



**FINANCIAL AID APPLICATION**

Florida Veterans Foundation  
The Capitol, Suite 2107  
400 S. Monroe Street  
Tallahassee, FL 32399

Telephone: (850) 488-4182; Fax: (850) 488-4001

Email: [papaniam@FDVA.state.fl.us](mailto:papaniam@FDVA.state.fl.us)



**PLEASE READ:** The Florida Veterans' Foundation is a non-profit direct support agency of the Florida Department of Veteran's Affairs. The FVF will consider emergency financial assistance to qualified veterans only ***when all other resources have been exhausted***. Foundation funding ***is not an entitlement*** and is granted on a case-by-case basis. Prior to completing the application, please ensure you are a veteran according to the FDVA veteran's benefits manual (PARA 2.2) and read the financial aid ***Eligibility Guidelines***. The FVF ***cannot grant funding to anyone in non-compliance with these standards***. If you are in compliance, please complete this form ***legibly*** and ***in full***. You may mail, email, or fax it to the contact information listed above. ***Failure to adhere to these instructions will result in an immediate DENIAL.***

**APPLICANT INFORMATION:**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Email: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City/State: \_\_\_\_\_

Zip Code: \_\_\_\_\_ County of Residence: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Household Demographics: Single\_\_\_\_ Married\_\_\_\_ Divorced\_\_\_\_ Widowed/Widower\_\_\_\_

Number of Dependents: Adults\_\_\_\_ Children & Age(s)\_\_\_\_ Special Needs \_\_\_\_\_

**EMPLOYMENT/INCOME INFORMATION**

Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Salary: \$ \_\_\_\_\_

If not employed, please state why: \_\_\_\_\_

**Total Monthly Household Income** (to include everyone living in household): \$ \_\_\_\_\_

Do you receive disability from the VA? Yes\_\_\_ No\_\_\_

If so, please ***send a copy*** of your VA Rating letter showing conditions and percentages of disability for each condition.

Do you have a claim pending with the VA? Yes\_\_\_ No\_\_\_

Explain: \_\_\_\_\_

Have you had a claim denied in the past? Yes\_\_\_ No\_\_\_

Explain: \_\_\_\_\_

**SUPPORT REQUESTED**

**PLEASE NOTE:** Florida Veterans Foundation grants are generally approved for one-time assistance and will ***never*** be paid out directly to the veteran. Applications for assistance will be reviewed and grant amounts will be determined on a case by case basis by the Committee. Meeting eligibility requirements is not an assurance that a grant will be approved. Proof must be provided for funds owed. The Foundation seeks to solve a veteran's financial problem completely, therefore large amounts of past due debt is grounds for immediate denial.

\$\_\_\_\_\_ Housing      \$\_\_\_\_\_ Utilities      \$\_\_\_\_\_ Temp Lodging      \$\_\_\_\_\_ Other (\_\_\_\_\_)

TOTAL AMOUNT OF FUNDS REQUESTED: \$\_\_\_\_\_

**REQUIRED Legible/Unaltered Supporting Documents:**

\_\_\_ DD214    \_\_\_ Photo ID    \_\_\_ Invoices/Bills    \_\_\_ Lease    \_\_\_ Income Statements    \_\_\_ Documentation of Emergency

**POOR FINANCIAL PLANNING BY THE VETERAN WILL NOT BE CONSIDERED AN EMERGENCY BY THE FVF**

Provide a ***brief narrative*** of your situation. Include the ***reason/circumstances/events*** that led to your current financial need. You may include additional pages if necessary. **Include your ACTION PLAN to overcome this financial situation.**

1. To whom the account is payable: \_\_\_\_\_

Account Number: \_\_\_\_\_ Due Date: \_\_\_\_\_

Name of contact person: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

2. To whom the account is payable: \_\_\_\_\_

Account Number: \_\_\_\_\_ Due Date: \_\_\_\_\_

Name of contact person: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

PLEASE PROVIDE ANY ADDITIONAL INFORMATION RELEVANT TO YOUR REQUEST:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**INCOME AND EMPLOYMENT VERIFICATION**

In order to be approved for financial aid, you ***must*** provide the following information before your case can be reviewed by our Emergency Assistance Committee. Please fill the chart out **COMPLETELY**

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Date: \_\_\_\_\_ Referring Agency: \_\_\_\_\_

Agency Contact: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Check **all** that apply in the two segments below:

Veteran Employment Status: \_\_\_ Full Time \_\_\_ Part-Time \_\_\_ Self-Employed \_\_\_ Disabled \_\_\_ Retired \_\_\_ Job Seeking

Spouse/Other Status: \_\_\_ Full Time \_\_\_ Part-Time \_\_\_ Self-Employed \_\_\_ Disabled \_\_\_ Retired \_\_\_ Job Seeking

<b>SOURCE OF INCOME</b> (Please note: if veteran has no source of income this is grounds for immediate denial)	<b>VALUE PER MONTH</b>	<b>MONTHLY EXPENSES</b>	<b>VALUE PER MONTH</b>
Employment		Rent/Mortgage	
Employment (2)		Utilities	
Child Support		Phone	
Food Stamps (SNAP)		Food	
Retirement/Pension		Vehicle Fuel	
Social Security		Vehicle Payment	
SSI			
TANF			
Unemployment			
VA			
Other			
<b>TOTALS</b>			

Have you received Assistance from any organizations previously? \_\_\_ Yes \_\_\_ No

If so, list year(s) and organization(s): \_\_\_\_\_

\_\_\_\_\_

**ASSISTANCE REQUEST VERIFICATION**

**PLEASE NOTE:** The FVF operates as a "last resort". Veterans will not be considered eligible until these steps are taken:

1. First meet with your local County Veteran Service Office in your county of residence
2. Be rejected by a Supportive Services for Veterans and their Families (SSVF) grantee in your area
3. Be rejected by two (2) Veterans Service Organizations (such as DAV, VFW, American Legion, etc.)  
**OR** be rejected by two (2) local social agencies (such as Red Cross, Salvation Army, Catholic Charities, etc.)

**Your rejection and cause of rejection MUST be verified by the signature of an officer of the organization.** If this is not possible, provide an email from the organization with the same information required below. An incomplete page 4 will result in an immediate **denial** by the Board of Directors.

1. **Local County Veteran Service Office Location (REQUIRED):** \_\_\_\_\_ Date: \_\_\_\_\_  
Service Officer Name: \_\_\_\_\_ Phone No. \_\_\_\_\_  
Assistance Provided: \_\_\_\_\_  
VSO Signature Required: \_\_\_\_\_
2. **DVA SSVF Organization Name (REQUIRED):** \_\_\_\_\_ Location \_\_\_\_\_  
Contact Information – Name \_\_\_\_\_ Phone No. \_\_\_\_\_  
If unable to assist, explain: \_\_\_\_\_  
Signature of Contact (Required) \_\_\_\_\_
3. **\*The American Legion** Post No. \_\_\_\_\_ Location: \_\_\_\_\_  
Contact Information – Name \_\_\_\_\_ Phone No. \_\_\_\_\_  
If unable to assist, explain: \_\_\_\_\_  
Signature of Contact (Required) \_\_\_\_\_
4. **\*The Veterans of Foreign Wars** Post No. \_\_\_\_\_ Location: \_\_\_\_\_  
Contact Information – Name \_\_\_\_\_ Phone No. \_\_\_\_\_  
If unable to assist, explain: \_\_\_\_\_  
Signature of Contact (Required) \_\_\_\_\_
5. **\*Disabled American Veterans** Chapter No \_\_\_\_\_ Location: \_\_\_\_\_  
Contact Information – Name \_\_\_\_\_ Phone No. \_\_\_\_\_  
If unable to assist, explain: \_\_\_\_\_  
Signature of Contact (Required) \_\_\_\_\_
6. **\*Local Organization (1):** \_\_\_\_\_ Location: \_\_\_\_\_  
Contact Information – Name \_\_\_\_\_ Phone No. \_\_\_\_\_  
If unable to assist, explain: \_\_\_\_\_  
Signature of Contact (Required) \_\_\_\_\_
7. **\*Local Organization (2):** \_\_\_\_\_ Location: \_\_\_\_\_  
Contact Information – Name \_\_\_\_\_ Phone No. \_\_\_\_\_  
If unable to assist, explain: \_\_\_\_\_  
Signature of Contact (Required) \_\_\_\_\_



## **REQUIRED DOCUMENTATION CHECK LIST**

- \_\_\_\_\_ Photo ID - Driver's License or State ID are preferred, but other forms may be accepted depending on circumstances.
- \_\_\_\_\_ DD-214 (must show type of discharge, Honorable, General, etc. A dishonorable discharge will not be accepted). If DD-214 is not available there may be other documentation available, contact your county Veterans Service Officer.
- \_\_\_\_\_ Documentation of income, for all household members.
- \_\_\_\_\_ First page of lease or copy of mortgage contract.
- \_\_\_\_\_ Three Day Notice or Foreclosure Notice if asking for rent or mortgage assistance.
- \_\_\_\_\_ Copies of all bills, especially a current utility bill.
- \_\_\_\_\_ Documentation of the emergency, i.e. medical bills, unemployment, etc.

Please note: The Florida Veterans Foundation requires that you process your application through your county Veteran Service officer and have been denied from two other agencies before applying for assistance from the Foundation.