

REQUEST FOR FINANCIAL ASSISTANCE

Date: _____

In order to process your request for financial assistance the following questions must be answered and some documentation is required. Form must be completed in its entirety to be processed.

Name _____ Age _____ Date of Birth _____

Address _____ City _____ State _____ Zip _____

Phone # _____

1. How long at this address? _____

Landlord's name and address (if applicable): Name _____

Address _____ City _____ State _____ Zip _____

2. Married: _____ Yes _____ No Spouse's name, (if applicable) _____

3. Who referred you to VFW of Ohio Charities? _____

4. Are you a veteran? _____ if yes, furnish a copy of your DD-214.

5. Annual Income _____ Annual Expenses _____

6. Award letter from VA, Social Security, Union or other income (Workers Compensation, Child Support, Veterans Affairs, Job and Family Services. (If applicable)

7. Mortgage statement and the mortgage company name and address (if applicable)

8. Have you received any assistance from your local post for this situation? _____

9. Have you applied for assistance with your County Veterans Service Office? _____ if no, why not?
_____ If yes, how recently: _____

10. Have you been to the VA and spoken to a Social Worker? _____ if yes, did they assist you? _____

11. Provide a statement outlining the 5 W's (the who, what, when, where, and why) of the situation to include what specifically you need assistance with (rent/mortgage, food, utilities, etc.)

12. Provide a copy of the bills you need assistance with.

Complete form and mail to VFW of Ohio Charities, PO Box 15129, Columbus, OH 43215 or fax to 614-222-1602 or send as an email attachment to treveron@vfwoc.org or dclifford@vfwoc.org