

EMERGENCY FINANCIAL AID

The Florida Veterans' Foundation is a non-profit direct support agency of the Florida Department of Veteran's Affairs. The FVF will consider emergency financial assistance to qualified veterans. Foundation **funding is not an entitlement** and is granted on a case-by-case basis.

Application Submission Requirement

Please note: The Florida Veterans Foundation requires that you **process your application through your County Veteran Service officer**, and have been denied from two other agencies before applying for assistance from the Foundation

Assistance Provided

The Foundation primarily provides assistance with rent or utilities payments. The Foundation may assist with payments other than those listed on a case-by-case basis. If the Foundation assists, the payment must either alone, or in combination with the Veteran's funds, and/or funding from other agencies, **completely satisfy the debt**.

Assistance Not Provided

The Foundation will not assist with auto repairs, auto payments, loan payments, insurance, home improvements, cable and internet, or phone bills. The Foundation does not participate in payment plans.

Eligibility Requirements

You must have served ninety days on active duty before September 7, 1980 if enlisted, or October 16, 1981 for officers. After September 7, 1980 if enlisted, or October 16, 1981 for officers, you must have served two years on active duty. OR served in a combat zone under Title 10 orders, OR who were discharged due to medical reasons. You must have been discharged under honorable conditions. You must reside in the state of Florida. **This is a one-time benefit.** You must be sustainable.

Sustainability: Sustainability is defined as the ability to financially support yourself on a month-to-month basis.

We require proof that our financial assistance is a one-time need, based on unforeseen, emergency circumstances, and the veteran will be able to sustain themselves next month, without assistance.

Required Documentation Checklist - receipt of all documents listed below is required before your application can be processed.

- Photo ID** - Driver's License or State ID
- DD-214** - *must show type of discharge (member 4), branch of service, entry and discharge dates.*
- Documentation of income for all household members.**
- First page of lease or copy of mortgage statement**, *if applying for rent/mortgage*
- Eviction Notice or Foreclosure documents**, *if applying for rent/mortgage*
- Copies of all monthly bills** (see income vs. expense chart below)
- Letter of hardship**- *explain current situation and how assistance will help applicant's financial stability*

We will contact you if we need something from you, or when we make a decision on your claim. Please ensure we have the correct contact information including your phone number and email and if you are not available when we call, that you return our call promptly. We have a small staff, so repeated calls for a status check will slow down the processing of claims. If you have a situation where your power or water is shut off, or the **sheriff** has delivered documents from the court to you, please make a note on the first page of the application.

FINANCIAL AID APPLICATION

APPLICANT INFORMATION:

Name: _____ Date of Birth: _____ Email: _____

Mailing Address: _____ City/State: _____

Zip Code: _____ County of Residence: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Marital Status: Single _____ Married _____ Divorced _____ Widowed/Widower _____

Household Members: Adults _____ Children & Age(s) _____ Special Needs _____

EMPLOYMENT/INCOME INFORMATION

Employer: _____ Phone: _____

Address: _____

Salary: \$ _____

If not employed, please state why: _____

Total Monthly Household Income (to include everyone living in household): \$ _____

SUPPORT REQUESTED

\$ _____ Housing (Rent/) \$ _____ Electric \$ _____ Gas/Water \$ _____ other (_____)

TOTAL AMOUNT OF FUNDS REQUESTED \$ _____

POOR FINANCIAL PLANNING BY THE VETERAN WILL NOT BE CONSIDERED AN EMERGENCY BY THE FVF

Provide a ***brief narrative*** of your situation. Include the ***reason/circumstances/events*** that led to your current financial need. You may include additional pages if necessary.

INCOME AND EMPLOYMENT VERIFICATION

In order to be approved for financial aid, you ***must*** provide the following information before your case can be reviewed by our Emergency Assistance Committee. Please fill the chart out **COMPLETELY**, you must include all sources of income and expenses for all household members.

Check all that apply in the two segments below:

Veteran Employment Status: ___ Full Time ___ Part-Time ___ Self-Employed ___ Disabled ___ Retired ___ Job Seeking

Spouse/Other Status: ___ Full Time ___ Part-Time ___ Self-Employed ___ Disabled ___ Retired ___ Job Seeking

Income vs. Expense Chart

Source of Income	Amount	Monthly Expenses	Amount
Employment (Veteran)		Rent	
Employment (Spouse)		Utilities (Electric)	
Unemployment		Utilities (Gas/Water)	
Retirement/Pension		Cable/Internet	
Social Security Pension		Phone	
SSDI / SSI		Vehicle Payment	
VA		Auto Insurance	
TANF		Vehicle Fuel	
Food Stamps (SNAP)		Food	
Child Support		Renter's Insurance	
Other			
TOTALS			

Have you received Assistance from any organizations previously? ___ Yes ___ No

If so, list the year(s) and list the organizations:

ASSISTANCE REQUEST VERIFICATION

PLEASE NOTE: Veterans will not be considered eligible until these steps are taken:

First meet with your local County Veteran Service Office in your county of residence, **AND** be rejected by two (2) local social agencies (such as Red Cross, Salvation Army, Catholic Charities, etc.). Your Veteran Service Officer can help you find these resources.

Your rejection and cause of rejection MUST be verified by the signature of an officer of the organization. If this is not possible, provide an email from the organization with the same information required below.

Local County Veteran Service Office (REQUIRED) County: _____ Date: _____

Service Officer Name: _____ Phone No. _____

Assistance Provided: _____

VSO Signature (required) _____

Local Organization (1): _____ Location: _____

Contact Information – Name _____ Phone No. _____

If unable to assist, explain: _____

Signature of Contact (required) _____

Local Organization (2): _____ Location: _____

Contact Information – Name _____ Phone No. _____

If unable to assist, explain: _____

Signature of Contact (required) _____

Certification and Authorization

I hereby certify that all information provided in the Florida Veterans Foundation Application for Financial Aid is true and correct. I, hereby authorize the recipient of this release to provide all information to the Florida Veterans Foundation pertaining to my contact and/or account with your organization. I understand providing false or misleading information on this application may cause the denial of the application and prohibit further assistance.

Date: ____ / ____ / ____

Signature

Printed Name

Please SUBMIT your application to:

1. Preferred - scan to pdf and email to: fvf@fdva.fl.gov (only if you can password protect the document)
2. Mail to: The Florida Veterans Foundation The Capitol, Suite 2107 400 S. Monroe Street, Tallahassee, FL 32399-001

