

Polacek Veteran Home Application

"A Tribute to Your Service"

This program is designed to help Veterans and their families pay tribute to a Veteran and assist them with financial stability and quality of life, and show them the dignity and honor they rightfully deserve.

This is an opportunity to receive a cash benefit of \$1,000 per year for the Veteran and their family. We want to pay tribute to a Veteran and assist them with financial stability and quality of life, and show them the dignity and honor they rightfully deserve.

RETURN with your dd214 to: Polacek Veteran House , PO Box 51, Johnstown PA 15907

1. APPLICANT INFORMATION			
Applicant		Family Information	
Applicant's name (first, middle, last)		<input type="checkbox"/> Unmarried <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Other	
Driver License number		Co-applicant's name (if married)	
Best Phone		Number of Dependents	
Email		Last name of less than two years	
Number of years _____ Monthly payment _____		Number of years _____ Monthly payment _____	
Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>	
Are you a resident of Cambria County		Did you serve in the U.S. Armed Forces	
Are you a resident of Somerset County		Is your Certificate of Service attached (dd214)	

2. VETERAN, SPOUSE & FAMILY DISABILITY

☐ Yes ☐ No ☐ Other
☐ Yes ☐ No ☐ Other
☐ Yes ☐ No ☐ Other
☐ Yes ☐ No ☐ Other

☐ Yes ☐ No ☐ Other
☐ Yes ☐ No ☐ Other

C. Do any of your children or other family members have a disability and require special assistance? Yes ☐ No ☐

The applicant's name, phone number, social security number, and address will be blacked-out and given a packet number to protect their personal information.

The top ten (10) applicants will be interviewed and personal information revealed only to the selection panel.

For Questions or Assistance call 814-999-2249

The application can also be found on the 1st Summit Arena @ the War Memorial website:
<https://1stsummitarena.com/polacek-veteran-family-home/>

Number Assigned _____

3. MONTHLY INCOME

Income source	Applicant	Co-applicant	Others in household	Total
Wages	\$	\$	\$	\$
Pension	\$	\$	\$	\$
Alimony	\$	\$	\$	\$
Child support	\$	\$	\$	\$
Social Security	\$	\$	\$	\$
SSDI	\$	\$	\$	\$
VA Disability	\$	\$	\$	\$
SNAP	\$	\$	\$	\$
Other: _____	\$	\$	\$	\$

4. QUESTIONS

A. If you are currently in the National Guard or Reserves, please provide a list of your service, awards and/or deployments since the time of the attached dd214? (Use additional paper if need and attach to application)

B. How would this house assist your family with financial stability and a better life? (Use additional paper if need and attach to application)

Number Assigned: _____

B. Can you write about times you have volunteered or helped in your community? This could be with family, friends, school, church or any other local organization. (Use additional paper if need and attach to application)

5. AUTHORIZATION AND RELEASE

A. Do you agree to pay all city and county taxes assessed to the property? ☐ Yes ☐ No

B. Do you agree to live in the house full-time for a minimum of five years? ☐ Yes ☐ No

C. Do you agree to pay for house insurance? ☐ Yes ☐ No

D. I agree to provide additional information to verify the information contained in this application such as the VA Compensation Determination Letter (if you have a Veterans Administration recognized disability), the Veteran's driver's license, proof of income, a release of information to perform a criminal background investigation, and credit report or your previous year's federal and state tax documents ☐ Yes ☐ No

E. If you are interested in being contacted about other Veteran benefits and opportunities, please initial here _____

F. If you are interested in using this application for other housing opportunities in the future, please initial here _____

Applicant signature

Date

Co-applicant signature

Date

X _____ X _____

Official Use	
SFA SELECTION COMMITTEE ACTIONS Date received: _____ Date application scored : _____ Number Assigned: _____	VETERAN COMMUNITY PANEL ACTIONS Applicant Top Ten: Yes <input type="checkbox"/> No <input type="checkbox"/> Applicant Top Five: Yes <input type="checkbox"/> No <input type="checkbox"/> Date Reviewed: _____ Reviewer Initials: _____

Number Assigned: