



Name _____ Date _____

APPLICATION FOR HOME

Email completed application to operationvictoryky@gmail.com
or Fax to 502-564-4036

Full Name _____
(Last, First, Middle Initial)

Are you a Veteran? Yes No Branch of Service _____

Length of time on Active Duty _____ Discharge Type? _____
(provide copy of DD214)

Are you Homeless? Yes No

If Yes..... How long have you been homeless? _____ What led to your
homelessness? _____

Where do you currently sleep? _____

Married Single Divorced Widowed

of dependents living with you _____ ages _____

Are you currently employed? Yes No

Are you able to work? Yes No If No, please provide a statement as to why.

What is your monthly Net (all sources after taxes) household income? _____

What is the source of your income? _____

Do you currently have any financial judgements against you? Yes No

Do you receive benefits from VA? Yes No

If YES what do you receive? Disability Comp (___%) Pension Healthcare Education

Other _____

If you voluntarily consent, please provide a statement of any past or present substance abuse (alcohol,
prescription medication, illicit drugs).

Have you or anyone in your household ever been convicted of a felony? YES NO

If yes, explain:

Is there anything that would prevent you from obtaining homeowners or renters insurance YES NO

If yes, explain



Name _____ Date _____

Please provide 3 character references:

Name _____
Address _____
Phone number _____
Relationship _____
How long have you known this person _____

Name _____
Address _____
Phone number _____ +
Relationship _____ +
How long have you known this person _____

Name _____
Address _____
Phone number _____ +
Relationship _____ +
How long have you known this person _____

(3) previous landlords

Name _____
Phone Number _____

Name _____
Phone Number _____

Name _____ +
Phone Number _____

