

בס"ד

ישיבה חפץ חיים מראדין

MOSDOS CHOFETZ CHAIM

KIRYAS RADIN CAMPUS
82 HIGHVIEW RD. SUFFERN N.Y. 10901
FAX. (845) 352 - 3190

Campus Application Request:

Fill out form and fax to 845 352 3190

Please send me a campus residence application to the address listed below:

Family Name of applicant: _____ **First Name** _____

Unit size required _____ **Date unit required** _____

Current address: _____

Tel# _____ **Fax#** _____ **Cel#** _____

Previous address: _____

Current position(s): _____ **Years** _____

Yeshiva or Kolell currently attending _____

Name and Telephone of Rosh Hayishiva _____

Age of applicant: _____ **DOB:** _____ **Number of Children** _____

Name and age of each Child _____

List of Yeshivos attended by applicant _____

Source(s) and amount of yearly family income _____

Name of Spouse _____ **Spouse Maiden Name** _____

Spouse Employment (if employed) _____

Applicant Social Security # _____

If required would you have a family member(s) who would sign as a guarantor to insure timely payment for monthly housing costs _____

If yes, name and relationship of guarantor(s) _____

Name of Current Shul _____

Name of Rov _____

If your children are currently enrolled or will be enrolled in a Yeshiva, Cheder or School please list the names of all Mosdos:

Do you require the Yeshiva voucher assistance program **Yes** **No**

Do you have any other residential assistance program **Yes** **No**

Does anyone in the family have any physical handicap **Yes** **No**

Define handicap (optional) _____

Is any special handicapped equipment required **Yes** **No**

References _____

Please note:

This application must be fully reviewed and accepted by the Yeshiva and the project management team prior to your name being added to the campus housing waiting list.

I hereby allow Mosdos Chofetz Chaim and the project management agents to check my credit history and obtain or share any other information necessary for processing this application:

Signature of Applicant

For office use only:

Yeshiva: Reviewed by _____

Info Verified: Yes _____ No _____

Accepted By: _____

Interview date: _____

Voucher program: Yes _____ No _____

Total amount of Monthly Payment \$ _____

Amount of Monthly voucher \$ _____

Comments

Management Office:

Reviewed by _____ Verified By _____ Accepted _____

Co-signers Required: Yes _____ No _____

Final Review: Accepted _____ Rejected _____

Comments _____

Signature _____