

Department of Virginia VFW Veteran and Military Assistance Program Application Form

The applicant is the service member, veteran or eligible dependent listed under the Defense Enrollment Eligibility Reporting System (DEERS).

Please select one of the following options:

Currently on active duty, whose financial hardship is a result of a current deployment, military pay error or from being discharged for medical reasons.

Was discharged on or after January 1, 2001, whose financial hardship is a direct result of their military service connected injuries and/or illnesses that are causing an employment hardship.

Was discharged prior to January 1, 2001, who are on a fixed income (VA compensation, SSI, SSDI) and/or your financial hardship is an emergency situation.

Expenses Eligible for consideration of payment:

- * Household Expenses - mortgage, rent, repairs and insurance.
- * Vehicle Expenses - payments, insurance, repairs (major repairs for vehicles over ten years old will not be considered).
- * Utilities.
- * Food and Clothing.
- * Children's clothing, diapers, formula and school or childcare expenses.
- * Medical bills, prescriptions and eye glasses - the patients portion for necessary or emergency medical care only.

Expenses Ineligible for consideration for payment:

- * Credit Cards, military charge cards or retail store credit cards.
- * Cable, internet and secondary phone.
- * Cosmetic or investigational medical procedures and expenses.
- * Taxes - property or otherwise.
- * Furniture Rentals.
- * Any other expense not determined to be a basic life need.

The eligible and ineligible expenses listed are not all inclusive. Each case will be carefully reviewed for its own merits. Upon approval, payments will be done for you directly to the creditor.

All applications are individually reviewed on a case-by-case basis. Submitting an application does not guarantee payment of funds.

The VFW reserves the right to make exceptions on a case-by-case basis.

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APPLICANT'S INFORMATION

*REQUIRED FIELD

NAME*: BIRTHDATE*:
ADDRESS*:
CITY*: STATE*: ZIP*:
COUNTRY*:
PHONE*: EMAIL*:
RELATION*: SOCIAL SECURITY NUMBER*:

Excluding military member, please state the number of dependents residing in the home.

MILITARY MEMBER'S INFORMATION

NAME*: BIRTHDATE*:
ADDRESS*:
CITY*: STATE*: ZIP*:
PHONE*:
SOCIAL SECURITY NUMBER*:
Branch* Status* Pay Grade/Rank*:

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FINANCIAL HARDSHIP

Please describe the expenses you need assistance with (i.e. Rent, utilities, medical expenses, food)*:

Please tell us the amount of funds needed/requested*: \$

Please explain how this hardship was created*:

Please list actions you have taken to do your best to resolve your hardship issue*:

INCOME: (include all household income) * required field

Military Member Monthly Income*:\$	Spouse/Fiance/Roommate Monthly Income*: \$		
Additional Monthly Income*:			
<u>Type</u>	<u>Amount \$</u>	<u>Type</u>	<u>Amount \$</u>
VA Benefits		Unemployment	
Housing - BAH		Child Support (Received)	
Food Subsistance - BAS		SSI/SSDI	
Hazardous Duty/Imminent Danger Pay		Welfare	
Separation Pay		Food Stamps	
		Other	
<u>Total Household Monthly Income: \$</u>			

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MONTHLY EXPENSES

Complete all fields with an approximate monthly amount. Leave inapplicable fields blank.

Rent/Mortgage	\$
Utilities	\$
Phone 1	\$
Phone 2	\$
Phone 3	\$
Cable	\$
Internet	\$
Vehicle #1	\$
Vehicle #2	\$
Insurance(s)	\$
Vehicle(s) Fuel	\$
Recreation Vehicle	\$
Food	\$
Household Items	\$
Child Care	\$
Child Support (Paid)	\$
Credit/Charge Cards	\$
Loans	\$
Student Loans	\$
Savings	\$
Other	\$
Other	\$
Other	\$
Other	\$
Other	\$

Notes/Explanation:

Total Monthly Expenses: \$

A completed budget is necessary to fully understand your situation and consider your application.

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*** This form must be signed and initialed and then faxed or mailed to our office.***

Department of Virginia VFW Veteran and Military Assistance Program Terms and Conditions

Please review all paragraphs below and sign the bottom. This form is essential to the review and approval process.

We want to emphasize that each application will be reviewed independently and each case will stand on its own merit.

I understand that proper stewardship requires I provide information to substantiate my request, including governmental records, price/income information, and medical information. This information will be kept confidential. I further indicate that if the request cannot be substantiated, it will not be possible to consider or approve it.

I agree to allow the Department of Virginia VFW Veteran and Military Assistance Program(VVVMAP) to have access to my account information for the sole purpose of payment remittance. I will submit documentation of the expenses for verification by Unmet Needs personnel.

I understand that the VVVMAP elects to pay for approved merchandise or services directly. I will have thirty (30) days to redeem the merchandise, or the grant will be forfeited. I will be required to submit receipts for said merchandise or services.

I understand the primary purpose of the VVVMAP is to meet immediate and urgent needs of the recently Active Duty Military, Reserve and National Guard personnel, and their immediate family members.

I understand that because demand is so great, I can only apply to the program once every twelve (12) months, even if my application has been denied.

I agree to obey all the policies of the program and comply with any reasonable directions with respect to questions or concerns that may arise.

I understand that the VVVMAP is funded by public donations and success is based solely upon public support of the program. The VVVMAP is not government funded.

I agree to hold the Department of Virginia Veteran of Foreign Wars, their officers, employees, agents, and sponsor harmless as a result of this request and their handling of it and waive all rights to seek damages from these parties for any loss, or perceived loss, that may occur.

Military Member/Applicant Signature

Printed Name

Date

Please verify that the following documents are enclosed with the application*:

DD214-Member Copy #4 or Military Member's most **recent orders**.

Copy of the bills for which you are requesting assistance. This must include the account holder's name and the account number, as well as the creditor's name and phone number with area code. For assistance with repairs or other services, two different written estimates on company letterhead are required. (For example, if requesting assistance with rent, a copy of your lease agreement is required.)

FOR YOUR APPLICATION TO BE CONSIDERED AND THE VFW TO UNDERSTAND YOUR PERSONAL SITUATION, ALL DOCUMENTS THAT SUPPORT THE APPLICATION MUST BE INCLUDED.

Application and Supporting documentation may be faxed, or emailed to the Chairperson of the Department of Virginia VFW Veteran and Military Assistance Committee.

Attn. Ron Link, Chair

Office : 703.392.5038

Cell: 703.673.6046

Fax: 571.589.0140

E-mail: ron.link10@gmail.com

Once we have received your completed application a representative may contact you to discuss the specifics of the case and/or to request additional information. This contact does not imply approval of your application.

* The approval process normally takes ten (10) business days. If you have not been contacted within five (5) business, please call the Chairperson.

* We will contact you as soon as a final determination has been made in your case