Orting Veterans Village Application

Full Name:		
Social Security #:	Date of Birth:	
Current Address:	City:	State:
Agency/Staff involved in application: Recommendation:		
What gender do you identify as? Male Female MTF FTM Prefer not to disclose Are you 18 and over? Yes No Are you a veteran? Yes No Do you have a dishonorable discharge? Yes No Do you have any income? If so, what is your monthly income?		
Do you need any accommodations for housing? Yes No If yes, please explain (example: require an ADA unit for a wheelchair, grab bars in shower, etc.):		
Is there anything that would prevent you from living independently (personal care, cleaning, shopping, pay- ing bills, cooking)? □ Yes □ No If yes, please explain (and how we can help):		
Have you ever had "Section 8" housing? Yes No If yes, did you leave on good terms and are still eligible? Yes No Not sure Residents are required to get vouchers with the Housing Authority. Are you willing to do this? Yes		
Do you have any pending court/criminal requirements (active warrants)?		
The village has a community center and community kitchen. Are you comfortable living in a communal set- ting? \Box Yes \Box No The village provides a clean and sober environment for residents. Are you comfortable living in this type of setting? \Box Yes \Box No Will you be able to pass a drug test to move in? \Box Yes \Box No		
The village is located in a small town located at the bottom of Mt. Rainier without public transportation. Are you comfortable living in a rural setting? \Box Yes \Box No		

By signing below, I certify that the above information is true and correct to the best of my knowledge. I also authorize representatives of Quixote Communities to check any references that may be used to determine my eligibility for housing. Past convictions will not necessarily prohibit a person from staying at OVV, but false or misleading information on the application may result in termination from the program.

Applicant Signature

Applicant Printed Name