

# EARL GRAHAM POST 159 AMERICAN LEGION

## TEMPORARY FINANCIAL AID REFERRAL FORM

*For veterans seeking short-term assistance through partner charity organizations*



**REQUIRED DOCUMENTATION:** A copy of your DD Form 214 (Certificate of Release or Discharge from Active Duty) must be submitted with this application.

### APPLICANT INFORMATION

Applicant Name \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_ Email \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Gender \_\_\_\_\_

### VETERAN VERIFICATION & SERVICE

#### Verification of Veteran Status (check all that apply):

☐ DD Form 214 ☐ ID Card ☐ VA Eligibility Card ☐ Other

Branch of Service \_\_\_\_\_ Years Served (MM/YY – MM/YY) \_\_\_\_\_

### HOUSEHOLD & SUPPORT

Household Members (list ages of minors) \_\_\_\_\_

Employer (Post 159 will not contact) \_\_\_\_\_

Other Organizations or Government Agencies Providing Assistance \_\_\_\_\_

## MONTHLY HOUSEHOLD INCOME & EXPENDITURES

|                      |                   |
|----------------------|-------------------|
| Net Wages \$         | Food \$           |
| SS / SSI \$          | Rent \$           |
| TANF \$              | Utilities \$      |
| Unemployment Comp \$ | Fuel \$           |
| Child Support \$     | Child Support \$  |
| Other Income \$      | Other \$          |
| TOTAL INCOME \$      | TOTAL EXPENSES \$ |

## ASSISTANCE REQUESTED (INDICATE AMOUNTS)

|                    |                   |             |
|--------------------|-------------------|-------------|
| Utility \$         | Food \$           | Rent \$     |
| Medical \$         | Transportation \$ | Clothing \$ |
| Other (specify) \$ |                   |             |

## DESCRIBE YOUR SITUATION

Please explain the crisis or hardship you are experiencing and why you are requesting assistance. Include any relevant details that will help partner charity organizations understand and respond to your need.

## APPLICANT CERTIFICATION

\_\_\_\_\_ (initial) I understand that no money can be given directly to an individual. Payments must be made directly to the utility company, landlord, or business.

\_\_\_\_\_ (initial) I understand that this assistance is to help with a one-time crisis and that on-going or repeat assistance is not guaranteed.

\_\_\_\_\_ (initial) I authorize Earl Graham Post 159 American Legion to share this application with partner charity organizations for the purpose of evaluating my request.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date