



FOR DEPARTMENT USE ONLY	
AMOUNT	TYPE OF ASSISTANCE
APPROVED BY	

Emergency Assistance Request Form

House A Vet provides support for our veterans, and their surviving Sopause who reside in the state of Florida. Service members must be classified as having an honorable discharge or honorable separation. Membership in a Veteran organization is NOT required to receive assistance. Currently, funding can only be provided to offset necessities for shelter, food, utilities, transportation, and health expenses. Each request is unique. Funding is awarded on a case by case basis and at the discretion of House A Vet volunteers. Funds are limited. All services provided are at NO cost to those served.

Attach the following documents and submit with application. The House A Vet Case Worker will contact you to complete the application process:

- DD214
- Marriage License, if applicable
- Other Supporting Documents*

**House A Vet Case Worker may ask for other supporting documents. They can include, but not limited to: birth certificates for minor children, bank statements, bills, lease agreement, foreclosure documents, eviction notice, disconnection notices, custody documents, adoption papers, legal name change documents*

HOW TO SUBMIT:

Email: houseavet.org@gmail.com | Mail: P.O. Box2268 Palm City, Fl. 34991

QUESTIONS:

Contact the Case Worker at 772 678 8149 or visit www.houseavet.org

1. Veteran or Active Duty Military Information

FIRST NAME	MIDDLE	LAST NAME	
STREET ADDRESS			
CITY		STATE	ZIP CODE
LIVED IN FLORIDA FOR HOW MANY YEARS?	Veteran organization POST NUMBER		
BIRTHDATE	SOCIAL SECURITY NUMBER		
PHONE NUMBER	E-MAIL ADDRESS		
ACTIVE DUTY DATES	TYPE OF DISCHARGE		
EMPLOYMENT STATUS			
<input type="radio"/> Full Time <input type="radio"/> Part Time <input type="radio"/> Laid Off <input type="radio"/> Veteran deceased <input type="radio"/> Retired			
If unemployed, please explain: _____			
Steps taken to secure employment: _____			

2. Spouse or Legal Guardian Information

FIRST NAME	MIDDLE	LAST NAME	
STREET ADDRESS			
CITY		STATE	ZIP CODE
LIVED IN FLORIDA FOR HOW MANY YEARS?		PHONE NUMBER	
BIRTHDATE		SOCIAL SECURITY NUMBER	
E-MAIL ADDRESS		RELATIONSHIP TO VETERAN	
EMPLOYMENT STATUS <input type="radio"/> Full Time <input type="radio"/> Part Time <input type="radio"/> Laid Off <input type="radio"/> Worker's Compensation <input type="radio"/> Retired			
If unemployed, please explain: _____ _____			
Steps taken to secure employment: _____ _____			

3. Family Information

Does Applicant have any children age 17 or younger? Yes No

Are both parents living in the home? Yes No

If no, which parent is absent? Mother Father Other: _____

Reason: Deceased Divorced Deserted Separated Other: _____

Who has legal custody of minor child or children? _____

Does the child or children reside in the home full-time? Yes No

RECORD OF ELIGIBLE CHILDREN (under 17)

FULL NAME: _____ AGE: _____ SCHOOL GRADE: _____

Attach separate sheet if additional space is required

4. Financial Information

IMPORTANT: Only include **reoccurring** monthly income and expenses. Don't include one-time assistance or accumulative balances.

MONTHLY INCOME	MONTHLY EXPENSES
Earnings of Veteran \$ _____	Shelter \$ _____
Earnings of other Spouse/Guardian \$ _____	Electricity \$ _____
Earnings of other(s) in household \$ _____	Gas \$ _____
VA Pension(s) \$ _____	Water/Sewage \$ _____
Public Assistance \$ _____	Waste \$ _____
Other Monthly Income \$ _____	Food \$ _____
Please specify other income: _____ _____	Clothing \$ _____
	Other Monthly Expenses \$ _____
	Please specify other expenses: _____ _____
TOTAL INCOME \$ _____	TOTAL EXPENSES \$ _____

5. Other Assistance Information

SOURCE	DATE APPLIED	STATUS	AMOUNT (if approved) EXPLANATION (if ineligible)
Post, Unit, or Squadron		<input type="radio"/> Approved <input type="radio"/> Declined <input type="radio"/> Pending	
Assistance for Needy Families		<input type="radio"/> Approved <input type="radio"/> Declined <input type="radio"/> Pending	
VA Pension / Compensation		<input type="radio"/> Approved <input type="radio"/> Declined <input type="radio"/> Pending	
Social Security Disability		<input type="radio"/> Approved <input type="radio"/> Declined <input type="radio"/> Pending	
Supplemental Security Income		<input type="radio"/> Approved <input type="radio"/> Declined <input type="radio"/> Pending	
Medicaid		<input type="radio"/> Approved <input type="radio"/> Declined <input type="radio"/> Pending	
Food Stamps		<input type="radio"/> Approved <input type="radio"/> Declined <input type="radio"/> Pending	
Public Assistance		<input type="radio"/> Approved <input type="radio"/> Declined <input type="radio"/> Pending	
Private Charities		<input type="radio"/> Approved <input type="radio"/> Declined <input type="radio"/> Pending	
Other:		<input type="radio"/> Approved <input type="radio"/> Declined <input type="radio"/> Pending	

6. Signature

I, _____, certify that all the information provided in this application is true and current to the best of my knowledge.

SIGNATURE _____

DATE _____



Financial Assistance Application Check-List

Please be sure to attach and submit the following documents with your application. Applications **will not** be considered for funding until all documents are submitted to the Case Worker. Incomplete applications and missing documents will slow down and/or halt the process. Submission of application does not guarantee funding, and will require a full investigation by a House A Vet Advocate.

- Unaltered, original copy of Veterans DD Form 214**, (member 4 copy)
**Must show character of discharge, branch of service, entry and discharge dates*
- Current Military ID Card or VA Card**
- Child(ren)s Birth Certificate and Marriage Certificate** (if applicable)
**Copies are acceptable*
- Copy of requested bill/lease to be paid** (if applicable)
*Ex: Rent, electric bill, etc. **Expenses not documented on application, will not be considered***
- Copy of lease**, if applying for rent/mortgage
- Letter of hardship**
Explain current situation and how possible assistance will help applicant's stability
- A list of other organizations or agencies**
Applicant should contact other organizations and agencies for assistance: include approximate date, and outcome, on Page 3 of Financial Assistance Form
- Show sustainability**
Provide proof of continuous income
- Other supporting documents** (if applicable)
Can include, but not limited to: bank statements, bills, foreclosure documents, eviction notice, disconnection notices, custody documents, adoption papers, legal name change documents, employment offer letter

All grants are case-by-case basis and require a complete investigation

HOW TO SUBMIT:

Email: houseavet.org@gmail.com | Mail: P.O.Box 2268, FL 34991

QUESTIONS:

Contact Case Worker at 772-678-8149 or visit www.houseavet.org



Explanation of Financial Assistance Form

1. Veteran Information

House A Vet provides emergency assistance funding for veterans, and their immediate family members (widow spouse). All applications must have this section filled in. As a veteran, use the DD-214 discharge document to complete the information.

- **Name** - First, Middle, Last
- **Address** - current address of residence
- **Years lived in Florida** - funding will not be granted to those who reside outside of Florida
- **Email** - including an email address can speed up the application process
- **Active Duty Dates** - If still enlisted, place date of entry
- **Type of Discharge** - not applicable to active duty military
- **Employment Status** - Sustainability is a guideline for funding, making this section critical. If unemployed, explain current situation and steps to secure employment.

2. Spouse or Legal Guardian Information

This portion of the application should be filled out if veteran is married or has a legal guardian. Be sure to include marriage certificate or legal guardian documentation with application. If not applicable, leave section blank.

- **Relationship** - Indicate relationship to veteran or active duty military member.
- **Employment Status** - Sustainability is a guideline for funding, making this section critical. If unemployed, explain current situation and steps to secure employment.

3. Family Information

Family information will be required, if applicant has children age 17 or younger and have primary custody. Grandchildren will be accepted with documentation showing children as dependents through court system. Stepchildren are eligible with a proof of birth certificate for the child and marriage certificate. Be sure to include all supporting documentation with application. If not applicable, mark first question as NO, and leave the rest of section blank.

- **Record of Eligible Children** - list only children age 17 and younger. If applicant has more than 4 eligible children, attach a separate sheet of paper for additional space.

4. Financial Information

Financial information must be filled out and is required for potential funding. Only include reoccurring monthly income and expenses. Do not include one-time instances or accumulative balances. Amounts should be given as a gross monthly sum, or amount before taxes. We acknowledge not all income or expenses are always the same amount. Therefore, it is appropriate to estimate totals. Monthly income and expenses should be relatively close to show an acceptable level of sustainability.

- **Earnings of Veteran** - gross monthly wages from employment
- **Earnings of Spouse/Guardian** - gross monthly wages from employment of the spouse or legal guardian indicated in section 2 of this application
- **Earnings of other(s) in household** - Provide a total of monthly wages of other individuals living within the household, including significant others and children.
- **VA Pension** - If a veteran is on the VA Pension program, funding from House A Vet could cause a VA overpayment, as this is a dollar for dollar offset and could greatly affect the veteran.
- **Other Monthly Income/Expenses** - Remember this is reoccurring income/expenses. Specify or explain the other income/expense.

5. Other Assistance Information

It is favorable for applicants to reach out to other organizations for funding. For each organization applicant has applied to, fill in the date applied, and status of claim or funding. If funding was granted, fill in the amount received. If it was declined, provide reason.

6. Signature and Date

Signature should be of the veteran or active duty military member. Print name of applicant in the first line to certify all information given on the application is true and current. Applicant must sign and date before submitting.