



APPLICATION FOR PROGRAM

| | | | |
|---|------------------------------|----------------------------------|----------------------------|
| Veteran Name: Last, First Middle (As written on Government Issued ID) | | VA Disability Rating | |
| Home Address | | City | State |
| Zip Code | | | |
| Gender | Birth Date (YYYYMMDD) | Marital Status | Home / Mobile Phone Number |
| <input type="checkbox"/> Male | | <input type="checkbox"/> Single | () _____ home |
| <input type="checkbox"/> Female | | <input type="checkbox"/> Married | () _____ mobile |
| Email Address | | | |
| Home Status | VA SAH Eligible (if known) | Property Tax Status | Spouse Name / Number |
| <input type="checkbox"/> Own | <input type="checkbox"/> Yes | <input type="checkbox"/> Current | _____ Name |
| <input type="checkbox"/> Rent | <input type="checkbox"/> No | <input type="checkbox"/> Exempt | () _____ mobile |
| Monthly Payment: | Amount: | Amount: | Service Animal |
| \$ _____ | \$ _____ | \$ _____ | _____ Name |
| <input type="checkbox"/> Unknown | | | |
| Service Information | | | |
| <input type="checkbox"/> Army <input type="checkbox"/> Air Force <input type="checkbox"/> Navy <input type="checkbox"/> Marine Corps <input type="checkbox"/> Coast Guard | | | |
| Rank _____ | | | |
| Service Era: <input type="checkbox"/> WWII <input type="checkbox"/> Korea <input type="checkbox"/> Vietnam <input type="checkbox"/> Cold War <input type="checkbox"/> Desert Storm <input type="checkbox"/> Post 9/11 <input type="checkbox"/> Other: _____ | | | |
| Purple Heart Recipient: <input type="checkbox"/> Yes <input type="checkbox"/> No Highest Award Received: _____ | | | |
| Start Date of Service (MM/YYYY): _____ | | | |
| Stop Date of Service (MM/YYYY): _____ | | | |
| List Disability(s): | | | |
| _____ | | | |
| _____ | | | |
| _____ | | | |
| _____ | | | |
| What are you struggling with in your current home? | | | |
| _____ | | | |
| _____ | | | |
| _____ | | | |
| _____ | | | |
| _____ | | | |
| Checklist of Documents Required | | | |
| <input type="checkbox"/> Completed Application | | | |
| <input type="checkbox"/> DD 214 | | | |
| <input type="checkbox"/> VA Disability Determination Letter | | | |
| <input type="checkbox"/> Current Photo | | | |
| Veteran Signature | | | Date |
| _____ | | | _____ |

I understand by signing that if I knowingly falsify any of the information contained in this application that I will be removed from consideration as a program recipient.

When completed, this form contains confidential information and will not be shared outside of Adapt A Vet.

Submit completed application to:

Adapt A Vet
10906 Laureate Drive, Suite 101
San Antonio, TX 78249

info@adaptavet.org