

Arizona Disabled Veteran Foundation

Post Office Box 39487 Phoenix, Arizona 85069

Phone: 602-448-3263 Fax: 602-371-0275

Web Site: www.advf.net E-Mail: foundationdata@outlook.com

Arizona Disabled Veterans Foundation, Financial Assistance Application

Veteran or Service Members Name _____

Applicant's Name if other than above _____

Address _____

City _____ State _____ Zip _____

Phone _____ Email: _____

Social Security Number _____ Date of Birth _____

Branch of Service _____ Dates of Service _____

Are you a member of any Veterans Organization, if so which one(s) _____

Do you have a service-connected VA rating? Yes No If so. What percent _____

Who Referred You To ADVF _____

DOCUMENTS THAT NEED TO BE OBTAINED AND ASSOCIATED WITH THIS APPLICATION:

1. DD214 (LONG FORM) or VA Medical ID Card or Retired Military ID Card
2. Current Bank Statement, or some verification of financial hardship
3. Rental Requests require, Copy of Lease, Landlord contact information, Eviction notice if applicable or any other information in writing from the landlord.
4. Utility Requests Require utility bill along with any shut-off notices, utility contact info.
5. The balance of this application must be completed. All bills applicant is requesting the Foundation to assist with, must be in the veteran's name.

(The above listed items are not a complete list and may be adapted to each individual circumstances)

When this application has been completed, be sure to mail or fax us the forms and documents. You may e-mail the application and associated documents

Application Evaluator _____

Date _____

Service Requested: (circle appropriate)

Rent or Mortgage Utilities Food Clothing Cash Assistance Medical Care
Job Training Legal Aid Transportation Other _____

Describe your current financial hardship and why you are requesting financial assistance.

Describe how this assistance will help you achieve financial stability.

| Household Monthly Income | Amount Monthly | Average Monthly Expenses | Amount Monthly |
|--------------------------------------|----------------|------------------------------|----------------|
| Salary of Veteran/Service Member | | Alimony/Child/Family Support | |
| Salary of Spouse/Significant Other | | Childcare | |
| VA Disability Income | | Electric/Gas | |
| Social Security Income (SSI or SSDI) | | Water/Sewer/Garbage | |
| Child Support Received | | Telephone | |
| Other Household Income | | Internet | |
| | | Medical Expenses/RX | |
| | | All Rental/Mortgage | |
| | | Auto Payment | |
| | | Food/Household Items | |
| | | School Expenses | |
| | | Gas (Auto) | |

[illegible]

IF YOU ARE REQUESTING ASSISTANCE THAT INVOLVES THE PAYING OF BILLS, WE NEED THE SOURCE, THE ACCOUNT NUMBER, THE MAILING ADDRESS, AND CONTACT PHONE NUMBER. PLEASE PROVIDE THIS INFORMATION HERE UNLESS THAT INFORMATION IS PROVIDED ON THE BILLING STATEMENT. (Provide any additional information which might help us understand your circumstances.)

NOTES OF EVALUATOR:

ACTION TAKEN:

Votes:

Signature of Evaluator _____ Date _____

APPLICANT CERTIFICATION

Please initial each line then sign and date below

_____ I certify the information contained in this application to be accurate, true, and complete to the best of my knowledge. I am providing the enclosed information to apply for financial assistance and authorize the Arizona Disabled of Veterans' Foundation (ADVF) to speak with any organization cited in this application packet to verify the information I provide. I understand that knowingly making a false statement in the application may be cause for denial of this application and/or referral for legal action including, but not limited to criminal prosecution.

_____ I authorize any and all organizations and persons cited in this application, including their representatives, agents, employees, successors, and assigns to provide any and all information requested by the Arizona Disabled of Veterans' Foundation for review and verification of this application. I hold harmless any and all organizations and persons cited in this application, including their representatives, agents, employees, successors, and assigns, for providing the information herein authorized to the Department as requested.

_____ I understand all assistance payments are made directly to the Third Party to which I owe or will owe money and that I am responsible for providing accurate billing statements, addresses, and account numbers. **I understand I (may) receive an Arizona 1099 Form for financial assistance and will be required to report my ADVF financial assistance as income at tax time.** I understand that ADVF cannot provide additional information about taxes, and I should contact my tax advisor for information about my taxes.

Applicants Signature

Date