

**LIBERTY HOUSE INITIAL APPLICATION**

Applied By (circle): **Phone** **In-Person** **Faxed**

**\*\*\*Required Documentation to Accompany Application: DD214 TB Test Results**

Applicant's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Social Security: \_\_\_\_ - \_\_\_\_ - \_\_\_\_\_ D.O.B.: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Present Living Arrangement: \_\_\_\_\_ How long have you lived there? \_\_\_\_\_

Have you lived in veteran housing before? YES or NO If yes, where & when? \_\_\_\_\_

Referring Agency/Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

**VETERAN STATUS**

**Circle One:** Air Force Navy Marine Corps Army Coast Guard National Guard

Dates of Service: \_\_\_\_\_ to \_\_\_\_\_ Discharge: \_\_\_\_\_ VA Eligible: YES NO

Combat Tours: YES NO Location/Date: \_\_\_\_\_

Marital Status (circle): Single Married Divorced Separated Widowed/Widower

Dependents (18 or younger): \_\_\_\_\_

Current Medical Conditions that need supportive services:  
\_\_\_\_\_  
\_\_\_\_\_

**APPLICANT HISTORY**

History of Drug Abuse (circle): Yes No History of Alcohol Abuse (circle): Yes No

If yes - How long have you been clean: \_\_\_\_\_ If yes - How long have you been sober: \_\_\_\_\_

Have you ever been **CONVICTED** of a Felony or Misdemeanor (circle): Yes No

If yes - For what & when: \_\_\_\_\_

Have you ever been **CONVICTED** of arson (circle): Yes No

If yes - For what & when: \_\_\_\_\_

Are you **REQUIRED** to register as a sex offender (circle): Yes No

If yes - For what & when: \_\_\_\_\_

Are you currently on Parole/Probation (circle): Yes No

If yes - For what & How long: \_\_\_\_\_

Office Use Only:

Sex Offender Registry Verified: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

Verified By: \_\_\_\_\_