Thank you for your interest in applying for housing at the Common Ground Veterans Transitional Residence Community (TRC), located on the VA Hudson Valley Campus in Montrose, NY.

In order to be eligible for this housing, all applicants must meet the following requirements:

- Must be a homeless veteran eligible to receive VA services
- Must be in need of supervised living arrangement and case management services
- Must not be in need of acute psychiatric or medical care
- Must demonstrate 30 days of sobriety
- Must have a source of income
- Cannot have a sexual offense conviction(s)

All applications must include the following documents (please include this completed checklist when submitting your application):

- CG Veterans Transitional Residence Application (attached)
- Prospective Resident Agreement (attached)
- Signed release of information consent forms (attached)
- Proof of homelessness – letter from outreach team or shelter provider
- Psychosocial – must be 90 days current (Note psychosocial must include proof of demonstrated length of sobriety)
- Psychiatric evaluation – must be 90 days current
- Medical evaluation, including PPD results – must be 90 days current
- Proof of income – must be 90 days current
- Copy of valid photo ID
- Proof of military service & nature of discharge (Form DD-214)

Completed applications should be mailed or faxed to:

Common Ground
Veterans Transitional Housing
PO Box 487
Montrose, NY 10548

Fax #: 914-788-1368

For more information, questions about this program or your eligibility, please call 914-606-3480.

All information obtained is confidential and will be used for application review purposes only. Common Ground Community maintains a firm commitment to equal opportunity for all applicants. Common Ground Community does not discriminate based on race, sex, age, color, national origin, religion, sexual orientation, HIV status, or disability.
Please complete all sections and sign the last page. **PLEASE PRINT LEGIBLY.**

**Contact Information**

Name: ___________________________  
Alias: ____________________________

Date of Birth (mm/dd/yy): ______________  
Gender: [ ] Male  [ ] Female

SSN: _____________________________  
Contact Number: ________________________

**Referral Source**

Referral Name: ________________________

Referral Number: ________________________

Address: 
________________________________________________________________________________________
________________________________________________________________________________________

**Housing Status**

Type of Housing: (please check all that apply):

[ ] Shelter  [ ] Rental Housing  [ ] Living w/ Friend/Relative  [ ] Streets

[ ] Jail/Prison  [ ] Hospital  [ ] Substance Abuse Treatment Program

[ ] Psychiatric Facility  [ ] Transitional Housing  [ ] Other

How long have you been living at this address? _____ years/months

Do you currently pay any rent/utility bills? [ ] Y or [ ] N  If yes, how much? _____ month

Where were you living before your current address? _____________________________________________

_______________________________________________________________________________________

**Employment History**

Current employment status: [ ] Employed  [ ] Unemployed  [ ] Retired

If employed, occupation? ________________________________
Employer’s name: ____________________________________________
Address: ___________________________________________________________________________
_________________________________________________________________________________
Phone #: __________________________________________

How long have you worked in this position? _____ years/months

Average gross pay? ___________________
(circle one): weekly / bi-weekly / monthly / annually

Other Sources of Income
Please list all other sources of income that you receive, such as public assistance, veteran’s health benefits, social security income and/or disability, pension, unemployment compensation, alimony, etc.

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<th>Source of Income</th>
<th>Amount $</th>
<th>Length of Time Receiving</th>
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Assets
Do you have any type of savings? □ Y or □ N
If yes, please check all that apply and provide amounts:
□ Checking $ __________  □ IRAs/Retirement Accounts $ __________
□ Money Market $ __________ □ Savings $ __________  □ CDs $ __________
□ Stocks/Bonds $ __________ □ Other (specify) $ __________

Military History (years of service, branch, discharge information):

Legal History (conviction, dates/years served, parole/probation)
Have you been convicted as a sexual offender? ☐ Y or ☐ N

Have you been convicted of a sexual offense e.g. assault, abuse, rape, etc? ☐ Y or ☐ N

Why are you interested in housing at the Common Ground Transitional Residence Community?
________________________________________________________
________________________________________________________
________________________________________________________
________________________________________________________

Thank you for taking the time to complete this application. Please be advised that completing this application does not guarantee admission to Common Ground Community Transitional Housing Program. This application is a pre-requisite to determine if an interview will be granted to further assess admission to the program.
I hereby affirm that, to the best of my knowledge, the foregoing information is true, accurate, and complete. I understand that misleading or false statements, misrepresentations, or incomplete information in this application will be grounds for rejection and not being granted an interview. I further understand that the information contained within this application will be shared with, the VA Grant and Per Diem Liaison or designee at Hudson Valley Health Care System, for the purpose of determining if an interview should be granted.

_______________________________________________________

APPLICANT’S SIGNATURE  DATE

FOR INTERNAL USE ONLY

Reviewer’s Name: ________________________________

Agency: ________________________________

Date (mm/dd/yy): _ _ / _ _ / _ _

Interview Scheduled For (mm/dd/yy): _ _ / _ _ / _ _

Time: __________ AM or PM

Applicant Contacted (mm/dd/yy): _ _ / _ _ / _ _
Transitional Residence Community Prospective Resident Agreement

Prior to acceptance into Common Ground’s Transitional Residence Community (TRC), I understand that I must review and sign this Prospective Resident Agreement. The purpose of this Agreement is to outline participant expectations for this housing program. Signing this Agreement does not guarantee admission to the TRC Program.

PROGRAM EXPECTATIONS:
(PLEASE INITIAL NEXT TO EACH ITEM INDICATING UNDERSTANDING & AGREEMENT)

_____ I understand the maximum length of stay is 24 months.

_____ I am responsible for monthly VA Grant and Per Diem (G&PD) program fees (30% of total income) to help subsidize the cost of my care in the TRC Program. CGC and the VA will evaluate the total value of my present income in order to calculate my share of VA G&PD program fees. I further understand that the Veteran’s Housing Program can re-evaluate my income during the time that I am receiving housing assistance and can make program fee adjustments as needed. If there is any change in my financial situation during occupancy, I will notify CGC within 10 days of that change. CGC may recalculate my program fees based on changes in my income.

_____ I understand that the intent of the VA Grant and Per Diem program and the TRC Program is to help me continue my recovery efforts and become more independent. Further, I understand that all program participants may be affected by my behavior. Therefore I accept and agree that any use of drugs/alcohol by me is COMPLETELY PROHIBITED in the TRC Program.

_____ I agree to submit to breathalyzer, blood alcohol, and/or urine drug screenings upon request of the VA or CGC staff. Failure to do so may result in my being discharged from the TRC Program.

_____ I understand that any threatening, aggressive, assaultive, dangerous, or illegal conduct will result in IMMEDIATE discharge.

_____ I understand that after 24 hours of an unexcused absence, I may be discharged from the TRC Program.

_____ I understand that authorized absences for personal or medical reasons cannot exceed 7 days. After the 7th day I will be discharged from the TRC Program and will need to locate alternative housing.

_____ I understand that there is weekday curfew of 10 pm Sunday – Thursday and a weekend curfew of 12 am Friday and Saturday.

I HAVE READ, UNDERSTAND, and AGREE TO ADHERE BY THE TERMS OF THIS AGREEMENT IF ADMITTED TO THE TRC PROGRAM. ADDITIONALLY, I UNDERSTAND THAT INFORMATION CONTAINED WITHIN THIS DOCUMENT WILL BE SHARED WITH THE VA. I FURTHER UNDERSTAND THAT THE ABOVE LIST IS NOT ALL-INCLUSIVE and THERE WILL BE ADDITIONAL REQUIREMENTS. I WILL BE GIVEN AN OPPORTUNITY TO READ and UNDERSTAND THESE REQUIREMENTS PRIOR TO MOVING INTO THE TRC.

APPLICANT PRINT NAME: ________________________________________________________

__________________________________________________

APPLICANT’S SIGNATURE ___________________________ DATE ___________________________