



**VAREP**  
VETERANS ASSOCIATION OF  
REAL ESTATE PROFESSIONALS

## Housing Application

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### PERSONAL INFORMATION

First Name \_\_\_\_\_

Last Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone (\_\_\_\_) \_\_\_\_\_ Date of Birth \_\_\_\_\_

Alternate Phone (\_\_\_\_) \_\_\_\_\_ E-mail \_\_\_\_\_

### SPOUSE

First Name \_\_\_\_\_

Last Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone (\_\_\_\_) \_\_\_\_\_ Date of Birth \_\_\_\_\_

Alternate Phone (\_\_\_\_) \_\_\_\_\_ E-mail \_\_\_\_\_

**Marital Status (# One):** Single Married Divorced Separated Widowed

**Current Household Type (Please # the most accurate):**

Single Adult Married w/o children Married w/ children

Two or more unrelated adults Other

**Current Occupation:** \_\_\_\_\_



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**DEPENDENTS**

Please complete one entry for each legal dependent of the applicant as a dependent physically residing in household at the time of application.

Household Size: \_\_\_\_\_ Number of Dependents: \_\_\_\_\_

First Name \_\_\_\_\_

Last Name \_\_\_\_\_

Relationship \_\_\_\_\_ Date of Birth \_\_\_\_\_

First Name \_\_\_\_\_

Last Name \_\_\_\_\_

Relationship \_\_\_\_\_ Date of Birth \_\_\_\_\_

First Name \_\_\_\_\_

Last Name \_\_\_\_\_

Relationship \_\_\_\_\_ Date of Birth \_\_\_\_\_

First Name \_\_\_\_\_

Last Name \_\_\_\_\_

Relationship \_\_\_\_\_ Date of Birth \_\_\_\_\_

First Name \_\_\_\_\_

Last Name \_\_\_\_\_

Relationship \_\_\_\_\_ Date of Birth \_\_\_\_\_



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**FINANCIAL  
INFORMATION**

<b>INCOME</b>	Monthly Amount	How Long Received?
Net Paycheck #1		
Net Paycheck #2		
Dividends		
Interest		
Soc. Sec. /Pension		
Other		
<b>TOTAL INCOME</b>		



Please complete the below monthly expense sheet to the best of your ability. Many items may not be applicable to your situation. A Housing Representative will work with you to complete the sheet upon submission of your application. The key is to be truthful.

Monthly Expenses	Date Due	Amount
Rent or Mortgage		
Electric		
Gas		
Property Taxes		
Water		
Property Insurance		
Garbage Collection		
<b>Transportation</b>		
Car Payment		
Car Payment		
Gasoline		
Maintenance		
Insurance		
Bus/Taxi/Toll/ Parking		
Other		
Other		
<b>Food</b>		
Groceries		
Work Lunches Bought		
School Lunches Bought		
<b>Clothing</b>		
Clothing		
Maintenance Cleaning		
<b>Entertainment</b>		
Vacations		
Meals Out		
Cable/Internet		
Other		
<b>Savings</b>		
Credit Union/Bank		
Company Savings Plan		
IRA		
Other		

Monthly Expenses (Cont.)	Date Due	Amount
<b>Health</b>		
Medications		
Insurance		
Doctor		
Dentist		
<b>Family</b>		
Life Insurance		
Child Care		
Allowances		
<b>Donations</b>		
Religious		
Charitable		
<b>Personal</b>		
Barber/Beauty Shop		
Tobacco		
Tithe		
<b>Installment Payments</b>		
Credit Union		
Credit Card		
Credit Card		
Department Store Credit		
Student Loan		
Personal Loan		
Other		
Other		
<b>Miscellaneous</b>		
Union/Other Membership Dues		
Taxes: Soc. Sec.		
Federal		
State		
Other		
Other		
<b>TOTAL EXPENSES</b>		



This image shows a full page of blank white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page, typical of notebook or legal stationery. There are no margins, text, or other markings present.



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The following information is requested by the Federal Government for certain types reporting related to a dwelling in order to monitor compliance with equal opportunity, fair housing disclosure laws. You are not required to furnish this information, but are encouraged to do so. The law provides that an organization may not discriminate either on the basis of this information, or on whether you choose to furnish it. If you furnish the information, please provide both ethnicity and race. For race, you may check more than one designation. If you do not furnish ethnicity, race, or sex, under Federal regulations, we as may note the information on the basis of visual observation and surname if you have made this application in person. If you do not wish to furnish the information, please check the box below. Often our grantors and funding sources require ethnic information for demographic purposes. This is collected solely for that purpose and is not used for decision making.

**Member**      ☐      I do not wish to furnish this information

**Race:**      ☐      Hispanic or Latino                      ☐      Not Hispanic or Latino

**Ethnicity**

- ☐      White
- ☐      American Indian or Asian Black or African American
- ☐      Alaska Native
- ☐      Native Hawaiian or White
- ☐      Other
- ☐      Pacific Islander

**Sex:**      ☐      Female                      ☐      Male

**Spouse**      ☐      I do not wish to furnish this information

**Race:**      ☐      Hispanic or Latino                      ☐      Not Hispanic or Latino

**Ethnicity:**

- ☐      White
- ☐      American Indian or Asian Black or African American
- ☐      Alaska Native
- ☐      Native Hawaiian or White
- ☐      Other
- ☐      Pacific Islander Other Pacific Islander

**Sex:**      ☐      Female                      ☐      Male



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**For Servicemembers/ Veterans Only**

Years of Service: \_\_\_\_\_

Branch of Service: \_\_\_\_\_

Pay Grade: \_\_\_\_\_

Military Status: \_\_\_\_\_

Last 4 digits of SSN: \_\_\_\_\_

DD214: \_\_\_\_\_

Date Discharged from Military: \_\_\_\_\_

Currently Deployed?	Yes	No
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Disabled?	Yes	No
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To the best of my knowledge, I hereby certify that the information provided on this application is complete, accurate, and true. I agree and understand that by submitting this application I authorize VAREP to send me emails, newsletters, and customer satisfaction surveys.

I also agree to attend all required financial management workshops and continued education counseling sessions associated with my participation in the VAREP's House A Vet program.

\_\_\_\_\_  
Member Signature

Date \_\_\_\_\_

\_\_\_\_\_  
Spouse Signature

Date \_\_\_\_\_





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## **Privacy Policy**

VAREP is committed to assuring the privacy of individuals and/or families who have contacted us for assistance. We realize that the concerns you bring to us are highly personal in nature. We assure you that all information shared both orally and in writing will be managed within legal and ethical considerations. Your “nonpublic personal information,” such as your total debt information, income, living expenses and personal information concerning your financial circumstances, will be provided to creditors, program monitors, and others only with your authorization and signature on the Authorization for Release of Information. We may also use anonymous aggregated case file information for the purpose of evaluating our services, gathering valuable research information and designing future programs.

### **Types of information that we gather about you**

- Information we receive from you orally, on applications or other forms, such as your name, address, social security number, assets, and income;
- Information about your transactions with us, your creditors, or others, such as your account balance, payment history, parties to transactions and credit card usage; and
- Information we receive from a credit reporting agency, such as your credit history.

### **Release of your information to third parties**

- We may disclose some or all of the information that we collect, as described above, to your creditors or third parties where we have determined that it would be helpful to you, would aid us in counseling you, or is a requirement of the federal assistance funding this program.
- We may also disclose any nonpublic personal information about you or former customers to anyone as required by law (e.g., if we are compelled by legal process).
- Within the organization, we restrict access to nonpublic personal information about you to those employees who need to know that information to provide services to you. We maintain physical, electronic and procedural safeguards that comply with federal and state regulations to guard your nonpublic personal information.