



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: _____
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? _____

How did you hear about Operation Victory?

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

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
Fax: **877-919-8758**



Louisville-KY FY2021

	1-Person	2-Person	3-Person	4-Person	5-Person	6-Person	7-Person	8-Person
50%AMI	\$26,950	\$30,800	\$34,650	\$38,450	\$41,550	\$44,650	\$47,700	\$50,800

Due to the low-income household restrictions if your combined household income is MORE than these limits, you will not be eligible to purchase this home.