



VETERAN RESIDENTIAL LIVING APPLICATION

Purpose: This application helps B.D. Haven understand an applicant's housing situation, veteran status, support needs, accessibility needs, and eligibility for the residential program.

Important: This application is not a lease and does not guarantee acceptance, placement, or a specific room. A separate residency agreement and community rules will be provided before move-in.

1. APPLICANT INFORMATION

Legal Name			
Preferred Name			
Date of Birth	Age: _____		
Phone	Alternate: _____		
Email			
Current Address / Location	_____		
Mailing Address			
Preferred Contact	☐ Phone ☐ Text ☐ Email ☐ Mail		
Emergency Contact	Name: _____ Phone: _____	Relationship: _____ Alternate: _____	

2. VETERAN & MILITARY SERVICE INFORMATION

Branch of Service	☐ Army ☐ Navy ☐ Air Force ☐ Marine Corps ☐ Coast Guard ☐ Space Force ☐ Other: _____		
Dates of Active Service	From: _____ To: _____		
Discharge Status	☐ Honorable ☐ General ☐ Other: _____ ☐ Prefer to discuss with staff		
Military Occupation / MOS	_____		
DD-214 Available?	☐ Yes ☐ No ☐ In process ☐ Need assistance obtaining documentation		
VA Enrollment	☐ Enrolled ☐ Not enrolled ☐ Unsure ☐ Need assistance		
VA Case Manager / Contact	Name/Agency: _____	Phone: _____	
Other Veteran Program	☐ HUD-VASH ☐ SSVF ☐ GPD ☐ Other: _____ ☐ None/Unknown		

3. CURRENT HOUSING & HOMELESSNESS STATUS

Current Housing	☐ Unsheltered ☐ Emergency shelter ☐ Transitional housing ☐ Hotel/motel ☐ Family/friends ☐ Temporary housing ☐ At risk of losing housing ☐ Other: _____
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Time Without Stable Housing	☐ Less than 1 month ☐ 1-3 months ☐ 3-6 months ☐ 6-12 months ☐ More than 1 year
Recent Living Arrangements	
Reason for Housing Instability	☐ Loss of income ☐ Eviction ☐ Family circumstances ☐ Safety concerns ☐ Employment change ☐ Medical/disability expenses ☐ Other:
Immediate Housing Need	☐ Emergency ☐ Within 7 days ☐ Within 30 days ☐ Planning ahead

4. DISABILITY, ACCESSIBILITY & SUPPORT NEEDS

Disability Identification	☐ Yes ☐ No ☐ Unsure ☐ Prefer not to answer
Type of Disability (optional)	☐ Physical/mobility ☐ Sensory ☐ Cognitive/learning ☐ Mental/behavioral health ☐ Chronic condition ☐ Developmental ☐ Other:
Service-Connected?	☐ Yes ☐ No ☐ Pending ☐ Unsure ☐ Prefer not to answer
VA Disability Rating	☐ None/0% ☐ 10-40% ☐ 50-90% ☐ 100% ☐ Unknown ☐ Prefer not to answer
Reasonable Accommodation	☐ Yes ☐ No ☐ Unsure If yes, describe:
Accessibility Needs	☐ Wheelchair accessible ☐ Ground floor ☐ Accessible bathroom ☐ Visual alert ☐ Hearing accommodation ☐ Service animal accommodation ☐ Other:
Daily Living Support	☐ Independent ☐ Some assistance ☐ Significant assistance ☐ Discuss with staff
Assistive Equipment	☐ None ☐ Wheelchair ☐ Walker ☐ Cane ☐ Oxygen ☐ Other:

5. HEALTH, SAFETY & WELL-BEING

Primary Care / VA Provider	
Current Medications	☐ None ☐ I take prescribed medications ☐ I need medication-management support
Medication Storage	☐ I manage medications safely ☐ Need secure storage/support ☐ Discuss with staff
Emergency Medical Needs	☐ None known ☐ Mobility ☐ Seizure ☐ Diabetes ☐ Oxygen ☐ Other:
Substance-Use Support	☐ No current concern ☐ Recovery support requested ☐ Treatment program involved ☐ Discuss privately
Mental/Emotional Support	☐ None requested ☐ Counseling ☐ Peer support ☐ Crisis/safety planning ☐ VA referral

6. INCOME, BENEFITS & FINANCIAL INFORMATION

VA Disability / Pension	\$ / month
Social Security / SSI / SSDI	\$ / month
Employment / Wages	\$ / month
Retirement / Other Benefits	\$ / month
Other Income	\$ / month Source:
Total Approx. Monthly Income	\$ / month
Housing Debt	\$ ☐ None ☐ Unsure
Financial Assistance Needed	☐ Deposit ☐ Rent assistance ☐ Transportation ☐ Utilities ☐ Identification/document replacement ☐ Benefits navigation ☐ Other:

7. EMPLOYMENT, EDUCATION & GOALS

Employment Status	☐ Employed ☐ Unemployed ☐ Retired ☐ Unable to work ☐ Seeking work
Employer / Previous Employer	_____
Education / Training	_____
Employment Goals	_____
Housing Goals	_____
Other Personal Goals	_____

8. HOUSEHOLD, FAMILY & SUPPORT SYSTEM

Anyone Living With You?	☐ No ☐ Yes: _____
Children / Dependents	☐ No ☐ Yes Number: _____ Ages (if applicable): _____
Pet / Service Animal	☐ No ☐ Yes Type: _____ Service/assistance animal: ☐ Yes ☐ No
Family / Natural Supports	_____
Professional Supports	VA / Case Manager / Social Worker / Agency: _____

9. RESIDENTIAL LIVING READINESS

Community Rules	☐ I can follow written community rules ☐ I need support/accommodation to do so
Personal Living Area	☐ I can maintain my area ☐ I need assistance or an accommodation
Household Responsibilities	☐ I can participate ☐ I need assistance or an accommodation
Visitors / Guests	I understand that visitors and overnight guests are governed by the residence's written guest policy. Applicant initials: _____
Smoking / Substance Policy	I understand that smoking, alcohol, cannabis, and illegal substances are governed by the residence's written policy and applicable law. Applicant initials: _____
Safety / Prohibited Items	I understand that safety rules, including rules concerning prohibited items, will be provided in writing and must be followed. Applicant initials: _____
Questions / Support Needed	_____

10. REFERENCES & SERVICE PROVIDERS

Reference #1	Name: _____ Phone: _____	Relationship: _____ Email: _____
Reference #2	Name: _____ Phone: _____	Relationship: _____ Email: _____
Case Manager / Social Worker	Name: _____ Phone: _____	Agency: _____ Email: _____

11. DOCUMENTATION CHECKLIST

Bring copies when available. Do not delay applying solely because a document is missing; staff can discuss alternatives or assistance.

Identity	☐ Government-issued photo ID
Military Service	☐ DD-214 or other military-service documentation
VA Benefits	☐ VA benefits letter / disability documentation, if applicable
Income	☐ Social Security or other benefit verification ☐ Income verification
Support	☐ Emergency contact information ☐ Case manager/service-provider information
Other	☐ Other: _____

12. APPLICANT CERTIFICATION & ACKNOWLEDGMENT

By signing below, I acknowledge that: (1) this application does not itself create a lease or residency; (2) acceptance depends on program eligibility, availability, verification, and the residence's ability to meet my needs; (3) I will receive and review the applicable residency agreement and community rules before move-in; (4) I will provide updated information if circumstances affecting housing or safety materially change; and (5) I may ask for reasonable accommodations or assistance in completing this application.

Applicant Signature	
Date	
Staff Signature	
Date	

FOR OFFICE USE ONLY

Application Received	Date: _____ Time: _____ Staff: _____
Veteran Status Verified	☐ Yes ☐ No ☐ Pending Notes: _____
Housing Status Verified	☐ Yes ☐ No ☐ Pending Notes: _____
Income / Benefits Verified	☐ Yes ☐ No ☐ Pending Notes: _____
Accommodation Request	☐ None ☐ Pending review ☐ Approved ☐ Alternative offered
Interview Completed	☐ Yes ☐ No Date: _____
Decision	☐ Approved ☐ Waitlist ☐ Denied ☐ Referred / Other
Decision Date / Staff	Date: _____ Staff: _____
Reason / Notes	_____

Administrative note: Before use, have the application, screening criteria, residency agreement, fee schedule, privacy notices, reasonable-accommodation process, and admission/denial procedures reviewed for compliance with the laws and licensing/funding requirements that apply to the facility's location and program.