

Professional Licenses:

Do you possess any other licenses, such as plumbing, electrical, contractor, cosmetology, real estate, etc? Yes No
 If yes, state type: _____

Driver's License:

Do you have a valid U.S. Virgin Islands driver's license? Yes No If yes indicate the Class: _____
 Has your license ever been suspended or revoked? Yes No If yes, explain: _____
 Do you have reliable transportation? Yes No Do you have use of a car? Yes No

Skills/Interest

Please indicate below any employment skills you have (such as typing, childcare, painting, landscaping, cleaning, construction, etc.) and the number of months or years of experience you have working in that skill area:

_____ Skill 1 _____ How long Months Years _____ Skill 2 _____ How long Months Years

Check the employment skill(s) below you would like to learn. You may check more than one (1).

Office Work Clothing Construction Computer Literacy
 Job Readiness Landscaping Maintenance
 Vocational/GED Carpentry Child Care
 Marine Industry Cosmetology Nursing
 Painting Sales Representative Construction
 Other: _____

List your career goal(s)? _____

Current Employment:

What is your current employment status? (Check all that apply):

Employed Full time (20 or more hrs/wk) Employed Part-time (less than 20 hrs/wk)
 Self-Employed Unemployed and receiving Unemployment Insurance Benefits (UIB)
 Unemployed and NOT receiving UIB

Employment History:

List every job you have had in the last 12 months beginning with the most recent.

Job Title	Employer Name and Address	Date Started	Date Ended
1)			
Duties/Responsibilities:			
Reason for leaving:			
2)			
Duties/Responsibilities:			
Reason for leaving:			

Employment History Continued:

Job Title	Employer Name and Address	Date Started	Date Ended
3)			

Duties/Responsibilities:

Reason for leaving:

Additional Information:

Resources you need in order to look for or get a new or better job:

- Budgeting help
- Childcare
- Parenting Classes
- College Preparation
- Counseling for Addition to Drug/Alcohol
- Transportation

Use the space below to list additional resources needed and/or information:

_____ Applicant's Signature
 _____ Guardian's Signature (Required if applicant is under 18)

FOR OFFICIAL USE ONLY

This is to certify that _____ is a bona fide VIHA resident or Section 8 participant

Residency Verified by: _____ Signature: _____
 VIHA Staff (Print Name and Title)

Received by: _____ Title: _____
 Date: _____

Resident Referred to: _____ Date: _____
 Date Referred: _____



Virgin Islands Housing Authority (VIHA) Mission Statement

VIHA's mission is to provide decent, safe and sanitary housing through quality maintenance, management and modernization services in a strategically planned and cost effective manner that will culminate in homeownership opportunities and a higher standard of living for Virgin Islands Tenants.

The Virgin Islands Housing Authority is an Equal Opportunity and Fair Housing Agency. Anyone who feels he or she has been discriminated against may file a complaint of housing discrimination to:
The U.S. Department of Housing and Urban Development
Assistant Secretary for Fair Housing and Equal Opportunity
Washington, DC 20410
1-800-669-9777 (Toll Free)
1-800-927-9275 (TDD)



WARNING: Section 1001 of Title 18 of the U. S. Code makes it a criminal offense to make willful false statements or representation of any material facts involving the use or obtaining of Federal funds.