



Mailing Address:

NYSUM Dorm 46
ATTN: Dorm Coordinator
31-65 46th St.
Long Island City, NY 11103

NYSUM Dorm at 46th St. Location:
(Long Term: 1 Year Contracts)

31-65 46th St.
Long Island City, NY 11103
Phone (718) 204-2341 Fax: 718-204-2341
E-Mail: dormcoordinator@nysum.org

CHRISTIAN SINGLES DORM RESIDENCE PROGRAM
APPLICATION: Long Term
(1 Year Contracts)

Name: _____

Date: _____

Steps in Applying:

1 The Application, Guidelines, and Personal Statement Form must be completed solely by the Applicant, not by another person.

When completed, return all forms. **Be sure the Statement of Financial Responsibility (page 3 of Application) is signed. Any pertinent question left unanswered will delay the processing of your application.**

2 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.

3 Non-Discrimination Policy: NYSUM does not discriminate regarding applicants on the basis of race, color, and national or ethnic origin.

Personal Data:

4. Present address _____

5. City _____ State/Province _____ Zip/Postal Code _____ Country _____

6. Permanent address (if different from above) _____

7. City _____ State/Province _____ Zip/Postal Code _____ Country _____

8. Home telephone number () _____ Daytime telephone number () _____

9. E-mail Address _____ 10. Birthdate (Mo./Day/Yr.) ____/____/____

11. Social Security Number _____

12. Country of birth _____ Country of citizenship _____

13. If you are not a U.S. or Canadian citizen, do you have a current U.S. visa? Yes No If yes, what type? _____

Visa expiration date (Mo./Day/Yr.): ____/____/____ (Please provide copy of visa)

14. Have you ever been convicted of a misdemeanor or felony? Yes No If yes, please explain: _____

15. Father/Guardian name _____ Living Deceased

Address _____ Phone () _____

City _____ State/Province _____ Zip/Postal Code _____

16. Mother/Guardian name _____ Living Deceased

Address _____ Phone () _____

City _____ State/Province _____ Zip/Postal Code _____

17. Applicant's marital status:

Single Separated* Widowed and remarried

Engaged Divorced* Divorced and remarried*

Married Widowed Married to a divorced person*

* Please enclose a letter of explanation with this application. Divorce, itself, will not hinder your acceptance as a resident.

Name: _____

Date: _____

Questions 18 and 19 are to be answered only by separated or divorced applicants, or single applicants with dependent children:

18. Date of marriage (Mo./Day/Yr.) ___/___/___ Spouse's name _____ Birthdate ___/___/___
Date of separation or divorce ___/___/___

19. List name, sex, age and birthdate of your children:

NAME	SEX	AGE	BIRTHDATE
_____	<input type="radio"/> M <input type="radio"/> F	_____	___/___/___
_____	<input type="radio"/> M <input type="radio"/> F	_____	___/___/___
_____	<input type="radio"/> M <input type="radio"/> F	_____	___/___/___
_____	<input type="radio"/> M <input type="radio"/> F	_____	___/___/___
_____	<input type="radio"/> M <input type="radio"/> F	_____	___/___/___

Education Information:

20. List senior high school and institutions of higher education in order of attendance, latest listed first:

NAME	ADDRESS	DATES ATTENDED	GRADUATION DATE	DEGREES EARNED
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

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

22. * If no, are you working toward receiving one? Yes No

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

23. Fellowship affiliation of your home church: _____

24. When were you converted? _____ Have you lived a consistent Christian life since conversion? _____

25. Have you received the baptism of the Holy Spirit? Yes No If yes, when? _____

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

HOME CHURCH	SENIOR PASTOR
Name _____	Name _____
Address _____	Address _____
City _____ State/Prov ____ Zip/PC _____	City _____ State/Prov ____ Zip/PC _____
Phone () _____	Phone () _____
Number of years attended: _____	

Military Information:

27. If you are a veteran, please complete the following:

Branch of service: _____ Dates of service: _____ Highest rank: _____

Type of discharge: Honorable Dishonorable Other (please explain): _____

28. Are you eligible for VA benefits? Yes No If yes, please have a Certificate of Eligibility, or other proof of eligibility, sent to the Coordinator's Office.

Employment Information:

29. Present employer: Name of company _____

Address _____ Telephone number () _____

Your title or type of work _____ Number of years employed at this company _____

30. List your employment for the past five years:

EMPLOYER	CITY&STATE	TYPE OF WORK	DATES (FROM-TO)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Financial Information:

31. 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* (please explain): \$ _____

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

Name: _____

Date: _____

APPLICANT'S STATEMENT OF FINANCIAL RESPONSIBILITY

(must be signed by all applicants)

I, the undersigned, do hereby assume the responsibility for my financial obligations while I am residing at NYSUM.

Signature _____ Date ____/____/____

CO-SIGNER'S STATEMENT OF FINANCIAL RESPONSIBILITY (only if applicable)

I, the undersigned, do hereby assume the responsibility for the financial obligations incurred by (please type or print name) _____ while he/she is living in the NYSUM dorm building at 31-65 46th Street, L.I.C., NY, 11103.

Signature _____ Date ____/____/____ Relation to applicant _____

Name (please print) _____

Address _____

City _____ State/Province _____ Zip/Postal Code _____

32. Do you have any indebtedness which you cannot meet before you move in? Yes No

If yes, complete the following:

AMOUNT	TO WHOM	MONTHLY PAYMENTS	DATE OF COMPLETION	HOW DEBT WILL BE MET
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Health Information:

33. Do you any physical disabilities? Yes No If yes, please describe: _____

Interests, Activities & Experience:

34. Write the number of years you have been involved in each activity on the appropriate blank:

- ___ Church volunteer ___ Church elder/deacon
- ___ Drama team ___ Youth group office
- ___ Choir ___ Sunday School teacher
- ___ Bible teacher ___ Missionary service
- ___ Home group leader ___ Community service projects (list): _____

35. List other interests or hobbies: _____

36. How did you first learn about NYSUM? _____

Personal Statement:

37. Using the Personal Statement Sheet included with this application, write a biographical sketch, including a brief description of each of the following: personal faith and salvation experience, your home life and family background, spiritual growth since conversion, Christian service in your church and community, reasons for desiring to come to NYSUM, and your goals in life. Please type or print your response of at least 150 words. Return the completed biographical sketch with this Application Form.

References:

38. List the name, complete address, and telephone number of your senior pastor, a church leader (elder, deacon, Sunday School superintendent, youth director, etc.), and a non-church related teacher (an employer may be substituted if you have not attended school or college in over a year). None of your references should be related to you. If your parent is the senior pastor of your home church, an elder or church officer may act as the pastoral reference for you.

SENIOR PASTOR		CHURCHLEADER	TEACHER or EMPLOYER
Name _____	Name _____	Name _____	Name _____
Address _____	Address _____	Address _____	Address _____
Phone () _____	Phone () _____	Phone () _____	Phone () _____

Ask each of your references to complete a Personal Reference Form (included with this application) and have them return it to the Dorm Coordinator, NYSUM, 31-65 46th Street, L.I.C., New York 11103.

All of The Above Information Is Correct To The Best of My Knowledge Sign: _____ Date: _____

Name: _____

Date: _____

WAIVER OF ACCESS: The Family Rights and Privacy Act of 1974 provides the applicant the right to review all materials placed in his/her personal file after January 1, 1975, if admitted. You may wish to waive the right 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.

You must indicate the same choice below as you do on your Reference Forms. 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.

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

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

39. **If accepted, I agree to abide by the rules and guidelines of NYSUM.**

Signature of applicant _____

Statement:

If I am accepted into NYSUM'S Christian Residence Program I agree to abide by the program's policies and guidelines, both spoken and written. I will also be in attendance at mandatory monthly dorm residence program meetings. I understand that re-admittance into the dorm program annually is at the discretion of the dorm coordinator. I also understand that re-admittance will be based upon my attitude toward and overall compliance with the Dorm Coordinator and dorm guidelines which will be reviewed ten months after my move in date, and will continue annually thereafter if I am re-admitted into NYSUM's dorm program. Moreover, I agree to conduct my life according to the highest of Christian ethics; respecting the sensibilities of others in the residence, extending to my brothers and sisters in Christ love, dignity, and respect.

I also understand that the Christian Dorm Program requires a 1 year agreement. Leaving the program before the 1 year term expires will result in the forfeiture of my one month's dorm fee security deposit. I 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 Dorm program is not a lease, and therefore I have no legal right to the occupancy of any space of the property no matter the length of my stay. I understand that I am paying a fee for the services provided in 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 Residence 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 Dorm Coordinator.

I also understand that in the event that NYSUM has to secure legal council for delinquency in paying dorm fees, I the dorm resident 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 Residence Rules, Guidelines, and Application.

Signed: _____ Date (Mo./Day/Yr.) ____/____/____

Printed Name: _____

Date of application (Mo./Day/Yr.) ____/____/____



Dorm Coordinator - NYSUM

31-65 46th Street Long Island City, NY 11103

Phone: 718/204-2341 Fax: 718/204-2341 Email: dormcoordinator@nysum.org

Name: _____

Date: _____



For Office Use Only

3 References

- | | | |
|----------------------------------|-----------------------|---------------------------|
| 1) Senior Pastor Reference | Received : Date _____ | Phone Confirm: Date _____ |
| 2) Church Leader Reference | Received: Date _____ | Phone Confirm: Date _____ |
| 3) Teacher or Employer Reference | Received: Date _____ | Phone Confirm: Date _____ |

Applicant Interviews

1st Phone Interview

Date: _____ with whom _____ Dorm Guidelines Reviewed: Y / N

Applicant Request to Move In: Date: _____

Comments:

Commitments/ Deadlines:

2nd Personal Interview

Date: _____ with whom _____ Dorm Guidelines Reviewed: Y / N

Comments:

Commitments/ Deadlines:

Approval Date: _____ Executive Vice President or Director or Dorm Coordinator: _____

Applicant Accepted?

Yes

No

First Date of Residence? _____

Room Assignment _____

Finances

Monthly Dorm Fee \$ _____ x _____ Months = \$ _____ for full contract term

Security Deposit \$ _____ (Typically: One month dorm fee required)

Key Deposit Paid \$ _____ = Room \$20.00 Front Door \$20.00 Mailbox \$20.00

Options:

NYSUM Internet Fee \$ _____ x _____ Months = \$ _____ for full contract term

NYSUM A/C Utility Fee \$ _____ x _____ Months = \$ _____ for full contract term

Final Dorm Applicant Check List: NYSUM Staff Interviewer

	Needs Preparation	Ready	Given/ Agreed
1. References	_____	_____	_____
2. Application	_____	_____	_____
3. Dorm Guidelines	_____	_____	_____
4. Room Assigned	_____	_____	_____
5. 3 Keys	_____	_____	_____

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.

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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/Postal Code _____

Phone: () _____ Date you wish to enter NYSUM: (Mo./Day/Yr.): ____/____/____

TO BE COMPLETED BY THE REFERENCE:

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

Mail

NYSUM Dorm 46

ATTN: Dorm Coordinator

31-65 46th St.

Long Island City, NY 11103

Fax

OR (718)204-2341

Email

OR dormcoordinator@nysum.org

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/Postal Code _____

Telephone number: Home () _____ Work () _____

E-mail address: _____

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

Church address _____

City _____ State/Province _____ Zip/Postal Code _____

Church Telephone number: () _____

1. How long have you known the applicant? _____ How well? Very well Fairly well Casually By name/sight

2. What is your official relationship to the applicant?

Senior Pastor

Elder

Employer

Assistant Pastor

Sunday School Teacher

Other _____

Youth Leader

Teacher

3. What is the applicant's influence on his/her peers? Positive Neutral Negative Unknown

Name: _____

Date: _____

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

	Excellent	Above Average	Average	Below Average	Unknown
Personal Appearance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Industry	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Diligence	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Motivation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Intellectual capacity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mental Health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Quality of work	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Acceptance of- -responsibility	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Acceptance of- -instruction and- -discipline	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cooperation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Promptness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Integrity and honesty	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Moral character	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Emotional stability	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Concern for others	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Courtesy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Warmth of- -personality	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sense of humor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ability to handle- -finances	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

5. Applicant is highly recommended not recommended*

*Please explain:

6. 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 7 through 9 are to be answered only by pastor/church leader reference:

7. Has the applicant made a meaningful personal commitment to Jesus Christ? Yes No* I don't know*

* Please explain:

8. 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

9. Are there any negative family factors which might affect the applicant's success at NYSUM? Yes No If yes, please explain:

10. Signature of reference _____ Date (Mo./Day/Yr.) ____/____/____

Name: _____

Date: _____

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Address: _____

City _____ State/Province _____ Zip/Postal Code _____

Phone: () _____ Date you wish to enter NYSUM: (Mo./Day/Yr.): ____/____/____

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Your name (please print)

Address _____

City _____ State/Province _____ Zip/Postal Code _____

Telephone number: Home () _____ Work () _____

E-mail address: _____

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

Church address _____

City _____ State/Province _____ Zip/Postal Code _____

Church Telephone number: () _____

1. How long have you known the applicant? _____ How well? Very well Fairly well Casually By name/sight

2. What is your official relationship to the applicant?

Senior Pastor

Elder

Employer

Assistant Pastor

Sunday School Teacher

Other _____

Youth Leader

Teacher

3. What is the applicant's influence on his/her peers? Positive Neutral Negative Unknown

Name: _____

Date: _____

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

	Excellent	Above Average	Average	Below Average	Unknown
Personal Appearance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Industry	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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Address: _____

City _____ State/Province _____ Zip/Postal Code _____
Phone: () _____ Date you wish to enter NYSUM: (Mo./Day/Yr.): ____/____/____

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Motivation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Intellectual capacity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mental Health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Quality of work	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Acceptance of- -responsibility	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Acceptance of- -instruction and- -discipline	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cooperation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Promptness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Integrity and honesty	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Moral character	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Emotional stability	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Concern for others	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Courtesy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Warmth of- -personality	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sense of humor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ability to handle- -finances	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

5. Applicant is highly recommended not recommended*

*Please explain:

6. 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 7 through 9 are to be answered only by pastor/church leader reference:

7. Has the applicant made a meaningful personal commitment to Jesus Christ? Yes No* I don't know*

* Please explain:

8. 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

9. Are there any negative family factors which might affect the applicant's success at NYSUM? Yes No If yes, please explain:

10. Signature of reference _____ Date (Mo./Day/Yr.) ____/____/____