



**de Hirsch Residence**  
at the 92<sup>nd</sup> Street YM & YWHA

Please provide 2 recent photos. (Passport size)

1395 Lexington Avenue/ New York, NY 10128/ USA  
Tele: 212.415.5660 Fax: 212.415.5578

**Intermediate Application for Residence**

**PLEASE TYPE OR PRINT IN INK**

Last Name		First		Middle	Sex Male <input type="checkbox"/> Female <input type="checkbox"/>
Date of Birth	Age	Place of Birth	Citizenship	Type of Visa	
How long do you plan to be in the USA?		Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married		Home Telephone: (    )	Email:
Permanent (Home) Address:			City	State & Zip Code	Country

What will you be doing while in New York during your stay at the Y? Explain:

**REFERRAL**

How did you hear about the Y?	Have you applied for residence before? When?	Cell Number while at Residence: (    )
Date of arrival at the Y:	Date of departure from the Y:	Smoker: (circle one) YES      NO The Residence is a Smoke-Free facility.

**HEALTH AND MEDICAL INFORMATION**

Height	How would you describe your general health?	Do you have any special needs that we should be aware of?
Weight		

**IN CASE OF EMERGENCY NOTIFY:**

Name	Relationship	Address	City	State	Zip	Telephone (    )
Do you have medical insurance:		Policy Number	Type/Kind			

\*In signing below, I acknowledge having received and agree to abide by the Rules & Regulations of the de Hirsch at the 92<sup>nd</sup> Street Y.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_