

KATIE DOHERTY VETERANS VILLAGE
364 West Housatonic Street
Pittsfield, MA 01201

APPLICATION

Last Name _____ First _____ Middle Initial _____

Social Security No. _____ D.O.B. ____/____/____

Current Address _____ Phone No. () _____

_____ Cell Phone No. () _____

The race and ethnicity information on this form is required **for statistical purposes only** by the U.S. Department of Housing and Urban Development (HUD) to ensure non-discrimination in the program.

Race

- White American Indian/Alaska Native Asian
- Black/African American Native Hawaiian/Other Pacific Islander

Ethnicity

- Hispanic or Latino Not Hispanic or Latino

Income

Do You Receive Any Of The Following?

*Please answer yes or not to all questions and provide \$ amounts for those items checked YES. Do not leave any question blank.

Employment Income	<input type="radio"/> Yes	<input type="radio"/> No	Amount \$/Month _____
Employer _____			
VA Pension	<input type="radio"/> Yes	<input type="radio"/> No	Amount \$/Month _____
Chapter 115	<input type="radio"/> Yes	<input type="radio"/> No	Amount \$/Month _____
Public Assistance	<input type="radio"/> Yes	<input type="radio"/> No	Amount \$/Month _____
Social Security	<input type="radio"/> Yes	<input type="radio"/> No	Amount \$/Month _____
Social Security Disability	<input type="radio"/> Yes	<input type="radio"/> No	Amount \$/Month _____
Settlement from Workers' Comp.	<input type="radio"/> Yes	<input type="radio"/> No	Amount \$/Month _____
Settlement from Insurance Claim	<input type="radio"/> Yes	<input type="radio"/> No	Amount \$/Month _____
Unemployment Income	<input type="radio"/> Yes	<input type="radio"/> No	Amount \$/Month _____
Other Income	<input type="radio"/> Yes	<input type="radio"/> No	Amount \$/Month _____

Total Annual Income \$ _____



Please submit applications to phwaitlist@wesoldieron.org

With whom do you do your banking business?

Name of Bank _____

Name of Bank _____

Saving Account Yes No Current balance \$ _____

Checking Account Yes No Current balance \$ _____

Do you use direct deposit? Yes No Which bank _____

Additional Assets (CD's, Stocks, etc.)

Have you applied for a HUD-VASH voucher? Yes No

Do you have a HUD-VASH voucher in hand? Yes No

Do you have a will? Yes No

Do you have a Health Care Proxy? Yes No

Do you have a Power of Attorney? Yes No

Do you use either of the following? Wheelchair/Scooter Cane/Walker/Crutches

I certify that the information set forth here is true and accurate. Any misrepresentation or false information will result in my application being cancelled or denied.

I hereby give permission to verify all information necessary to process this application.

Signature of Applicant _____ Date _____



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