ALL APPLICATIONS WILL TAKE 5–7 BUSINESS DAYS FOR REVIEW AND APPROVAL

Application for assistance for financial hardship for individual Veterans

American Legion Coleman-Isgate Post #293 wants to thank you for your service. Furthermore, we want to take it a step further than a statement and a handshake by giving back.

Eligible recipients must be:

- Discharged from the military and present their DD214 as proof of "other than Dishonorably Discharged"
- Must be a resident of Cherokee County.

The financial hardship cannot be caused by: Civil, legal, or misconduct issues

All grants are paid directly to the creditor and not to the applicant. The applicant must provide the most current bill(s) due. We will render payment for eligible current bill(s) only.

THE FOLLOWING DOCUMENTS ARE REQUIRED TO BE ATTACHED

- Copy of DD214 or other approved documentation of Veteran Service / Discharge
- Copy of Valid State of Texas Driver's License, ID, or Voter ID
- Copy of bill, estimate, or equivalent attached
- Proof of residency (utility bill in veteran's name or contact us for other forms of proof)

If the applicant is the spouse of a deceased Veteran, also provide:

- The Veteran's Death Certificate
- Your marriage license

Eligible Expenses:

- Utilities
- Household expenses mortgage, rent
- Vehicle expenses – finance payment, insurance
- Other expenses may be considered

Ineligible Expenses:

- Credit cards, military charge cards, or retail store cards
- Cable, internet, or secondary phones
- Cosmetic or investigational medical procedures & expenses
- Furniture, electronic equipment, or vehicle rentals
- Any other expenses not determined to be a basic life need

The eligible and ineligible expense lists are not all-inclusive. Each case will be carefully reviewed for its own merits. Upon approval, payments will be made on your behalf, directly to the creditor. All applications are individually reviewed and American Legion Coleman-Isgate Post #293 reserves the right to make exceptions on a case-by-case basis.

NOTE: The applicant must be the individual Veteran seeking assistance.

Applicant Information

Legal Name: _____

Date: _____

Address: _____

City, State, Zip Code: _____

Phone: _____

Email: _____

Branch of Military: _____

Type of Discharge: _____

Monthly Income

Employment: $ _____ **SSI:** $ _____ **SSDI:** $ _____

VA Pension: $ _____ **VA Disability:** $ _____ **Other:** $_____

Loans

Do you have any current payday loans or auto-title lending? Y / N

Loan Amount: $ _____ **Interest Rate:** _____ %

How many persons in the household? _____

What type of assistance are you requesting? _____

_____

Who is the company, person, or store that will be the recipient of the check, if approved? Include their address, phone number, account number, and attach a copy of the bill, estimate, or equivalent. (If all information appears on the bill, write **"on attached bill"** below.)

_____

How much are you requesting? (What is the minimum amount needed to keep you out of an emergency situation?) $ _____ **Due by:** _____

What other organizations have you sought assistance from in the past or for this situation? What assistance did they provide? What other ways have you tried to correct this matter?

Have you received assistance from American Legion Coleman-Isgate Post #293 in the past year?
Yes / No When? _____

Explanation Section

Please explain why it is important for you to receive assistance from American Legion Coleman-Isgate Post #293 (for example, what will happen if this bill doesn't get paid, who all does it impact, were there unusual circumstances that led to this situation, what is your plan to resolve this financial hardship in the future, and if so, how?). Add more information on the next page or on the back of this application if necessary.

It is possible that American Legion Coleman-Isgate Post #293 may be aware of an organization better suited to assist you with your need. If this is the case, we will contact you directly, as soon as reasonably possible, so that your need can be addressed in a timely manner.

Applicant Acknowledgements

- By signing below, you give American Legion Coleman-Isgate Post #293 permission to contact you and/or the creditor to confirm or clarify the information you have provided.

- You acknowledge that American Legion Coleman-Isgate Post #293 has limited funds and not all applications will be approved, and some may be partially approved. Financial assistance is limited to a one-time disbursement of up to $200 within a 12-month period based on qualifications set forth by American Legion Coleman-Isgate Post #293. If approved for a second financial assistance claim after the initial 12 months has elapsed, no further applications will be accepted for 12 months.

- No funds will be disbursed directly to the applicant; funds will be provided to the creditor.

- You agree not to hold American Legion Coleman-Isgate Post #293 accountable or liable for any problems that occur in paying your bill, including but not limited to misapplication of funds, fees not listed on your bill, consequences related to paying bills late, repair mistakes, amounts beyond those requested, disruption of services, etc.

- You understand that Veteran Assistance requests may not be completed the same day the application is turned in.

- Applications received after 4:00 PM will not be reviewed until the next business day.

- You attest that you have completed this form accurately and that supporting documents are authentic. Any attempts at fraud will be reported to the proper authorities.

- You agree that when you are financially able to give back to American Legion Coleman-Isage Post #293, you will keep us in mind so that we can help more Veterans in the future.

Signatures

Applicant Signature: _____ **Date:** _____

American Legion Coleman-Isgate Post #293 **Benevolence Committee Chairman Signature:**

_____ **Date:** _____

Amount Awarded: $ _____

Housing: Mortgage Payments

Mortgage or loan statement must include:

(A) Lien Holder or Vendor Name
(B) Beneficiary Name and Address
(C) Property Address
(D) Statement Date
(E) Amount Due
(F) Explanation of Amount Due

Housing: Lease or Rental Payment

Lease or rental agreement must include:

(G) Owner Name
(H) Tenant Name
(I) Property Address
(J) Term of Lease
(K) Periodic amount due in the agreement

OR

Eviction notice must include:

(A) Date
(B) Property Address
(C) Tenant Name
(D) Owner Name
(E) Total Amount Due

Utility Payments

Utility statement must include:

(L) Vendor Name
(M) Beneficiary Name and Address
(N) Service Address
(O) Statement Date
(P) Amount Due

Vehicle Repair

Itemized invoice from licensed repair facility or business must include:

(Q) Vendor Name
(R) Client Name and Address
(S) Vehicle Info (make, model, year)
(T) Description of Repair
(U) Amount paid per repair part
(V) Total amount for labor
(W) Total amount for all parts
(X) Total Amount Paid
(Y) Date of Purchase

Vehicle Insurance

Vehicle insurance policy statement must include:

(Z) Vendor Name
(AA) Client Name and Address
(BB) Policy Number
(CC) Vehicle Info covered (make, model, year)
(DD) Statement Date
(EE) Amount Due

Vehicle Loan

Loan statement must include:

(FF) Vendor Name
(GG) Client Name and Address
(HH) Statement Date
(II) Amount Due
(JJ) Vehicle information (make, model, year)