

Arizona East Valley Veterans Foundation

655 N. Gilbert Rd. Mesa, AZ 85203

Website: www.azdav08.org/foundation

FINANCIAL ASSISTANCE APPLICATION

Veteran or Service Member's name _____

Applicant's Name (if other than above) _____

Address _____

City _____ State _____ Zip _____

Phone _____ PO Number _____

Social Security Number _____ Date of birth _____

Branch of Service _____ Dates of Service _____

Are you a member of any Veterans Organizations? If so, which one(s)? _____

Do you have a VA service-connected disability rating? Y N If so, what percent? _____

Referral Source _____

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

1. DD-214 (Member 4) or VA Medical Card
2. Current bank statement
3. Rental Assistance requests require:
 - a. Copy of lease
 - b. Landlord contact information
 - c. Eviction notice (if applicable)
4. Utility Assistance requests require:
 - a. Utility bill
 - b. Shut-off notice(s) (if applicable)
 - c. Utility contact information
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.

Application Evaluator _____

Date _____

Service Requested (circle all that apply):

Rent/Mortgage

Utility

Gas (Auto)

Medical Care

Food

Clothing

Transportation (Auto)

Legal

Other

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

Describe how this assistance will help you achieve financial stability:

APPLICANT CERTIFICATION

Please initial each line and 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 East Valley Veterans Foundation (EVVF) 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 packet, including their representatives, agents, employees, successors, and assigns, to provide any and all information requested by Arizona East Valley 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 Foundation as requested.

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

Applicant's Signature

Date

EVALUATOR NOTES:

ACTION TAKEN:

Signature of Evaluator _____ Date _____