



OPERATION VETERAN HOME



Must Be Submitted/Post Marked No Later Than 19 February, 2016

VETERAN INITIAL CONTACT REVIEW

FULL NAME OF SERVICE MEMBER

DATE

CONTACT INFORMATION

Address _____

City _____ State _____ Zip Code _____

Home Phone _____ Mobile Phone _____

MILITARY HISTORY

What was your branch of service?

What type of discharge did you receive?

Please provide a description of your service and any deployments.

Please provide a complete breakdown of your DOD Disability Rating(s), if applicable.

Please provide a complete breakdown of your VA Disability Rating(s).

Are you enrolled at a VA Hospital? If so, where?

LIVING CIRCUMSTANCES

What is your current living situation?

Do you own your home or do you currently have a mortgage?

Do you have adequate income to meet the basic needs of maintaining a home i.e. taxes, utilities etc.?

Are you currently in or have you filed for bankruptcy?

If selected, would you be willing to live in the home for a minimum of 5 years?

Any criminal history past or present?

Do you have any dependents? Yes or No

If yes, how many and what are their ages?

If you have school age children would you be willing to put them in a different school district, this home is scheduled to be built in the Franklin Elementary, Woodrow Wilson Junior High, and Thomas Jefferson High School district?

Are you currently married or have a partner? Yes or No

Do we have permission to speak to your spouse/partner? Yes or No

Are there any other individuals that would be living in the home? Yes or No
If yes, what are their names and ages?

PLEASE PROVIDE YOUR SPOUSE’S/PARTNER’S CONTACT INFORMATION

Name _____

Address _____

City _____ State _____ Zip Code _____

Home Phone _____ Mobile Phone _____

I certify that all information provided in this document is true and accurate to the best of my knowledge. If I have willfully provided any false or misleading information, I understand my consideration for this program may be forfeited at the sole discretion of NeighborWorks Home Solutions.

SIGNATURE OF VETERAN _____ **DATE** _____

NOTE: The completion of this document in no way commits NeighborWorks Home Solutions to construct a home for the service member listed above. This information will be used by NeighborWorks Home Solutions as a part of its interview process to determine the steps that will be taken, if any, in their consideration of support of the above mentioned service member as a part of its program.

All Veteran Initial Review Forms must be turned in to Darlene McMartin at the Pottawattamie County Veteran Affairs located at 223 South 6th Street Council Bluffs, Iowa 51501.

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