



Gordon H. Mansfield Veterans Community

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 no to all questions below and provide \$ amounts for those items checked YES. Do not leave any question blank.*

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

Total Annual Income \$ _____

With whom do you do your banking business?

Name of Bank _____

Name of Bank _____

Savings 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? Do Yes No

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 _____