



VETERAN INITIAL CONTACT REVIEW

Must be returned within 7 days of receipt

Instructions: This is the first step of a multi-step application process. Once this form is reviewed and the basic-level criteria are met, you may be invited to continue to the next step where you will be asked to submit a more comprehensive application. From this initial form through the entire process, you are being screened for suitability to receive such a substantial gift. Your accuracy, thoroughness and timeliness in completing this will be examined closely.

FULL LEGAL NAME OF SERVICE MEMBER	DATE	
<hr/>		
CONTACT INFORMATION		
Address <hr/>		
City <hr/>	State <hr/>	Zip <hr/>
Home Phone <hr/>	Cell Phone <hr/>	
Email <hr/>		

MILITARY HISTORY

1. What was your branch and dates of service?

2. What is your military status (active duty, retired, medically retired, discharged or separated) and if on active duty, what is the expected separation date?

3. What type of discharge did you receive?

4. Date and circumstance of your retirement, medical retirement, discharge or separation.

5. What was your military job? List all your deployments.

6. Please list all combat and/or training for combat injuries.

MILITARY HISTORY (Continued)

7. Please provide a complete breakdown of your DoD combat and/or training for combat disabilities with their ratings.

8. Please provide a complete breakdown of your VA combat and/or training for combat disabilities with their individual ratings.

9. Please provide contact information for your commanding officer or a member of your chain of command at the the time of your injury or illness. If this is not possible, you must provide the last three enlisted or officer evaluations for that same time period. While this may be difficult, we will not proceed with your application without this information. Military personnel records can be found on eBenefits (www.ebenefits.va.gov).

GENERAL INFORMATION

10. What is your current living situation?

11. Do you own a home or do you currently have a mortgage?

12. In what city and state would you like to live and why?

13. Are you currently in or have you filed for bankruptcy and if yes, what is the current status?

14. Have you ever been arrested, charged, convicted or currently facing conviction of a Class A or Class B misdemeanor and/or felony?
If yes, what were/are the circumstances and the final outcome?

15. Do you have any dependents? **Yes or No**
If yes, what are their names, ages, gender and relationship to you?

GENERAL INFORMATION (Continued)

16. Who lives with you in your home now?

17. If chosen, who will be living in the home with you?

18. Are you currently married? **Yes or No**

Do we have permission to speak to your spouse? **Yes or No**

SPOUSE'S CONTACT INFORMATION

PLEASE PROVIDE YOUR SPOUSE'S COMPLETE CONTACT INFORMATION

Name _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

Email _____

I understand that if I am selected I am required to live in the home for a minimum of seven (7) years as outlined in the Terms of Homeownership. Initials: _____

SUPPORTING DOCUMENTS

In addition to filling out the form, please provide the following documentation:

“Member 4” Copy of DD Form 214 that shows character of discharge.

Copy of DoD-MEB/PEB official rating.

Copy of most recent VA official rating listing complete breakdowns of ratings. Ratings must come from VA letter within the past two years on current eBenefits copy.

I certify that all information contained in this application is true and accurate to the best of my knowledge. If I have willfully provided any false or misleading information, I understand my consideration for this program may be forfeited at the sole discretion of Operation FINALLY HOME. In addition, in the event that I am publicly accused of an act of moral turpitude (substantiated by the preponderance of evidence, a court decision, or on my own admission), a violation of any Federal law or any other conduct which subjects or could be reasonably anticipated to subject Operation FINALLY HOME and/or its supporters to public ridicule, contempt, scorn, hatred or censure, or could materially diminish the potential successful completion of the gift of a mortgage free home if I am chosen, Operation FINALLY HOME will have the right to remove me from consideration at any time during the process. I also certify that I have read, understood and agreed to the Terms of Homeownership as outlined by Operation FINALLY HOME.

SIGNATURE OF APPLICANT _____ **DATE** _____

SIGNATURE OF SPOUSE _____ **DATE** _____

NOTE: The completion of this document in no way commits Operation FINALLY HOME to construct a home for the applicant listed above. This information will be used by Operation FINALLY HOME as a part of its interview process to determine the steps that will be taken, if any, in their consideration of support of the above mentioned applicant as a part of its program. Once completed, please email PDF to contact@operationfinallyhome.org or fax to 615-216-2109.