



## OPERATION VICTORY PRE-SCREENING FORM

PLEASE PRINT CLEARLY

**Applicant Full Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_ (MM/DD/YYYY)

**Mobile Phone:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_

**Email:** \_\_\_\_\_ **Marital Status:**  Single  Married  Divorced  Widowed

**Are you a Veteran?**  Yes  No **Branch of Service:** \_\_\_\_\_

**Length of time on Active Duty:** \_\_\_\_\_ **Discharge Type:** \_\_\_\_\_

**Are you currently employed?**  Yes  No **Name of Employer:** \_\_\_\_\_

**What is your primary source of monthly income?** \_\_\_\_\_

**How much is your gross monthly income?** \$ \_\_\_\_\_

**Household Size:** \_\_\_\_\_ **Do you have any dependents?**  Yes  No

**Where do you currently sleep?** \_\_\_\_\_

### Please check all that apply:

**Do you receive benefits from VA?**

Yes  No If Yes, please list benefits you receive: \_\_\_\_\_

**Do you have a copy of your DD214?** (All Applicants must provide proof of service)

Yes  No

**Have you owned a home in the last three years?**

Yes  No

**Do you currently reside in overcrowded housing?**

Yes  No

*"Overcrowded housing" means a housing unit occupied by more than one (1) household or any housing unit with an average of more than two (2) persons per sleeping area (including a living room as a sleeping area)*

**Are you facing imminent loss of your home due to condemnation or eviction?**

Yes  No

**Do you Lack a fixed, regular, and adequate nighttime residence?**

Yes  No

**Are you an Individual fleeing or attempting to flee domestic violence or other dangerous or life-threatening situation?**

Yes  No

**Do you have a primary night-time residence that is:**

**a)** A supervised publicly or privately-operated shelter designed to provide temporary living accommodations (including welfare hotels, congregate shelters, and transitional housing for the mentally ill); or,

Yes  No

**b)** An institution that provides a temporary residence for individuals intended to be institutionalized; or,

Yes  No

**c)** A public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings; or,

Yes  No

**d)** A "mobile home" that does not meet the requirements of the National Manufactured Housing Construction and Safety Standards Act, Title VI, Public Law 93-383; 42

Yes  No

**Please provide up to four (4) character references:**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone number: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
How long have you known this person? \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
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Address: \_\_\_\_\_  
Phone number: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
How long have you known this person? \_\_\_\_\_

**How did you hear about Operation Victory?**

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**In your own words, briefly please tell us why we should choose you for this home**

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**CERTIFICATION**

**By signing below, I certify that the above information in this application is true and correct.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



Email or Fax completed form to: [OperationVictoryKY@gmail.com](mailto:OperationVictoryKY@gmail.com)  
Fax: **502-564-4036**

**Buyer's combined gross household income must not exceed the limits below:  
JEFFERSON COUNTY, KY**

**2019 INCOME LIMITS**

<b>Household Size</b>	<b>Maximum Household Income</b>
1	\$26,750
2	\$30,600
3	\$34,400
4	\$38,200
5	\$41,300
6	\$44,350
7	\$47,400
8	\$50,450