



NEW COURTLAND

5364 Jackson Street
Philadelphia, PA 19124
(215) 744-4864



Veteran Application for Housing with Supportive Services

General Information

Name of Applicant: _____

Date of Birth: _____ Social Security Number: _____

Mailing Address: _____ City: _____

State: _____ Zip Code: _____

Telephone number: _____

Marital Status: Married Never Married Widowed Divorced Separated

Race/Ethnicity: White Black Hispanic American Indian/Alaskan Native

Asian/Pacific Islander Other: _____

Do you have a fiduciary? Yes No

Are you homeless or near homelessness? Yes No

Have you ever been arrested or convicted of a crime or felony?

Yes No If Yes, date convicted: _____

Military Service Record

Do you have military background? Yes No If yes, select a branch below.

Army Navy Air Force Marine Corps Coast Guard PA National Guard

Merchant Marine Reserve

Discharge Date: _____ Discharge Disposition: _____

Are you registered in the U.S. Veteran's Administration System? Yes No

If so, please provide your Veteran's Administration number: _____

Do you have a service-connected disability? Yes. _____% No

Financials

Do you receive Social security, SSI or SSD? Yes No

Do you receive a pension? Yes No

Do you work full-time, part-time, or seasonally? Yes No

Do you have life insurance? Yes No

Source of income

Household member	Benefit type (SS, SSI, VA benefits, pension)	Amount received per month
		\$
		\$
		\$

Assets

Household member	Bank Name	Type of account (Checking/Saving)	Account number	Current Balance
				\$
				\$
				\$

Reasonable Accommodation

Do you or anyone in your family need any special adaptable features in a unit because of a disability?

Yes No

Accessible Unit (zero step entry, accommodates a wheelchair or other device)

Limited steps unit

Bathroom Mobility Equipment

Hearing Impaired Unit

Vision Impaired Unit

Services Needed

Do you need any of the following services (check all that apply):

<input type="checkbox"/>	Benefits and entitlements (SS, SSI, VA benefits)	<input type="checkbox"/>	Legal Assistance (Credit repair, Will)
<input type="checkbox"/>	Drug and alcohol treatment	<input type="checkbox"/>	Utility assistance
<input type="checkbox"/>	Mental health services	<input type="checkbox"/>	In-home support
<input type="checkbox"/>	Money Management	<input type="checkbox"/>	Medical services
<input type="checkbox"/>	Job Training	<input type="checkbox"/>	Employment seeking

Emergency Contact

Name and address of nearest relative or contact person NOT living with you

Name: _____ Relationship: _____

Address: _____ Phone: _____

Applicant Certification

I understand that this form is not an offer of housing. I understand that it is my responsibility to inform NewCourtland of any change of address, income, criminal status, reasonable accommodation, and/or family composition or my application may be withdrawn. I certify that the information I have given on this application is true and correct. I understand that any false statement or misrepresentation are criminal offenses punishable under state and federal laws. I also understand that false statement or information are grounds for rejection of my application or termination of tenancy or program participation. I hereby authorize NewCourtland to contact any agency, office, group, or organization to obtain any information or materials that are deemed necessary to verify my eligibility for assistance.

Signature of Head of Household: _____ Date: _____

Signature of Co-Head of Household: _____ Date: _____