



# APPLICATION FOR HOUSING

## A) APPLICANT PROFILE

1) LEGAL NAME OF APPLICANT: \_\_\_\_\_  
OPERATING NAME, IF DIFFERENT: \_\_\_\_\_  
MAILING ADDRESS: \_\_\_\_\_  
CITY, COUNTY, POSTAL CODE: \_\_\_\_\_  
PHONE NUMBER: \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_  
BRANCH OF SERVICE: \_\_\_\_\_ DD-214 \_\_\_\_\_

## 2) PRIMARY CONTACT, IF OTHER THAN APPLICANT:

NAME: \_\_\_\_\_  
TITLE: \_\_\_\_\_  
PHONE NUMBER: \_\_\_\_\_  
EMAIL ADDRESS: \_\_\_\_\_

## B) PROJECT INFORMATION

1) BRIEFLY DESCRIBE YOUR CURRENT HOUSING SITUATION:

2) INCOME: \$ \_\_\_\_\_

3) ESTIMATED START DATE OF OCCUPANCY: \_\_\_\_\_

D) DISCLOSURES	YES	NO
<b>1) LITIGATION</b> IS THE APPLICANT INVOLVED IN ANY LITIGATION, LEGAL ACTION, SUIT OR CLAIM PENDING, UNDER WAY OR LOOMING, OR ARE THERE ANY PROCEEDINGS BEFORE ANY COURT, TRIBUNAL, GOVERNMENT BOARD OR AGENCY? ARE THERE ANY JUDGMENTS OUTSTANDING AGAINST THE APPLICANT?	<input type="checkbox"/>   <input type="checkbox"/>	<input type="checkbox"/>   <input type="checkbox"/>
<b>2) ALCOHOL OR DRUG HISTORY</b> IS THE APPLICANT CURRENTLY ON MEDICATION OTHER THAN THOSE PRESCRIBED BY A DOCTOR? DOES APPLICANT HAVE A HISTORY OF ALCOHOL USE OR ABUSE? HAS APPLICANT EVER BEE CONVICTED OF A MISDOMEANER OR FELONY/	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<b>3) OTHER GOVERNMENT FUNDING</b> HAS THE APPLICANT RECEIVED, OR SOUGHT, ANY OTHER GOVERNMENT FUNDING OR ASSISTANCE?	<input type="checkbox"/>	<input type="checkbox"/>
<b>IF YOU ANSWERED “YES” TO ANY OF THE ABOVE QUESTIONS, PLEASE PROVIDE DETAILS:</b>          		
E) REQUIRED DOCUMENTS		
1) COPY OF DRIVER’S LICENSE OR ID CARD 2) COPY OF PROOF OF INCOME 3) COPY OF DD-214	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
F) CONSENT AND CERTIFICATION		
I certify the information provided, to the best of my knowledge and ability, is complete, true, and correct, and that this will apply to all information provided in the future in connection with housing assistance from ORH. I authorize ORH to conduct a complete and thorough background check including financial and criminal. Furthermore, I will promptly notify Operation Rebuild Hope if any of the information changes.		
<b>I have read and understood the above Consent and Certification.</b>   <hr/> <div style="display: flex; justify-content: space-between;"> <span data-bbox="103 1560 363 1591">Applicant Signature</span> <span data-bbox="1263 1560 1328 1591">Date</span> </div>		
OFFICE USE ONLY:		
Date Application Received: _____ Assessment Completed By: _____ Approved/Denied: _____		