

House of Cornelius, Veteran Transitional Housing Intake Form

889 July Way Redding, CA 96003

Apply at 2825 West Street Apt. # 1 242-1121, Fax:242-1492

Today's Date: _____		Marital Status Circle one S M D W	
1) Name: _____ 2) Name: _____			
Veteran Y N		DD Form 214	
Service component		Service dates	
Phone: #			
Names of adults living in home:	M	SS#	DOB/ AGE
1)			
2)			
List ALL Monthly Income: Source and Amount:			
Can you legally drive, and do you have a car? Y N			
Are you homeless or will you be homeless? Y N			

State your current living situation: _____

Ethnic Categories* Select one for each person	Select one
Hispanic/Latino	
Non-Hispanic/Non-Latino	
Race Categories* Select for each person	Select one or more
American Indian or Alaska Native	
Asian	
Black or African American	
Native Hawaiian or Other Pacific Islander	
White	

There is no penalty for persons who do not complete the form.

Signature _____ Date _____