



Housing Assistance Program

Application

The Armed Forces Foundation was established to promote the morale, welfare, and quality of life of the United States of America's armed forces community, including active duty military, reservists, and retired personnel and their families from all branches of military service.

The Housing Assistance Program is made possible through the generosity of our contributors and our partnership with the Veteran Affairs Administration.

Thank you for your service to our country

Part 1: Personal Information

Name of Applicant: _____

SSN: _____ - _____ - _____

DOB: ____ / ____ / 19 ____

Date: ____ / ____ / ____

Current Address:

Street: _____ Apt: _____

City: _____ State: _____

Zip Code: _____

Daytime Phone: _____ (Area Code First)

Evening Phone: _____ (Area Code First)

Branch of Service:

Status: _____

(If not active please attach a photocopy of a DD214)

MOS: _____

Rank: _____

Married: [Y] [N]

If yes, number of years: _____

Children: [Y] [N]

If yes, please list ages: _____

Duty Station: _____

Supervisor Name: _____

Contact information: _____

Part 3: Your Home and your desires

Home Style: _____

Number of levels: _____

Total Number of Rooms: _____

Number of Bedrooms: [1] [2] [3] [4] [5] [6] Other: _____

Number of Bathrooms: [1] [2] [3] [4] [5] [6] Other: _____

Do you have a basement or crawl space? [Y] [N]

Total Square Footage: _____

Lot size: _____
(Should be measures in acreage)

Home Age: _____ years, _____ months

Do you own your own home? [Y] [N]

Name as it appears on deed: _____

Mortgage and Amount owed: \$ _____

If selected, can you provide proof of insurance on the home? [Y] [N]

If not why? _____

Do you own any other properties? [Y] [N]

If yes, please list addresses and purpose/type of property: _____

If selected to participate, you may be filmed, videotaped and photographed, and your name, image and likeness may be used publication. By signing below, you waive any rights of privacy or publicity in connection with this production and certify that all information stated by you on this Application Form is true.

(Signature)

(Print)

_____/_____/_____
(Date of signature)