



VERA FRENCH

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PRE-APPLICATION

HEAD OF HOUSEHOLD

Name:		Phone:	
Date of birth:	SSN:	Alternative Phone:	
Current address:		Email:	
City:	State:	ZIP Code:	
Do You: Own Rent (Please circle)	How long have you lived at your current residence?	What is your monthly payment:	

INCOME AND HOUSING INFORMATION

Source of Income:		
Employer Name:	Phone Number:	Length of employment:
Position:	Hourly/Salary (Please circle)	Monthly income:
Address:	City:	State:
Current Landlord Name:	Phone Number:	

BACKGROUND INFORMATION

Who were you referred by:		
Are you currently a student (Y/N) Have you been a student in the last 12 months (Y/N)		Reason for moving:
Are you Homeless Yes No	If yes please state where currently staying:	How many times have you been homeless:
Do you have a diagnosed mental illness Yes No answer optional	Do you currently work with someone from Vera French Yes No answer optional	If Yes Who: Other Mental Health Provider:
Have you lived in Vera French Housing previously? Yes No	Number of Bedrooms needed (circle one) (1) (2) (3)	Handicap Accessible Yes No
Preference of Davenport, Bettendorf or 1st available?	Can you get Utilities in your Name? Yes No	Do you have a current SEC 8 Voucher/ or other subsidy? Yes No

LIST OTHERS WHO WILL LIVE WITH YOU

Name	Relation	Birthday (mm/dd/yy)	Disability (Y/N)

RELEASE OF INFORMATION

I authorize Vera French Housing to verify the information provided on this form as to my employment history and criminal background check	
Signature of applicant	Date

PLEASE RETURN BELOW INCOME INFORMATION WITH APPLICATION. IF NOT RETURNED APPLICATION WILL NOT BE PROCESSED. EMPLOYED- 6 MONTHS PAYSTUBS, SOCIAL SECURITY- CURRENT BENEFIT PRINTOUT, NOT EMPLOYED-LIST NO INCOME ON APP