



**TEARS OF TRAUMA**  
— F O U N D A T I O N —  
HEALING TOGETHER BY FAITH

**Transitional Housing Program Application**

**Applicant Information**

Today's Date: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ M.I. \_\_\_\_\_

Current Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Social Security Number \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Are you a veteran who is homeless?:  Yes  No

Will you be homeless or living in a motel or hotel?  Yes  No

Do you have a VA disability rating?  Yes  No, If yes, what %? \_\_\_\_\_

Have you been diagnosed with PTSD?  Yes  No, If yes, what %? \_\_\_\_\_

If you have been diagnosed with PTSD, what are your symptoms?

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**Marital Status**

Are you married?  Yes  No If yes, do you have contact with your spouse?  Yes  No

Do you have children?  Yes  No

If yes, who will care for them while you are in this program? \_\_\_\_\_

## Emergency Contacts Information

(Provide 2)

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

## Military Service

Branch: \_\_\_\_\_ Service Dates: From: \_\_\_\_\_ To: \_\_\_\_\_

Rank at Discharge: \_\_\_\_\_

Did you receive an honorable or dishonorable discharge? \_\_\_\_\_

If medically retired, at what %? \_\_\_\_\_ Injuries: \_\_\_\_\_

## Disclaimer and Signature

*I certify that my answers are true and correct to the best of my knowledge.*

*I have attached a copy of my DD214 and VA Disability Letter (if applicable) and it is true and correct to the best of my knowledge.*

*If this application leads to an approval into the Tears of Trauma Foundation Transitional Housing Program, I understand that false or misleading information in my application or interview may result in my release.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Step 1: Print the application and completely fill it out with your signature and date.

Step 2: Scan a copy of your DD214, completed application, and VA Disability Letter (if applicable).

Step 3: Email all applicable documents to [housing@tearsoftraumausa.org](mailto:housing@tearsoftraumausa.org)

Questions? Call: 770-285-8550