



SVDP Veteran's Program Application

Name _____ Social Security _____ Date _____
Spouse _____ Children 1. _____ 2. _____ 3. _____ 4. _____
Address _____ Homeless(Yes/No) Birth date: _____
Phone _____ Email _____
Education: School _____ Major _____ Degree _____
Service Needed _____
Job Preference/Employment Skills: _____
Barriers to Employment: (Disability, Criminal Record, etc.) _____

The information shared below should be accompanied by copies of monthly statements

Income:	Expenses:
Monthly Income (work) _____	Rent/Mortgage _____
*Include Income for all adults in the home or apartment) *	Food _____
Food Stamps (Amount) _____	Electric _____
Pension (VA) _____	Phone _____
SSI/ SSDI _____	Cable _____
Bank Account (YES/NO)- Total _____	Entertainment _____
Investments (401K, CDs, Money Market) _____	Insurance (Medical) _____
Other Sources of Income _____	Auto Loan & Insurance _____
Assets (Home, Vehicles, Cash, Etc.) _____	Loans _____

Community Resources Accessed (List Amount Received)

DAV ___ Newbyginning ___ DOL ___ SSVF ___ Kootenai County Vet. Services ___ Churches ___ Other ___
Driver's License ___ Most Recent Pay Stub ___ DD214 or Veteran Medical Card ___ Most Recent Bank Statement ___

Information above is true to the best of my knowledge. I understand that providing false information will forfeit my right to any services considered or offered.

Signature: _____