

PSS/WSF GrandParent Family Apartments Bronx, NY

First Step Application



Head of Household Name:			Date of Birth:	
Curre	ent Address:			
Phone	e Number:			
Do yo	ou live in a NYCHA I	Building? □NO □Yes,	if yes, project name:	
Peopl	e who will live in the	PSS/WSF GrandParent	ts Apartment:	
Numl	per of Adults in House	ehold: Numbe	er of Children in Household:	
Other	Adult (other than He	ad):	Date of Birth: Relationship:	
Child	:Name	Date of Birth	Deletionship (annual deild minn annual annua	
CI :1 1		Date of Birth	Relationship (ex: grandchild, niece, nephew, etc.)	
Child	: Name	Date of Birth	Relationship (ex: grandchild, niece, nephew, etc.)	
Child	: Name	Date of Birth	Relationship (ex: grandchild, niece, nephew, etc.)	
Child	:			
	Name	Date of Birth	Relationship (ex: grandchild, niece, nephew, etc.)	
Child	:Name	Date of Birth	Relationship (ex: grandchild, niece, nephew, etc.)	
• V	What is your family rel	lationship to the child (r Relationship (ex:	ren): grandmother, grandfather, aunt, uncle, cousin, etc.)	
• D	o you have court app	ointed /sanctioned careg	givers relationship? \square Yes \square No. If yes, select a type below.	
	☐ Legal Custody	\square Guardianship \square K	Kinship Foster Care	
• D	Oo you have \square tempo	rary or permanent c	court appointed /sanctioned caregiver relationship?	
	Instruction	ıs for Returning your c	completed First Step Application – Please Send By:	
	Email:	GFA-App@wsfssh Include Subject: C -OR BY-	h.org Completed First Step Application (Last Name)	
	Regular Mail:	Completed First S Management Offi	Step Application ice-PSS/WSF Grandparent Family Apartments enue, Bronx, NY 10459	

If you have questions, please contact Samantha Justiniano at West Side Federation for Senior and Supportive Housing, Inc., 212-721-6032 Ext.1001.