

Application - Valley Supportive Housing

	A	B	C	D	E	F	G	H
1	Name	Last:		First:		Middle:		
2		Date of Birth:		Soc Security #:			Phone:	
3		Current address:						
4		Contact at address:	Name:			Phone:		
5								
6	Income:							
7	Current employer:							
8	Address:							
9	Position:					Phone #:		
10	Other Income:	SS:	SSI:	SSDI:	SNAP:	Veterans Admin:		
11	Notes on income:							
12								
13	Payee:	Yes:	No:	Name of payee:			Phone:	
14	Smoking:	All apartments are non-smoking. Smoking only in common areas.			Problems with mobility:		Yes:	No:
15								
16	Contacts:	If you have a contact, may VSH contact them?			Yes:	No:		
17	Contact 1:	Name:			Phone:		Email:	
18		Name of service:			Phone:		Email:	
19	Contact 2	Name:			Phone:		Email:	
20		Name of service:			Phone:		Email:	
21								
22	References:							
23	Name:		Address:					
24	Relationship:					Phone:		
25	Name:		Address:					
26	Relationship:					Phone:		
27	Name:		Address:					
28	Relationship:					Phone:		
29								
30	I authorize Valley Supportive Housing to verify the information on this form and to perform a background check relative to criminal, credit and employment history. I acknowledge that I have received a copy of this application.							
31	Signature of applicant:				Date:			
32	Mail to: P.O. Box 1907, Staunton VA 24402				Email to: vsh@valleysupportivehousing.org			