

VFW UNMET NEEDS APPLICATION FORM



Post 10818

** Your financial hardship must be a direct result of your military service/service connected injuries/illnesses.*

** This program is designed to bridge the gap between financial hardship and financial stability.*

The VFW reserves the right, in its sole discretion, to reject any grant application received, to select the grant recipients, and to modify the amounts of any grants made. The VFW further reserves the right, in its sole discretion, to revise the Unmet Needs guidelines and eligibility criteria at any time.

**One time maximum grant limit up to \$750.00. Applicant must provide most current bills. The eligible bills provided will be the only ones paid. Past/current amounts due will be the only amounts paid. No future payments will be considered.*

** Required entry*

*Name: _____

*Date of Birth (mm/dd/yyyy): _____ / _____ / _____

*Address: _____

*City: _____ *State: _____ *Zip: _____ *County: _____

*Phone Number: _____ - _____ - _____ *Email: _____

*Military Status (Active, Reserve, NG, Veteran): _____

*Branch: _____ If currently serving, Pay Grade: _____

Unit: _____ Name of immediate SNCO: _____

*If veteran, dates served: _____ - _____

*Serve overseas: Yes or No If so, where: _____

*Type of discharge: _____ *Are you enrolled in the VA Healthcare? Yes or No

*Are you registered with the County Veterans Service Office? Yes or No

*Are you currently a member of the VFW? Yes or No If so, what Post? _____

Member number: _____

Financial Hardship

Please list the expenses you need assistance with (i.e. rent, utilities, medical expenses, food):

Please tell us the amount of funds needed/requested: _____

To be considered for assistance, applicant “must” show the ability to cover monthly expenses if assistance is provided. Please explain in the space provided.

Monthly Income

Complete all fields with an approximate monthly amount.

| | |
|--------------------------------------|--|
| Veterans Monthly Income: _____ | Food Stamps: _____ |
| Spouse Monthly Income: _____ | Education Benefits: _____ |
| VA Benefits: _____ | Other: _____ |
| Housing - BAH: _____ | Total Household Monthly Income: _____ |
| Food Subsistence - BAS: _____ | Please explain any other income here: _____ _____ _____ _____ _____ |
| Hazardous/Imminent Danger Pay: _____ | |
| Separation Pay: _____ | |
| Unemployment: _____ | |
| Child Support (received): _____ | |
| SSI/ SSDI : _____ | |
| Welfare: _____ | |

Monthly Expenses

Complete all fields with an approximate monthly amount.

Rent/ Mortgage: _____

Household Items: _____

Utilities: _____

Child Care: _____

Phone 1: _____

Child Support (paid): _____

Phone 2: _____

Credit/ Charge Card(s): _____

Phone 3: _____

Loans: _____

Cable: _____

Student Loans: _____

Internet: _____

Savings: _____

Vehicle 1: _____

Please explain any other expenses here:

Vehicle 2: _____

Insurance(s): _____

Vehicle(s) Fuel: _____

Recreation Vehicle: _____

Total Monthly Expenses: _____

Food: _____

Unmet Needs Terms & Conditions

Please initial all statements signifying you understand the terms. Please agree to all of the statements by signing your name after all statements are read. 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 Unmet Needs Program 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 the primary purpose of the Unmet Needs Program is to meet immediate and urgent needs of the Veterans, Active Duty Military, Reserve and National Guard personnel, and their immediate family members.

_____ I understand that this Unmet Needs Grant is a **ONE TIME** grant only up to \$750.

_____ I agree to obey all the policies of the program, provide all required documents for verification, and comply with any reasonable directions with respect to questions or concerns that may arise.

_____ I agree that I have reviewed the criteria for the Unmet Needs program and I believe I meet the qualifications for assistance.

_____ I understand that the Unmet Needs Program is funded by public donations and success is based solely upon public support of the program. The Veterans of Foreign Wars and the Unmet Needs Program are not government funded.

_____ I agree to hold the Veterans of Foreign Wars of the United States Post 10818, 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.

_____ I understand that the VFW may, in its sole discretion, modify the amount I request.

_____ I understand that the VFW **WILL** refer my name to the County Veterans Service Officer of St. Croix County for assistance in vetting and assisting with providing personal financial planning services, VA claims, and advanced assistance with no further obligation on my part.

I agree to the above statements: _____

Date: _____ / _____ / _____

Required Documents

DD214 Member-4, DD214 Service-2 or Service-8, DD256, NGB22, or Military Member's current Active Duty orders or most recent set of Active Duty 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 example, if requesting assistance with rent, a copy of your lease agreement is required and indicating the creditor's name/business name, phone number with area code. For assistance with repairs or other services, two different written estimates on company letterhead are required.

*** Applicant must provide all of the required documents. The eligible bills provided will be the only ones paid.**

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

Once we have received your completed application it will be reviewed by our Unmet Needs Committee. This submission of this application does not imply approval of your application.

For Official Use Only

All applications **MUST** have all required documents for record keeping. Please initial each item to ensure the approval process has been completed.

_____ Military / Veteran Status Verified

_____ Verified Eligibility for Unmet Needs

If not eligible, state why application was denied:

_____ Information forwarded to CVSO for vetting, registration, and additional assistance as needed

_____ Applicant aware of all Terms and Conditions associated with Unmet Needs

_____ Copies of bills needed for assistance

_____ Copies of military/veteran status and discharge

All Unmet Needs applications **MUST** be approved by at least two (2) members of the Unmet Needs Committee

Member 1

Member 2

Date approved: _____ / _____ / _____ Approval amount: _____

Check number(s) if applicable: _____

Logged in the Unmet Needs Tracker: Yes or No

Person who logged in the tracker: _____