

GUEST REFERRAL – INITIAL APPLICATION

Full Name: _____
First Middle Last

Current/Last Address: _____

Date of Birth: _____ **Age:** _____

Social Security Number (Last four digits ONLY): XXX-XX- ____ _

Telephone: _____ (if none, write "NONE")

Current Monthly Income: \$ _____
 (If monthly income varies, note the minimum and maximum amounts; ex: \$500-\$800 per month)

Reason for Needing Bayside Housing: _____

Emergency Contact Name and Phone Number: _____
Full Name

Phone Number Relationship

Medical Issues or Special Accommodations Requested:

(ADA unit, service animal, etc.)

This box for referral staff only

Person being referred has: <input type="checkbox"/> Current state-issued photo ID <input type="checkbox"/> Social Security Card <input type="checkbox"/> Proof of income (pay stub, etc.)		
Referring Agency/Organization:		
Referring Agency Staff Name:		
Referring Staff Phone Number:	Date Submitted:	
Referring Staff Signature		

Acceptance to Bayside is highly competitive and guests are carefully screened; submitting this application/referral does not guarantee housing. Eligibility is based on a number of factors; applicants are not numbered nor called off a list.