



Office Use Only	
App Rec'd: _____	Time: _____
DD-214 Rec'd: _____	
Status: Wait List: _____	
Interview: _____	
Placement: _____	

Veterans F.I.R.S.T. Transitional Housing Application

1. Personal Information

Name: _____ Date: _____

SSN: _____ D.O.B.: _____ Sex: _____ Race(*optional*): _____

Marital Status: _____ Number of Dependents: _____

Present Address: _____

Telephone Number where you can be reached: _____

Are you currently homeless: Y N (circle one)

If No, Will you be homeless: Y N (circle one) When: _____

Do you have a Legal Guardian / Rep Payee (Y/N): _____

If Yes, Name: _____ Address: _____

Brief History and Reason for Referral:

Have you ever received medical services at the VA in Manchester, NH? Y N (circle one)

Please report any legal issues:

2. Income Information

Source: _____ Monthly Amount: _____

Source: _____ Monthly Amount: _____

Please list any assets:

1. _____ Amount: _____

2. _____ Amount: _____

3. Service Information

Branch of Service: _____

Entry Date: _____ Exit Date: _____

Honorable Discharge Status: Yes NO (please circle)

Harbor Homes, Inc. requires a DD-214 to process your application

_____ I have enclosed a copy of my DD-214.

_____ I do not have a copy of my DD-214.

4. Application

I wish to submit an application to Harbor Homes, Inc. veteran program and verify that the above information is true and correct.

Signature: _____ **Date:** _____