

THE PASCH FOUNDATION: VETERAN HOUSING PROGRAM



Program Mission: The Pasch Foundation is proud to support our local veteran community by providing housing to veterans in need. Our housing program is designed to help veterans get back on their feet, regain stability, and successfully transition to permanent, independent living.

Equal Housing Opportunity: The Pasch Foundation is an equal opportunity housing provider. We do not discriminate on the basis of race, color, religion, sex, handicap, familial status, or national origin.

Notice & Authorization for Background Screening: By signing and submitting this application, you certify that all information provided is true and complete to the best of your knowledge. You authorize the Pasch Foundation and its representatives to verify all statements, contact references and previous landlords, and conduct a background check

(including criminal history and eviction records) to determine eligibility for the veteran housing program. Providing false information may result in the denial of this application.

Submission of this application does not guarantee housing placement. Applications are reviewed and selected based on need, availability, and program fit.

SECTION 1: APPLICANT INFORMATION

Full Name (First, Middle, Last):

Current Address:

Email:

| Phone Number:

Birthdate:

| SSN (or ITIN):

Government Issued ID #:

| Issuing State/Territory:

SECTION 2: MILITARY SERVICE & STATUS DETAILS

Branch of Service:

- ☐ Army
- ☐ Navy
- ☐ Air Force
- ☐ Marine Corps
- ☐ Coast Guard
- ☐ Space Force
- ☐ National Guard/Reserve

DoD ID Number:

Current Status:

- ☐ Active Duty
- ☐ Reserve / National Guard
- ☐ Honorably Discharged

Are you currently on active Title 10 orders?

- ☐ YES
- ☐ NO

If discharged, what was your character of service or discharge status?

- ☐ Honorable
- ☐ General Under Honorable Conditions
- ☐ Other Than Honorable (OTH)
- ☐ Bad Conduct / Dishonorable
- ☐ Medical Discharge
- ☐ Retired (Longevity or Medical)
- ☐ N/A (Still active)

Unit / Installation Details (Current duty station, unit, or last command):

SECTION 3: EMERGENCY CONTACTS

Primary Emergency Contact:

Full Name:

Relationship:

Phone Number: | Email:

Address:

Secondary Emergency Contact (Point of contact outside the household):

Full Name:

Relationship:

Phone Number: | Email:

Address:

SECTION 4: HOUSEHOLD, DEPENDENTS & VEHICLES

Dependents Living in Household:

- | | | | |
|----|------------|------|---------------|
| 1. | Full Name: | DOB: | Relationship: |
| 2. | Full Name: | DOB: | Relationship: |
| 3. | Full Name: | DOB: | Relationship: |
| 4. | Full Name: | DOB: | Relationship: |
| 5. | Full Name: | DOB: | Relationship: |
| 6. | Full Name: | DOB: | Relationship: |

Pets:

Pet Type: | Breed: | Weight:

Is your pet a registered service animal or emotional support animal?

☐ YES

☐ NO

Vehicles & Parking:

Will you or a household member keep a vehicle on-site?

☐ YES

☐ NO

If yes, please provide:

- | | | | |
|---------|--------|-------|----------------|
| • Make: | Model: | Year: | License Plate: |
| • Make: | Model: | Year: | License Plate: |
| • Make: | Model: | Year: | License Plate: |
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SECTION 5: RESIDENTIAL HISTORY (Past 2 Residences)

Previous Residence #1 – Occupancy Type:

☐ Rent

☐ Own

Other Address:

Dates Resided (From / To):

Monthly Payment: \$

Landlord or Mortgage Company Name:

Landlord Phone / Email:

Reason For Leaving:

Previous Residence #2 – Occupancy Type:

☐ Rent

☐ Own

Other Address:

Dates Resided (From / To):

Monthly Payment: \$

Landlord or Mortgage Company Name:

Landlord Phone / Email:

Reason For Leaving:

SECTION 6: HOUSEHOLD BUDGET & INCOME VERIFICATION

Household Size (Total occupants):

Monthly Gross Income (Total pre-tax income including base pay, BAH, BAS, disability compensation, spouse's income, or other support sources):

Monthly Expenses (Essential living costs: utilities, vehicle payments, insurance, existing debt obligations):

SECTION 7: PROGRAM SCREENING QUESTIONS

Description of Hardship & Goals (Please describe your current situation and how participation in the Pasch Foundation housing program will help you get back on your feet):

Have you ever been a party to an eviction proceeding (unlawful detainer lawsuit) or broken a lease agreement at a previous residence?

☐ YES

☐ NO

(If yes, please explain):

Have you ever been convicted of a felony involving violence, harm to persons or property, or sexual offenses within the past 7 years?

☐ YES

☐ NO

(Note: Blanket criminal bans are not applied; context and rehabilitation are taken into account).

Do you own or plan to use any large water-filled furniture or aquariums (exceeding 20 gallons) on the premises?

☐ YES

☐ NO

Does anyone in your household smoke? (Please note– Our properties adhere to strict community smoke-free policies for indoor spaces):

☐ YES

☐ NO

Current Housing Status

☐ ☐ Currently Homeless

☐ ☐ Living in Vehicle

☐ ☐ Emergency Shelter

☐ ☐ Staying with Friends/Family

☐ ☐ Facing Eviction

☐ ☐ Housing Cost Burden

☐ ☐ Unsafe Living Conditions

☐ ☐ Domestic Violence Survivor

☐ ☐ Transitioning from Military Service

☐ ☐ Other: _____

Check All That Apply

- ☐ ☐ Disabled Veteran
 - ☐ ☐ Service-Connected Disability
 - ☐ ☐ Veteran with Minor Children
 - ☐ ☐ Homeless
 - ☐ ☐ Recently Discharged
 - ☐ ☐ Low Income
 - ☐ ☐ Receiving VA Assistance
 - ☐ ☐ Senior Veteran (65+)
 - ☐ ☐ Caregiver for Family Member
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SECTION 8: PERSONAL STATEMENT & COMMUNITY FIT

Every veteran has a unique story of resilience. Looking back at your time in service and your life since, what is something you have overcome that you are most proud of, and how does that strength serve you today?

A house is just a building, but a home is built on community. What does a safe, supportive space mean to you right now?

SECTION 9: SUPPORTING DOCUMENTATION CHECKLIST

Please enclose or email (NPasch@paschfoundation.org) copies of the following required documents to process your application: Valid Military ID or Dependent ID, Current Leave and Earnings Statement (LES), DD-214, or Retirement/Disability statement, Proof of Income (Recent pay stubs, VA disability award letters, or bank statements), Supporting bills, notices, or hardship documentation (e.g., eviction notices, utility shut-off notices, current lease agreements, or homelessness verification).

ACKNOWLEDGMENTS & SIGNATURE

- ☐ By checking this box, I consent to receive text messages and email notifications regarding the status of my housing application from the Pasch Foundation.
- ☐ By checking this box, you certify that all information provided is true and complete to the best of your knowledge. You authorize the Pasch Foundation and its representatives to verify all statements, contact references and previous landlords, and conduct a background check
- ☐ I understand that information submitted in this application may be securely stored and used solely for housing eligibility determination and program administration

Applicant Signature:

| Date:
