



Jon J. Edmunds Veteran's Housing Enrollment Application

(10.18.2018)

Applicant Information

Full Name: _____ Date: _____
Last, First MI

Phone Number: _____ Birthdate: _____ Social Security Number _____
xxx.xxx.xxxx mm/dd/yyyy xxx-xx-xxxx

Where did you stay last night? _____ How Long? _____

Who referred you to us? _____
Referring Agency and/or individual

Are you a veteran? _____ What are your dates of service? _____ Discharge Status? _____
Y/N

What Branch? _____ Are you enrolled with the VA? _____

Have you been in a GPD program before? _____ If so, when and where? _____

Have you ever been or are you currently enrolled with HUDVASH? _____ If so, do you have a voucher? _____

Are you currently enrolled with SSVF? _____ If not, has an appointment been made? _____ When? _____

*Please provide with application copy of a picture ID, and proof of veteran status. (Driver's License, State ID, VA Card, DD214, VA Benefits Award Letter).

Income

Are you currently receiving any income? _____

If so, list your income sources below and your amount:

Table with 2 columns: Income Source, Amount: (weekly, bimonthly, monthly)

*We will need a copy of verification of income. (Ex: last 3 paystubs, current award letters, and bank statements if possible.)

Are you receiving Non-cash benefits or assistance? _____
(SNAP, TANF, etc....)

If so, list your sources below and amount:

Table with 2 columns: Source, Amount:



Previous Employment/Education/Certifications

Company: _____ **Phone:** _____
Address: _____ **Supervisor:** _____
Job Title: _____ **Starting Salary:\$** _____ **Ending Salary:\$** _____
Responsibilities: _____
From: _____ **To:** _____ **Reason for Leaving:** _____

Company: _____ **Phone:** _____
Address: _____ **Supervisor:** _____
Job Title: _____ **Starting Salary:\$** _____ **Ending Salary:\$** _____
Responsibilities: _____
From: _____ **To:** _____ **Reason for Leaving:** _____

- Education Background -

Please List your Highest Level of Education and/or trainings and Certifications:

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge. I understand that false or misleading information in my application or interview may result in my release and/or application withdrawal.

Signature: _____ **Date:** _____

There is a \$30.00 background check fee requested to process this application. If any questions, please contact Community Action of Laramie County at 1.307.635.9291 and talk to one of the case managers available.

CONFIDENTIALITY NOTICE: This application and any attachments to it contain information from Community Action of Laramie County, Self-Sufficiency or Kinship Support Services Programs. The contents and any attached documents are confidential and/or privileged. The contents are covered by the Electronic Communications Act, 18 U.S.C. 2510-2521 and are intended to be solely for the use of the individual or entity named above. If you are not the intended recipient, any disclosure, copying, distribution or use is prohibited. If you have received this e-mail in error, please notify me by telephone or return e-mail.