



Please return income information with application

Employed: Six months of paystubs. Social Security: Current benefit printout. Unemployed: List "No Income" under Source.

*Please let Vera French Housing know if your phone number or specific address changes.

Head of Household			Are You Applying For A Specific Property (OPTIONAL):		
Last Name:		First Name:		Middle Name:	
Date of Birth:	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 #:				Marital Status (Single, Married, Widowed, Divorced, or Separated):	

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		Are you able to walk up/down stairs (OPTIONAL)? <input type="checkbox"/> Yes <input type="checkbox"/> No	
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	
		Mental Health Provider:			

Please list others that will live with you			
Name	Relation	Birth date	Income

Release of Information	
I certify that the information provided is true and complete. I understand that false statements or omissions may result in denial of my application.	
I authorize Vera French Housing Corporation and its affiliates to investigate my residency, employment, and criminal history, and release relevant information to their chosen agency. I acknowledge that passing a background check is required for residency.	
Signature of Applicant:	Date:

