



# SVdP Veterans Housing Project

## Waitlist Application

**Veteran's Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Check all that apply to your household:**

Current SVdP Tennant     SVdP Employee     Student     New Applicant

Previously lived in SVdP housing    *Property Name:* \_\_\_\_\_ *Year:* \_\_\_\_\_

SSVF Client    *Case Manager:* \_\_\_\_\_

### **Qualifications**

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**Vet(s) in household:** \_\_\_\_\_

*At least 1 in household*

**Discharge Status:** \_\_\_\_\_

*Honorable or OTH*

**Have you ever been evicted?**  No     \*Yes, provide details below:

**Do you owe rental arrears?**  No     \*Yes    How much \$ \_\_\_\_\_

**Have you ever been convicted of a crime?**  No     \*Yes, provide details below:

*\*Yes answers will be reviewed on a case-by-case basis*

**Barriers to housing:** \_\_\_\_\_

## Rental History (at least 3 years)

Current address: \_\_\_\_\_  
 \_\_\_\_\_ City, State Zip

Resided From: \_\_\_\_\_ To: \_\_\_\_\_

Landlord information: \_\_\_\_\_  
 \_\_\_\_\_ Name Phone

Reason for leaving: \_\_\_\_\_

Previous address: \_\_\_\_\_  
 \_\_\_\_\_ City, State Zip

Resided From: \_\_\_\_\_ To: \_\_\_\_\_

Landlord information: \_\_\_\_\_  
 \_\_\_\_\_ Name Phone

Reason for leaving: \_\_\_\_\_

Previous address: \_\_\_\_\_  
 \_\_\_\_\_ City, State Zip

Resided From: \_\_\_\_\_ To: \_\_\_\_\_

Landlord information: \_\_\_\_\_  
 \_\_\_\_\_ Name Phone

Reason for leaving: \_\_\_\_\_

## Household Information

*The head of household is responsible for providing all information requested on this form for all household members; including minors. Anyone who is going to be living in the unit and are at least 18 must sign the waitlist application.*

	Full Legal name	Sex (M or F)	Relationship to H of H	Age	Date of Birth	Working and/or Student
1.			Self			W S
2.						W S
3.						W S
4.						W S
5.						W S
6.						W S

Does anyone in the household need accessibility modifications?  No  Yes, describe below:

**List ALL household members that are receiving income:**

- ✓Child Support      ✓SNAP                      ✓ Social Security      ✓Wages & tips      ✓\$ from Friends & family
- ✓Worker's Comp    ✓Unemployment      ✓ Financial Aid        ✓Commission        ✓ Self-Employment
- ✓TANF                ✓Alimony                ✓ Annuity              ✓ Pension             ✓ Temporary Payments

Family Member Name	Income Source	Rate of Pay	Time Period	Hours Per Week	Months Per Year
		\$	Hour    Week Month		
		\$	Hours   Week Month		
		\$	Hours   Week Month		
		\$	Hours   Week Month		

**Total Monthly Household Income** \$ \_\_\_\_\_ # in Household: \_\_\_\_\_

*Must be at or below 80% area median income for Lane County*

**Household Assets**

List all household members (including minors) who have assets, including but not limited to:

- ✓Checking              ✓Savings                      ✓ Trust Fund              ✓ Mortgage      ✓IRA
- ✓Real Estate          ✓Stocks/Bonds              ✓ Certificate of Deposit    ✓ Money Market Account

Family Member Name	Financial Institution	Type of Account	Estimated Balance
			\$
			\$
			\$
			\$

## St. Vincent de Paul Veteran Housing Project Waitlist Application Applicant/Participant Certification

*This application is to be read & signed by all household members over 18*

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I/we certify that the information given to St Vincent de Paul regarding household composition, student status, household income, & assets reported is accurate and complete to the best of my/our knowledge. It is further understood that I/we must report any changes in the household composition when contacted by VHP staff. It is understood and agreed that failure to report changes and/or submitting false statements of information is grounds for denial of housing and/or eviction. Also, as head of household, my initials indicate that I am aware & agree to the following rules of the Veteran Housing Project as well as the Policy & Procedures:

\_\_\_\_\_ I will **actively** participate while in VHP housing      \_\_\_\_\_ VHP provides temporary housing  
 \_\_\_\_\_ Review of my personal &/or professional finances      \_\_\_\_\_ I have read the Policies & Procedures  
 \_\_\_\_\_ I can maintain a clean home & take care of a yard as needed

**By signing below I/we certify that all information contained herein is true  
and correct to the best of my/our knowledge.**

Print Applicant Name	Signature	Date
Print Applicant Name	Signature	Date
Print Applicant Name	Signature	Date
Print Applicant Name	Signature	Date

<b>OFFICE USE ONLY</b>	
Date & Time Received <div style="border: 1px solid black; height: 40px; width: 100%; margin-top: 5px;"></div>	Annual Income: _____ Annual Income Limit: _____
By: _____	<b>Approved: Yes No</b>