



Broome County Veteran Tiny Homes
530 State Street
Binghamton, NY 13901

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 and provide \$ amounts for those items checked YES. Do not leave any question blank.

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

Total Annual Income \$ _____



***Please provide a copy of your most recent income statement**

Please submit applications to phwaitlist@wesoldieron.org or mail to 290 Merrill Rd Pittsfield, MA 01201



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? ☐ Yes ☐ No

Do you have a Power of Attorney? ☐ Yes ☐ No

Do you have to register as a sex offender? ☐ Yes ☐ No

Do you use either of the following? ☐ Wheelchair/Scooter ☐ Cane/Walker/Crutches

Did you serve in the Military? ☐ Yes ☐ No

***If yes, please attach a copy of your discharge paper**

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 _____



Please submit applications to phwaitlist@wesoldieron.org or mail to 290 Merrill Rd Pittsfield, MA 01201