

Fernhurst Preferred Program Rate Application

1. Name: _____

2. Marital Status: Divorced Living Together Married Separated Single Widowed

3. List adults and children for whom you are financially responsible:

Name	Relationship	Date of Birth	Child staying at Fernhurst?
1. _____			<input type="checkbox"/>
2. _____			<input type="checkbox"/>
3. _____			<input type="checkbox"/>
4. _____			<input type="checkbox"/>

4. Do you, or anyone staying with you, require a wheelchair-accessible room?

Yes No

5. References. Please provide the following reference information for at least 3 people you know who live on Oahu:

Name	Phone	Relationship
1. _____		
2. _____		
3. _____		

6. I am currently employed.

Yes No

Employer Name & Address: _____

Your Position: _____ Date of hire: _____

7. Monthly Income Information *Income verification is required before check-in.*

1st Job Income (before taxes are deducted)	\$	-
2nd Job Income (before taxes are deducted)	\$	-
Welfare (most recent month)	\$	-
Social Security	\$	-
Child Support	\$	-
Food Stamps	\$	-
Alimony	\$	-
Other	\$	-
Total Monthly Income	\$	-

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The following question is optional. It is designed to help us understand how we can best serve you.

8. In the past year, were there periods when you were not employed (full time nor part time) for a period of two weeks or more?

- Yes No

If yes, why were you not employed? (Please check all that apply)

Because of personal circumstances, such as:

- A. Physical health issues
- B. Emotional/Mental health issues
- C. Substance use issues
- D. Cultural/language issues
- E. Legal issues
- F. Incarceration

Because of practical needs, such as:

- G. Lack of affordable childcare
- H. Lack of care for an adult family member
- I. Unstable housing
- J. Lack of Transportation

Because of job market/work history issues, such as:

- K. Could not find work
- L. Lack of work experience/skills
- M. Laid off due to lack of work
- N. Fired due to work performance
- O. Stopped working because unhappy with job/employer

Because I was occupied with other activities, such as:

- P. Participating in vocational training
- Q. Participating in academic program
- R. Provided full time childcare to my family

- S. Other (specify) _____
- T. No answer

I understand that YWCA reserves the right to change Fernhurst residence rates at any time, and may revoke preferred program rate eligibility if application information is incorrect. Furthermore, my signature below confirms that the information I have provided is true and complete to the best of my knowledge.

Signature: _____ Date: _____