



Lady Veterans Connect, INC

Honoring Lady Veterans By Providing Hope, Homes, and Healing

Lady Veterans Connect Housing Program Application

Date Received: _____

Received by: _____

Contact and General Information:

First Name: _____ MI: _____ Last Name: _____

Have you ever been known by another name: Yes: ___ No: ___

If so, what names: _____

Current Residence:

Home/Other: _____

Address: _____

Emergency

Contact: _____ Relationship: _____

Phone: _____ Email: _____

Second Emergency Contact: _____ Relationship: _____

Phone: _____ Email: _____

Birthdate: ____/____/____ Age: _____

Marital Status: _____

Ethnic Origin:

African American: _____ Asian: _____ Latina: _____ Native American: _____

Caucasian: _____ Other: _____

Intentions:

How did you hear about Lady Veterans Connect? _____

Referred

by: _____

Contact Information: _____

Why would you like to participate in Lady Veterans Connect Program?

Background Information: _____

How long did you serve in the military? _____

Social Security Number: _____

Do you consent to a Criminal Background Check _____ (Please Initial for Yes)

Attach a copy of your DD214: _____

Attach a copy of your Driver's License: _____

Attach an additional Source of Identification: _____

Do you own a Vehicle: _____

If so, provide a copy of valid registration: _____

If so, do you have insurance on the vehicle: _____

If bringing vehicle with you, you will need have insurance company add our name as an additional insured, and provide a copy to Lady Veterans Connect: _____

Do you have a service animal: _____

Are there pending legal charges against you in court, if so describe: _____

Do you presently have any income? _____

If so, indicate source: _____

Do you need accessible housing: Yes: ____ No: ____

Have you experienced PTSD? _____ If so describe: _____

Have you experienced MST (Military Sexual Trauma): _____

Are you presently be treated by Veterans Administration or another source for either of these Conditions, if so describe: _____

Are you a current user of alcohol? _____

Are you a current user of drugs? _____

Are you being treated by the Veterans Administration or any private source for any medical Conditions? _____

Have you ever been tested positive for any form of Hepatitis, HIV, or currently have a contagious disease? YES OR NO _____, If yes, are you being treated? YES OR NO _____

Have you ever been convicted of a felony? _____

If so, explain: _____

What is your goal if accepted into the program: _____

Understanding:

To the best of my knowledge, I believe that all the information contained in this application and my autobiography is true and complete. I understand that if I have knowingly made any false statements, this may disqualify me from being eligible for the program. I agree the staff of Lady Veterans Connect, Inc. can check the accuracy of the information in this application by looking at any public records they choose. I also understand that this application is not a guarantee that I will be accepted at Lady Veterans Connect Housing, it is only the first step in the process.

If accepted I agree to fully participate in the programs and counseling offered by Lady Veterans Connect, Inc.

Signature: _____ Date: _____

Submit completed application and all attachments by mail to:

Lady Veterans Connect
Housing Application
11400 Irvine Rd
Winchester, KY 40391

Completed applications should also include the following readable copies:

- Copy of the completed 4 page Housing Application.
- Copy of your DD214 (if you do not have a copy expect delay in processing application).
- Copy of VA Medical Release Form 10-5245
- Copy of current Valid Driver's License.
- Copy of additional Valid Photo ID (such as VA card, Student ID, Carry Conceal, SSN Card, OR passport).
- Copy of Valid Vehicle Registration (If you are bringing your POV)
- Copy of Valid Insurance Policy with or without LVC added (however this addition will be required prior to acceptance to the program).