



FINANCIAL ASSISTANCE APPLICATION

VETERAN

Full Name _____ Father Mother Other _____
Social Security No. _____ Date of Birth _____
Street Address _____ Phone _____
City _____ State _____ Zip _____
Active Duty Dates _____ Characterization of Discharge _____

Official documentation (DD214, VA, orders, etc.) that proves honorable service during an eligible period must accompany this application.

Employment Status Fulltime Part-time Laid-off Worker's Compensation Unpaid Leave Not Employed

If not employed, the investigation report must explain why and what steps are being taken to secure employment.

CHILDREN

Full Name _____ Age _____ Grade _____

Full Name _____ Age _____ Grade _____

Full Name _____ Age _____ Grade _____

Full Name _____ Age _____ Grade _____

List additional children on a separate sheet.

Are both parents living in the home? Yes No

If applicable, which parent is absent? Father Mother Other _____

Reason Deceased Deployed Divorced Separated Other _____

Does the child or children reside in the home full-time? Yes No

Who has legal custody of the minor child or children?

CREDITOR INFORMATION

Most approved checks will be two-party, made payable to the veteran or guardian and the creditor. Please ensure that creditor information is accurate and the name is legible. Only listed creditors

in this section will be considered for payment.

Mortgage or Landlord _____ Phone _____

Street Address _____

City _____ State _____ Zip _____

Utility Company/ Other _____ Phone _____

Utility Company/ Other _____ Phone _____

Utility Company/ Other _____ Phone _____

Utility Company/ Other _____ Phone _____

Attach current statements, bills, disconnection/eviction notices, and all other expenses to be considered

FINANCIAL INFORMATION

Include only recurring monthly gross income and expenses. Do not include one-time assistance or accumulative balances on past due expenses. Gross income must include earnings of all persons in the household.

Monthly Gross Income Monthly Expenses:

Earnings of Veteran/Guardian \$ _____ Shelter \$ _____

Earnings of other Parent \$ _____ Electricity \$ _____

Earnings of others \$ _____ Gas \$ _____

VA Pension \$ _____ Water/ sewage \$ _____

Social Security \$ _____ Food \$ _____

Child Support \$ _____ Automobile \$ _____

Other monthly income \$ _____ Clothing \$ _____

Other \$ _____

Specify _____

Total Gross Monthly Income \$ _____ Total Expenses \$ _____

SIGNATURES:

Investigator: I certify that I conducted the above investigation and that the applicant has exhausted all other forms of known assistance.

Name & Title _____ Phone _____

Street Address _____

Signature _____ Date _____

Applicant

I, the applicant, certify that the information contained in this application is true and current to the best of my knowledge.

Signature _____ Date _____