish to enter NYSUM: ____ / ____ / ____

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Your Name (*please print*):

Address: _____

City: _____ State/Province: _____ Zip: _____

Home Phone: () _____ - _____ Work Phone: () _____ - _____

E-mail Address: _____

Church Name (if acting as pastoral or church leader reference):

Church Address: _____

City: _____ State/Province: _____ Zip: _____

Church Phone Number: () _____ - _____

1. How long have you known the applicant?

2. How well?

___ Very Well ___ Fairly Well ___ Casually ___ By Name/Sight

3. What is your official relationship to the applicant?

___ Senior Pastor ___ Elder ___ Employer ___ Assistant Pastor

___ Sunday School Teacher ___ Youth Leader ___ Teacher ___ Other: _____

4. What is the applicant's influence on his/her peers?

___ Positive ___ Neutral ___ Negative ___ Unknown

Name: _____

Date ____ / ____ / ____

5. Please rate the applicant in the following areas by checking the appropriate box:

	Excellent	Above Average	Average	Below Average	Unknown
Personal Appearance					
Industry					
Diligence					
Motivation					
Intellectual Capacity					
Mental Health					
Quality of Work					
Acceptance of Responsibility					
Acceptance of Instruction & Discipline					
Cooperation					
Promptness					
Integrity & Honesty					
Moral Character					
Emotional Stability					
Concern For Others					
Courtesy					
Warmth of Personality					
Sense of Humor					
Health					
Ability to Handle Finances					

6. Applicant is:

___ Highly Recommended

___ Recommended

___ Recommended with reservations

___ Not Recommended

*Please Explain:

Name: _____

Date ____ / ____ / ____

7. Please share with us any other information you feel would help in our evaluation of the applicant (you may use an additional sheet if necessary):

Questions 8 through 11 are to be answered only by pastor/church leader reference:

8. Has the applicant made a meaningful personal commitment to Jesus Christ?

Yes No* I don't know*

*Please Explain:

9. Indicate the applicant's level of involvement in the life and work of the church (check all that apply):

Attends Regularly Cooperative Interested
 Attends Irregularly Involved Distant
 Enthusiastic Willing to help

10. Are there any negative family factors which might affect the applicant's success at NYSUM?

Yes No (If Yes, please explain):

11. Signature of Reference: _____ Date: ____ / ____ / ____

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Name: _____

Date ____ / ____ / ____

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Intellectual Capacity					
Mental Health					
Quality of Work					
Acceptance of Responsibility					
Acceptance of Instruction & Discipline					
Cooperation					
Promptness					
Integrity & Honesty					
Moral Character					
Emotional Stability					
Concern For Others					
Courtesy					
Warmth of Personality					
Sense of Humor					
Health					
Ability to Handle Finances					

6. Applicant is:

___ Highly Recommended

___ Recommended

___ Recommended with reservations

___ Not Recommended

*Please Explain:

Name: _____

Date ____ / ____ / ____

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Yes No* I don't know*

*Please Explain:

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Yes No (If Yes, please explain):

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