



FINANCIAL AID APPLICATION FLORIDA VETERANS' FOUNDATION, Inc.

Complete and forward this form with attachments to mailing address:
Florida Veterans' Foundation, Attn: Barbara Radford,
The Capitol, Suite 2105D, 400 S. Monroe St., Tallahassee, FL 32399-0001
Email: radfordb@fdva.state.fl.us (Telephone)850-488-4182 (Fax)850- 488-4001

THE FLORIDA VETERANS' FOUNDATION IS A NON-PROFIT DIRECT SUPPORT AGENCY OF THE FLORIDA DEPARTMENT OF VETERANS' AFFAIRS AND BY DEFINITION WILL CONSIDER ONE TIME EMERGENCY RELIEF TO VETERANS AND THEIR FAMILIES WHEN ALL OTHER RESOURCES HAVE BEEN EXHAUSTED – FOUNDATION FUNDING IS NOT TO BE CONSIDERED AN ENTITLEMENT

FVF Case Number: _____

Applicant Information (Must be Legible):

Name: _____ Date of Birth: _____ Email: _____

Mailing Address: _____ City/State/Zip: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Household Demographics: Single _____ Married _____ Divorced _____ Widow _____

Number of **Dependents**: Adults _____ Children & Age(s) _____ Special Needs _____

Employer: _____ Phone: _____

Address: _____

Salary: \$ _____

If not employed, please state why:

Required -Total Household Income: \$ _____, to include everyone living in household.

Copy of 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: _____

Service / Support Requested

Florida Veterans Foundation

\$ _____ Housing
\$ _____ Utilities
\$ _____ Other
\$ _____ Total Requested

**Maximum one time assistance
cannot exceed \$800.00:**

VEAP Leon County

\$ _____ Housing (\$500 Max)
\$ _____ Utilities (\$300 Max)
\$ _____ Temp Lodging (\$200 Max)
\$ _____ Travel (\$100 Max)
\$ _____ Birth Certificate (\$50 Max)
\$ _____ Other (Needs Leon county Authorization)

Required Legible and Unaltered Supporting Documents (attached with Application):

___ DD214 ___ Photo ID ___ Income Statements ___ Invoices/Bills ___ Documentation of Emergency

POOR FINANCIAL PLANNING OR NEGLECT OF FINANCES BY THE VETERAN WILL NOT BE CONSIDERED AS AN EMERGENCY BY THE FLORIDA VETERANS' FOUNDATION.

Brief narrative of situation, events, reason, or circumstances that led to this need. Include action plan to overcome current financial situation.

PLEASE PROVIDE ANY ADDITIONAL INFORMATION RELEVANT TO YOUR REQUEST:

1. To whom is the account Payable _____

Please provide contact person _____

Account Number _____ Due Date _____

Address: _____

Phone Number _____ Fax Number: _____

2. To whom is the account Payable _____

Please provide contact person _____

Account Number _____ Due Date _____

Address: _____

Phone Number _____ Fax Number: _____

I HEREBY CERTIFY THAT THE INFORMATION WHICH I HAVE PROVIDED IN THIS APPLICATION IS TRUE AND CORRECT, AND MAYBE USED BY FVF INVESTIGATORS IN VERIFYING MY REQUEST FOR FINANCIAL ASSISTANCE.

Signature _____ **DATED** _____

Prior to applying to the Florida Veterans' Foundation (FVF) for emergency assistance, you must first have been rejected by a minimum of three (3) veterans service organization; such as, DAV, VFW, American Legion, or three (3) local social agencies; such as the Red Cross, Salvation Army, etc. Your rejection and cause of rejection must be verified by the signature of an officer of the organization to which you applied and were rejected. Remember that the FVF is the last organization to which you apply for emergency financial assistance. Please complete the following information in your request for financial assistance.

1. **The American Legion** Post No. _____ Location: _____
Contact Information – Name _____ Phone No. _____
If unable to assist, explain: _____
Signature of Contact (Required) _____
2. **The Veterans of Foreign Wars** Post No. _____ Location: _____
Contact Information – Name _____ Phone No. _____
If unable to assist, explain: _____
Signature of Contact (Required) _____
3. **Disabled American Veterans** Chapter No _____ Location: _____
Contact Information – Name _____ Phone No. _____
If unable to assist, explain: _____
Signature of Contact (Required) _____
1. Name of Organization: _____ Location: _____
Contact Information – Name _____ Phone No. _____
If unable to assist, explain: _____
Signature of Contact (Required) _____
2. Name of Organization: _____ Location: _____
Contact Information – Name _____ Phone No. _____
If unable to assist, explain: _____
Signature of Contact (Required) _____
3. Name of Organization: _____ Location: _____
Contact Information – Name _____ Phone No. _____
If unable to assist, explain: _____
Signature of Contact (Required) _____

Name _____ Address _____

Date: _____ Referring Agency: _____

Agency Contact: _____ Phone: (____) _____

APPLICANT Employment Status: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Self-Employed <input type="checkbox"/> Disabled <input type="checkbox"/> Retired Unemployed <input type="checkbox"/> Job-seeking Employment Status: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Self-Employed <input type="checkbox"/> Disabled <input type="checkbox"/> Retired Unemployed <input type="checkbox"/> Job-seeking	
ASSET/VALUE <input type="checkbox"/> Car \$ _____ <input type="checkbox"/> Real Estate \$ _____ <input type="checkbox"/> Bank Account(s) \$ _____ <input type="checkbox"/> Other(s) \$ _____	
SOURCE(S) OF INCOME (Provide documentation for each)	Monthly Expense
EMPLOYMENT <input type="checkbox"/>	RENT <input type="checkbox"/>
EMPLOYMENT	UTILITIES
CHILD SUPPORT	PHONE
FOOD STAMPS <input type="checkbox"/>	FOOD
RETIREMENT/PENSION	
SOCIAL SECURITY	
SSI	
TANF	
UNEMPLOYMENT	
VA	
Other	
TOTALS	TOTALS
Received Leon County Veterans Emergency Assistance (VEAP) previously? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, list year(s) _____, _____	

Received Emergency Assistance in previous 12 months from: Community Action Agency Catholic Charities Salvation Army DEAP Other

DISPOSITION	
Disposition: <input type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> Income Exceeds Expenditures <input type="checkbox"/> Prior Assistance <input type="checkbox"/> No Documentation of Emergency Expenditure <input type="checkbox"/> No Supporting Documentation of Basic Expenses	
Other _____	
Name of Approving Official _____ / _____	
Signature _____	Date _____
Signature _____	Date _____



Leon County Office of Human Services & Community Partnerships

Veterans Emergency Assistance Program (VEAP)

918 Railroad Avenue, Tallahassee, FL 32310

Phone: (850) 606-1940 Fax: (850) 606-1941

Name of Client: _____

Address: _____

Phone #: (____) _____ - _____

Reason for Request: _____

Amount of Request: _____

Amount of County Monies Used: \$ _____

Date Approved: _____

Name & Address Check Paid To: _____

APPROVED _____ DISAPPROVED _____

Reason for Disapproval: _____

Authorized Signature _____ Date _____