Our Veterans First

l Assistance Application

Financial Assistance Application

Referring Agency

Today's Date

Veteran Information

Veteran's Full Name

Address

Phone Number

Email

Employment and Household

Is veteran employed? ☐ Yes ☐ No

Hire Date (if employed)

If not employed, how does veteran support themselves?

Is veteran married? ☐ Yes ☐ No

Is spouse employed? ☐ Yes ☐ No

Monthly Household Income ($)

Children in the home? ☐ Yes ☐ No

Ages

Names

Military Service

Military Branch

Years of Service

Discharge Status

VA Connected: ☐ Yes ☐ No

Financial Assistance Application

Other Assistance and Circumstances

Is veteran working with any other agencies? ☐ Yes ☐ No

If yes, explain

Has veteran received monetary support from those agencies? ☐ Yes ☐ No

Amount received ($)

Does veteran have pending charges? ☐ Yes ☐ No

If yes, explain

Is veteran currently on probation or parole supervision? ☐ Yes ☐ No

If yes, is veteran in compliance? ☐ Yes ☐ No

Probation/Parole Officer Name

Phone Number

Assistance Requested from OVF

Utility Assistance ($) ☐ Deposit ☐ Arrearage

Rent Assistance ($) ☐ Deposit ☐ Arrearage

Motel ($)

Number of Nights

Motel Name

Vehicle Repair ($)

Nature of Repair

Shop Name

Financial Assistance Application

Assistance Requested from OVF (continued)

Food Gift Card ($)

Food Basket: ☐ Yes ☐ No

Gas Gift Card ($)

OVF Pay at Pump ($)

Home Repair ($)

Other Assistance - Description

Amount ($)

Additional Notes

OFFICE USE ONLY - To be completed by OVF

Phone Application: ☐ Yes ☐ No

Board Member Taking Application

Application Approved: ☐ Yes ☐ No

Vote Taken: ☐ Yes ☐ No

Voting Members

Promissory Note Signed: ☐ Yes ☐ No

Agrees to Volunteer: ☐ Yes ☐ No

Willing to Attend Personal Finance Course: ☐ Yes ☐ No

Veteran's Plan for Future Success

Our Veterans First

Financial Assistance Application

OFFICE USE ONLY - ADDITIONAL NOTES

For board members and authorized OVF representatives.

Applicant Name: _____