



Part 1: Personal Information

Name of Applicant: _____

SS Number: _____

(applying for this program implies you agree to crime and credit background check)

DOB: _____

Date: _____

Current Address:

Daytime Phone: _____

Evening Phone: _____

Branch of Service: _____

MOS: _____

Rank: _____

Married: YES ___ NO ___

If Yes, list number of years: _____

Children: YES ___ NO ___

If yes, list ages: _____

Unit of Assignment: _____

Date of Injury: _____

Location of Injury: _____

Type of Injury: _____





Have you been in contact with VA Benefits: **YES** ___ **NO** ___

(If yes, please describe any assistance you may have received)

Do you currently own a home: **YES** ___ **NO** ___

Part 2: Your Story

Please describe why you should be considered for the Operation Coming Home Project. How does your condition affect your house? How does your house affect your condition? How can we help you?





Part 3: **Your Needs and Desires**

Operation Coming Home Program Application

Part 4: **Point of Contact and Submission**

Please send application to **aladner@myusvc.com**.
If you have any questions, please contact **Andy Ladner** at **919.818.9609**.
www.myusvc.com www.operationcominghome.com www.hbawake.com

