



Pre-Application

Phone: 563-445-7977

Email: VFHApply@verafrenchmhc.org

Please return the below income information with application. Application will not be processed without.
 Employed: Six months of paystubs. Social Security: Current benefit printout. Unemployed: List "No Income" under Source.

Head of Household

Last Name:		First:	Middle:
Birth date:	Social Security #:	Phone #:	
		Email Address:	
Current Address:			
City:		State:	Zip Code:
Residence Type: <input type="checkbox"/> Rent <input type="checkbox"/> Own		How long have you lived at your current residence?	Current monthly payment: \$
Current Landlord Name:			Phone Number:

Income Information

Source of Income: <input type="checkbox"/> Employment <input type="checkbox"/> Social Security <input type="checkbox"/> Unemployed/No Income <input type="checkbox"/> Other:			
Employer Name:		Phone Number:	Length of Employment:
Position Title:	Pay Type: <input type="checkbox"/> Hourly <input type="checkbox"/> Salary	Monthly Income:	

Background Information

Referred by:			
Are you currently a student? <input type="checkbox"/> Yes <input type="checkbox"/> No		Reason for Moving:	
Have you been a student in the last 12 months? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Are you currently experiencing homelessness? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, where are you currently staying?	How many times have you been homeless?
Do you have a diagnosed mental illness? (OPTIONAL) <input type="checkbox"/> Yes <input type="checkbox"/> No		Are you a current Vera French client/patient? <input type="checkbox"/> Yes <input type="checkbox"/> No	Mental Health Provider:
Have you previously lived in Vera French Housing? <input type="checkbox"/> Yes <input type="checkbox"/> No		Number of Bedrooms Needed: <input type="checkbox"/> One (1) <input type="checkbox"/> Two (2) <input type="checkbox"/> Three (3)	Handicap Accessible? <input type="checkbox"/> Yes <input type="checkbox"/> No Are you able to walk up/down stairs? <input type="checkbox"/> Yes <input type="checkbox"/> No

Please list others that will live with you

Name	Relation	Birth date	Disability
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No

Release of Information

I certify that the information in this application is true, complete, and correct. I understand that false answers, statements, or significant omissions made by me on this form shall be sufficient cause for the application to be denied.

I hereby authorize Vera French Housing Corporation, or any of its affiliates, to investigate my background to determine all information of concern as to my residency history, employment history or criminal background through an agency of your choice. I authorize the release of this information by the appropriate agencies to the investigating service. I understand that passing the background check is a condition for residency.

Signature of Applicant:	Date:
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