



### SSVF Preliminary Questions

Veteran Name: \_\_\_\_\_

Veteran Location: \_\_\_\_\_

Veteran Phone #: \_\_\_\_\_

Veteran Email: \_\_\_\_\_

Veteran DOB: \_\_\_\_\_

Veteran SSN: \_\_\_\_\_

Landlord Name: \_\_\_\_\_

Landlord Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

### Make Copy of These Documents Needed Possible Intake

- ✓ Photo ID of ALL Adults in Household
- ✓ Copy of SS Card for ALL Adults in Household
- ✓ Copy of DL for ALL Adults in Household
- ✓ Copy of Birth Certificate for ALL Adults
- ✓ DD-214 Form
- ✓ VA Healthcare Card
- ✓ Health Insurance Card
- ✓ Proof of ALL Income – Award Letters or Pay stubs
- ✓ 6-months of Checking Account Statements
- ✓ 1-month Saving Account Statement.

### Veteran Background Information

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### Housing Needs

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