



TEXAS VETERANS OF FOREIGN WARS FOUNDATION



Veterans Assistance Program

PURPOSE

is to assist eligible veterans with **BASIC LIFE SUSTAINING NEEDS to avoid or curtail PRIVATION** and who have experienced a **unexpected and/or unforeseen hardship that they do not have resources to handle on their own**. This is not an entitlement program based on veteran status. This program does not provide EMERGENCY FUNDS, and not every person who applies will be approved.



NOT COVERED

The following situations are not eligible and will be denied if the veteran/applicant is;

- ◆ Currently incarcerated.
- ◆ Under indictment or determined to be guilty for a criminal violation or conduct resulting in financial hardship.
- ◆ A party to any civil legal action such as divorce, bankruptcy, tax liens, garnishments, etc.
- ◆ A registered sex offender.
- ◆ Loaned or paid money to others before meeting their own financial obligations.
- ◆ Living beyond the means of the household.
- ◆ Chronic unemployment with no evidence of attempts to become employed in any available job.
- ◆ Poor financial management or decision making.
- ◆ Any unemployment situation where the veteran/applicant is or was self employed by any business concern that they have an ownership interest in.
- ◆ Voluntary job termination for any reason.



ELIGIBILITY



- ◆ The applicant must be a veteran with an "HONORABLE" discharge not related to misconduct or a violation of the Uniform Code of Military Justice (UCMJ), current member of the U.S. Armed Forces or its Reserve or National Guard component.
- ◆ Must have completed at least 180 days of active duty service.
- ◆ Or is the immediate family member of a qualifying veteran or service member.
- ◆ A legal resident of the State of Texas.
- ◆ The hardship is primarily due to no fault of the veteran/applicant and that the hardship is unexpected and/or unforeseen.
- ◆ The veteran/applicant has not received assistance from the Veterans Assistance Program within the last 14 months

FUNDING

A portion of the Funds for this program have been provided by a grant from the Fund For Veterans' Assistance.

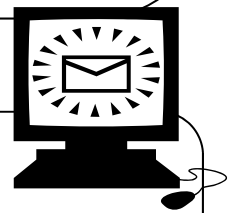


How to Apply



What to do:

1. Completely fill out application.
2. Send all items requested.
3. Work with a Veteran Service Agency and have them complete page 17 and sign that page.



How to send in:

Mail: Texas VFW Foundation
PO Box 14468, Austin, TX
78761

Fax: 1 512-834-9232

E-Mail: foundation@texasvfw.org



**Don't send this page with your application.
Keep for your records.**



TEXAS VETERANS OF FOREIGN WARS FOUNDATION



Items we need from you

All applications are individually reviewed on a case-by-case basis. Submitting an application does not guarantee approval.

Look below and on the next page for items we will need from you. Send only copies. Keep the originals for your records.

Failure to submit these documents will only delay processing of your application. If your application is received without all of the supporting documentation requested above, your application will be delayed until you provide it to us or written notification stating why you do not have it.

Once we have received your completed application with all requested supporting documentation a representative may contact you to discuss the specifics of the case and/or to request additional information. This contact does not imply approval or denial of your application.



- Proof of Military Service**— For veterans - Final discharge papers/DD-214, [Member Copy 4] that shows characterization of service as **“HONORABLE”**, Discharge must not be related to misconduct, unsuitability or a violation of the Uniform Code of Military Justice (UCMJ). Applicant must have completed at least 180 days of consecutive active duty service. Persons still serving in the active armed forces or one of its components may apply provided they meet eligibility requirements above, or is an immediate family member and/or unmarried surviving spouse of a qualifying veteran or service member. **For current service members** - copy of current Military I.D. Card and copy of members Awards & Decorations page from their Service Record Book certified by the unit personnel officer will suffice.
- Proof of Texas Residency for at least six (6) months**— A valid Texas Drivers License, Texas ID card or Texas Voter Registration card, not a temporary card. For members of the military stationed out of state that do not have either document a copy of your most recent military leave & earnings statement showing Texas as your home of record.
- Copy of bills for which you are requesting assistance**. This must include the account holder’s name (either the veteran or legal spouse of the veteran), account number, as well as the creditor’s name, remittance information, total amount due, and statement must have a date not more than 30 days from date of application submission.
- Last years Federal Income Tax Return**. First two pages of Form 1040 series only. We do not need the entire return. If you do not have to file a tax return because you are exempt from doing so, you will need to submit an IRS Form 4506-T “Request for Transcripts of Tax Records” to the IRS and send to us the confirmation you receive from the IRS. We know this will take time so please submit your application to us along with a copy of the IRS Form 4506-T that you submitted to the IRS so we can preserve your place in line while awaiting the return correspondence from the IRS that you will forward to us once you receive it.
- Past three months financial statements showing transaction history on all financial accounts you have for every adult 18 years of age or older in the household**. This includes all checking accounts, savings accounts, retirement accounts, certificate of deposit accounts, money market accounts, all investment accounts, stocks, bonds, etc.
- Pages 16 & 17 must be fully completed**— You will need to work with an official representative of a third party agency such as your County Veterans Service Officer or any other veterans agency service officer or if you are still in the service you must have your unit Chaplain or Commanding Officer complete and sign page 17. We are unable to proceed with your application if both of these pages are not completed in full.
- Any additional documents, statements or letters supporting your request**. These can be any document that you feel will help validate your hardship as being unexpected and unplanned.

Additional supporting documentation may be requested from you as your application is being processed.



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TEXAS VETERANS OF FOREIGN WARS FOUNDATION



Frequently asked questions

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1. I have a discharge that says “Under Honorable Conditions”. Do I qualify? The answer is NO. For the purpose of this grant the donor and the Texas VFW Foundation policy is that you must have an HONORABLE” discharge not related to misconduct, unsuitability, or a violation of the Uniform Code of Military Justice (UCMJ). You must have also completed at least 180 consecutive days of active duty service.

2. I live in Texas, but do not have a Texas Driver’s License or I.D. Do I qualify? The answer is MAY-BE. A current Texas Driver’s License, Texas I.D or Texas voter registration card is the best way to prove Texas residency. Please contact us if you do not have any State of Texas issued identification.

3. I just moved to Texas and have resided here for less than six (6) months, do I qualify? The answer is NO. The best way to prove Texas residency is with a current Texas Driver’s License, Texas I.D or Texas voter Registration card, not a temporary one.

4. I am a Texas citizen on active duty currently stationed in another state. Do I qualify? The answer is YES, as long as services you are asking assistance for are located here in Texas and your Leave and Earning Statement shows you are a resident of Texas.

5. I am in need of financial assistance today. Can I get immediate assistance? The answer is NO. The Veterans Assistance Program (VAP) is not able to process same day applications.

6. When is my application deemed complete? The application is deemed complete when all supporting documentation has been received, your information has been verified, the review committee has no further questions, and all bills presented have been validated, and if approved, checks completed and mailed.

7. If I am approved how much money will I get? The answer is NONE. The VAP cannot issue cash to you if approved. Instead, we will issue checks to your creditors. Those checks are included in the notice of decision sent to you so that you may forward them to your creditors. The maximum amount you COULD receive is \$2,500.00 in assistance.

8. I am not required to file a tax return. Am I still eligible for assistance? The answer is YES. If you do not have to file a tax return because you are exempt from doing so, you will need to submit an IRS Form 4506-T “Request for Transcripts of Tax Records” to the IRS and send to us the confirmation you receive from the IRS. We know this will take time so please submit your application to us along with a copy of the IRS Form 4506-T that you submitted to the IRS so we can preserve your place in line while awaiting the return correspondence from the IRS that you will forward to us once you receive it.

Please know that making fraudulent claims to obtain financial benefits is a criminal violation and legal repercussions may occur, including reimbursement of funds and possible criminal charges.

9. Do I have to have a veteran service agency/ military point of contact? The answer is YES. We will NOT process your application without one. Please coordinate with them for long term solutions from other resources.



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Frequently asked questions

(continued)

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10. I do not have a bank account of any type. Am I still eligible for assistance? The answer is YES. We ask that you submit a written statement that you do not have any form of a banking or financial institution accounts, sign and date the statement and send to us with your application. The processing of your application may be delayed as we wait verification from the Department of Homeland Security that you do not have an account at a financial institution.

11. Why do you require financial information on all adult members residing in the household? We require financial information on all adult members residing in the household because many items are shared by the members of the household, such as water, electricity, shelter, food, communications services, transportation, etc.

12. I sent in my application and supporting documents. What happens next? The answer is that your application will be reviewed by our review committee. The review committee may ask for further information, in which case you will be contacted by a representative and asked to provide that information. We assist on a “first come, first served basis”. You may request a status update by sending an email to foundation@texasvfw.org. Include your full name and that you are inquiring as to the status of your application. Due to privacy issues we do not handle status requests over the phone. A representative of the Texas VFW Foundation may call you to talk to you in person and/or to request further clarification or documentation that is needed for the review committee.

13. What if I do not have email? If you do not have email or access to email you can ask your Veteran Benefits/Military Point of Contact that you listed on page 17 to submit an email request on your behalf.

14. How will I know if I have been approved for a Grant? The answer is YOU WILL RECEIVE NOTIFICATION IN THE MAIL. Notices of decision are mailed for both approved and denied applications. If approved, the award and instructions are included.

15. I received a letter saying I was denied. Can I appeal this decision? The answer is NO. To avoid this and to give yourself the best possible chance at receiving assistance, please ensure you meet the eligibility criteria and disclose all information at the time of your application. If things change after you submit your application, please immediately notify us so we can add that to your file for review by the committee.

16. I was denied. Can I reapply for assistance if I feel my situation has changed from my original application or if I have another situation different from my first one come up? The answer is YES. You should submit new supporting documentation that you feel would have an impact on your situation along with a written request to “send back to review”. If it has been more than a year from date of your original application a complete new application is required.

17. I received a Grant. Am I ever eligible for another one? The answer is YES. There is a 14 month waiting period unless you reside in an area declared a state or federal disaster area due to a man-made or natural disaster event. The reason for hardship must not be the same as before.



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Frequently asked questions

(continued)

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18. Do I qualify if I am unemployed? The answer to this is MAYBE. Sudden unexpected unemployment constitutes a well-grounded claim for assistance. We know that each case is unique, and we evaluate each on a case-by-case basis. Chronic unemployment with no attempts to become employed even if the employment is not in your area of expertise will result in a denial. Any situation in which voluntarily job termination, for any reason, will be denied, as well as any situation in which full or partial ownership of a business is involved.

19. If I am approved what bills will I get assistance with? If you are approved you can receive assistance for basic life sustaining bills such as utilities, rent/mortgage, insurance, transportation costs, etc.

20. What bills will not be paid? If approved we will not assist with any fees, fines, judgments, citations, legal fees, higher education, child support, alimony, spousal support, political contributions, religious tithing, phone, cable, repairs, down payments or any other expense not considered by us as a basic life sustaining need to avoid privation.

21. Your application is too long and you require too many documents. Why is this? We want to help you, yet at the same time we have to be good stewards of the limited resources we have to help veterans and their families. While the application process may be lengthy, you can get through the process faster with full disclosure and truthful representations. Please understand this assistance is not an entitlement simply because you are a veteran. It is a program created by war veterans, to assist eligible veterans who qualify, with temporary short term assistance for basic life sustaining needs to avoid privation.

PLEASE NOTE: Due to privacy concerns status check requests for your application must be made by email while your file is being processed. Status checks by phone will be denied, and you will be directed to correspond your status check by email at foundation@texasvfw.org. Please include your full name in the request. We will let you know the status of your application as soon as possible. Our offices are not equipped to handle walk-in cases. Please work with a local relief agency or the agency of your choice. Thank you for your patience, understanding, and service to our country. We do appreciate it.



To help expedite this process, please ensure you have submitted all required documentation when applying and as additional documents are requested. Failure to do so will only delay your application. Decisions about your case are based on all information available to us. You need to forward any additional documents applicable to your case as you receive them.

FINAL DECISIONS: Are mailed to the address listed on your application. If your mailing address, phone or email contact information changes while we are processing your application, please immediately inform us. Decisions of approval and denial are final and not subject to appeal. The Texas VFW Foundation is a I.R.S. 501 (c) (3) Charity. We are not a governmental entity or a subdivision of a government entity.

FEDERAL FALSE CLAIMS ACT—31 USC 3729-3733. (Updated August 2010 incorporating passage of Pub. L. No. 111-203, 124 Stat. 1376) § 3729. False claims (a) Liability for certain acts. (1) In general. Subject to paragraph (2), any person who—(A) knowingly presents, or causes to be presented, a false or fraudulent claim for payment or approval; (B) knowingly makes, uses, or causes to be made or used, a false record or statement material to a false or fraudulent claim; ...is liable to the United States Government for a civil penalty of not less than \$ 5,000 and not more than \$ 10,000, as adjusted by the Federal Civil Penalties Inflation Adjustment Act of 1990 (28 U.S.C. 2461 note; Public Law 104-410), plus 3 times the amount of damages which the Government sustains because of the act of that person.



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TEXAS VETERANS OF FOREIGN WARS FOUNDATION



APPLICATION

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APPLICANT INFORMATION

LAST NAME:		FIRST NAME:		MIDDLE :
SOCIAL SECURITY NUMBER:		BIRTHDATE		
ADDRESS:				
CITY:	STATE:	COUNTY:	ZIP:	
PHONE:		MOBILE/CELL:		
EMAIL:				

MILITARY MEMBER/VETERAN INFORMATION

If different from above.

LAST NAME:		FIRST NAME:		MIDDLE :
SOCIAL SECURITY NUMBER:		BIRTHDATE		
ADDRESS:				
CITY:	STATE:	COUNTY:	ZIP:	
PHONE:		MOBILE/CELL:		
EMAIL:				

VETERAN SERVED IN OR IS PRESENTLY SERVING IN THE:

- Air Force Army Marines Navy Coast Guard

AS OF THE DATE OF THIS APPLICATION MY CURRENT STATUS IS:

- Active Duty Reserves National Guard Veteran

I SERVED OVERSEAS IN: *Check all that apply,*

- World War II Occupation Service Korea (1950-54) Korea Duty (1955-Present)
 Vietnam Desert Storm Bosnia/Kosovo Expeditionary Operations Afghanistan
 Iraq SSBN Deterrent Patrol Insignia Global War on Terrorism Expeditionary

Hostile Fire/Imminent Danger Pay _____
Location Dates

MY PERIOD OF SERVICE WAS FROM _____ TO _____. Years only.

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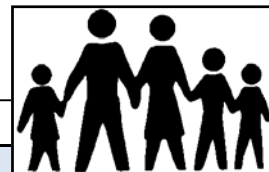
TEXAS VETERANS OF FOREIGN WARS FOUNDATION



APPLICATION

(continued)

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PERSON 2 - Spouse or other Adult in same household

LAST NAME:	FIRST NAME:	MIDDLE :
RELATIONSHIP TO YOU:	AGE:	

PERSON 3- Child or Adult living in same household as applicant

LAST NAME:	FIRST NAME:	MIDDLE :
RELATIONSHIP TO YOU:	AGE:	

PERSON 4- Child or Adult living in same household as applicant

LAST NAME:	FIRST NAME:	MIDDLE :
RELATIONSHIP TO YOU:	AGE:	

PERSON 5- Child or Adult living in same household as applicant

LAST NAME:	FIRST NAME:	MIDDLE :
RELATIONSHIP TO YOU:	AGE:	

PERSON 6 - Child or Adult living in same household as applicant

LAST NAME:	FIRST NAME:	MIDDLE :
RELATIONSHIP TO YOU:	AGE:	

PERSON 7 - Child or Adult living in same household as applicant

LAST NAME:	FIRST NAME:	MIDDLE :
RELATIONSHIP TO YOU:	AGE:	

PERSON 8 - Child or Adult living in same household as applicant

LAST NAME:	FIRST NAME:	MIDDLE :
RELATIONSHIP TO YOU:	AGE:	

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TEXAS VETERANS OF FOREIGN WARS FOUNDATION



APPLICATION

(continued)

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REASON FOR FINANCIAL HARDSHIP

Please describe what happened that has created the financial hardship.

Attach additional documents as necessary.

WHAT I HAVE DONE TO RESOLVE THE HARDSHIP

Please explain what action (s) you have taken to resolve this hardship on your own, other than applying for assistance.

Attach additional documents as necessary.

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TEXAS VETERANS OF FOREIGN WARS FOUNDATION



APPLICATION

(continued)

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MONTHLY INCOME OF ALL HOUSEHOLD MEMBERS

	VETERAN	PERSON 2	PERSON 3	PERSON 4
INCOME TYPE	AMOUNT	AMOUNT	AMOUNT	AMOUNT
Primary Job	\$			
Second Job	\$			
VA Benefits	\$			
Social Security	\$			
Disability	\$			
Retirement	\$			
Child Support	\$			
Food Stamps	\$			
Unemployment	\$			
Spousal Support	\$			
Investments	\$			
Pension	\$			
Settlements	\$			
Other	\$			
TOTALS	\$			

TOTAL OF ALL LISTED ON THIS PAGE

\$

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TEXAS VETERANS OF FOREIGN WARS FOUNDATION



APPLICATION

(continued)

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MONTHLY INCOME OF ALL HOUSEHOLD MEMBERS

	PERSON 5	PERSON 6	PERSON 7	PERSON 8
INCOME TYPE	AMOUNT	AMOUNT	AMOUNT	AMOUNT
Primary Job	\$			
Second Job	\$			
VA Benefits	\$			
Social Security	\$			
Disability	\$			
Retirement	\$			
Child Support	\$			
Food Stamps	\$			
Unemployment	\$			
Spousal Support	\$			
Investments	\$			
Pension	\$			
Settlements	\$			
Other	\$			
TOTALS	\$			

TOTAL OF ALL LISTED ON THIS PAGE

\$

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TEXAS VETERANS OF FOREIGN WARS FOUNDATION



APPLICATION

(continued)

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ACCOUNT BALANCES OF ALL HOUSEHOLD MEMBERS

	VETERAN	PERSON 2	PERSON 3	PERSON 4
ACCOUNT TYPE	AMOUNT	AMOUNT	AMOUNT	AMOUNT
Checking 1	\$			
Checking 2	\$			
Debit Card	\$			
Savings 1	\$			
Savings 2	\$			
Savings 3	\$			
401 K	\$			
IRA	\$			
Mutual Funds	\$			
Stocks	\$			
Investments	\$			
Property 1	\$			
Property 2	\$			
Other	\$			
TOTALS	\$			

TOTAL OF ALL LISTED ON THIS PAGE

\$

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APPLICATION

(continued)

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ACCOUNT BALANCES OF ALL HOUSEHOLD MEMBERS

	PERSON 5	PERSON 6	PERSON 7	PERSON 8
ACCOUNT TYPE	AMOUNT	AMOUNT	AMOUNT	AMOUNT
Checking 1	\$			
Checking 2	\$			
Debit Card	\$			
Savings 1	\$			
Savings 2	\$			
Savings 3	\$			
401 K	\$			
IRA	\$			
Mutual Funds	\$			
Stocks	\$			
Investments	\$			
Property 1	\$			
Property 2	\$			
Other	\$			
TOTALS	\$			

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TEXAS VETERANS OF FOREIGN WARS FOUNDATION



APPLICATION

(continued)

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MONTHLY EXPENSES AS PAID BY ALL ADULT HOUSEHOLD MEMBERS

Complete all fields with an approximate monthly amount. Leave inapplicable fields blank.

	VETERAN	PERSON 2	PERSON 3	PERSON 4
ACCOUNT TYPE	AMOUNT	AMOUNT	AMOUNT	AMOUNT
Rent/Mortgage	\$			
2nd Mortgage				
Utilities	\$			
Mobile Phone	\$			
Internet/Phone	\$			
Vehicle #1	\$			
Vehicle #2	\$			
Vehicle #3	\$			
Recreational Vehicle	\$			
Watercraft	\$			
Insurance	\$			
Child Care	\$			
Child Support	\$			
Credit/Charge Cards	\$			
Loans	\$			
Student Loans	\$			
Spousal Support	\$			
Vehicle Fuel	\$			
Food	\$			
Other	\$			
TOTALS	\$			

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APPLICATION

(continued)

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MONTHLY EXPENSES AS PAID BY ALL ADULT HOUSEHOLD MEMBERS

Complete all fields with an approximate monthly amount. Leave inapplicable fields blank.

	PERSON 5	PERSON 6	PERSON 7	PERSON 8
ACCOUNT TYPE	AMOUNT	AMOUNT	AMOUNT	AMOUNT
Rent/Mortgage	\$			
2nd Mortgage				
Utilities	\$			
Mobile Phone	\$			
Internet/Phone	\$			
Vehicle #1	\$			
Vehicle #2	\$			
Vehicle #3	\$			
Recreational Vehicle	\$			
Watercraft	\$			
Insurance	\$			
Child Care	\$			
Child Support	\$			
Credit/Charge Cards	\$			
Loans	\$			
Student Loans	\$			
Spousal Support	\$			
Vehicle Fuel	\$			
Food	\$			
Other	\$			
TOTALS	\$			

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APPLICATION

(continued)

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Household Budget Information

HOUSEHOLD INCOME	Amount
Page #9 Total Income	\$
Page #10 Total Income	\$
Total Monthly Income	\$

HOUSEHOLD EXPENSE	Amount
Page #13 Total Expense	\$
Page #14 Total Expense	\$
Total Monthly Expense	\$

HOUSEHOLD BUDGET	Amount
Total Household Income	\$
Total Household Expense	\$
Total Over/Under	\$

HOUSEHOLD ASSETS	Amount
Page #11 Total Assets	\$
Page #12 Total Assets	\$
Total Assets	\$

Requesting Assistance With

Expense	Amount
	\$
	\$
	\$
	\$
	\$

Expense	Amount
	\$
	\$
	\$
	\$
	\$

Other Agencies I have applied to or are working with

Agency	Point of Contact	Phone Number with Area Code

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TEXAS VETERANS OF FOREIGN WARS FOUNDATION



TERMS & CONDITIONS

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PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY AND INDICATE YOUR UNDERSTANDING AND ACCEPTANCE BY INITIALING AND SIGNING IN THE SPACE PROVIDED.

_____ I certify that all the information provided by me in connection with my application, whether on this document or not, is true and complete, and I understand that any misstatement, falsification, or omission of information may be grounds for refusal to award, or if awarded, for repayment of award in full. FEDERAL FALSE CLAIMS ACT—31 USC 3729-3733. (Updated August 2010 incorporating passage of Pub. L. No. 111-203, 124 Stat. 1376) § 3729. False claims—(a) Liability for certain acts. (1) In general. Subject to paragraph (2), any person who-- (A) knowingly presents, or causes to be presented, a false or fraudulent claim for payment or approval; (B) knowingly makes, uses, or causes to be made or used, a false record or statement material to a false or fraudulent claim; ...is liable to the United States Government for a civil penalty of not less than \$ 5,000 and not more than \$ 10,000, as adjusted by the Federal Civil Penalties Inflation Adjustment Act of 1990 (28 U.S.C. 2461 note; Public Law 104 -410), plus 3 times the amount of damages which the Government sustains because of the act of that person.

_____ I authorize any of the persons or organizations referenced in this application to give you any and all information concerning the information I have provided, personal or otherwise, with regard to any of the subjects covered by this application, and I release all such parties from all liability from any damages which may result from furnishing such information to you.

_____ I agree to allow the Veterans Assistance Program (VAP) to have access to my account information for the sole purpose of payment remittance. I will submit documentation of the expenses for verification by VAP personnel.

_____ I understand that I should submit updated information as I receive them while my application is being processed. Any bill that cannot be independently verified will not be paid. Receipts, hand written invoices, statements with \$0 due, and notice of automatic withdrawal will not be accepted.

_____ I understand that if I fail to submit requested documents **within 45 days of request** and I have not corresponded with the Foundation during that time, my application will expire and I will not be notified of the expiration.

_____ I understand the primary purpose of the VAP is to meet the unique and urgent needs of Texas military/veterans and their immediate family members that meet our eligibility standards as outlined on pages 1 and 2, and that **VAP is not a wage replacement due to unemployment nor is it a pension or entitlement program based on veteran status.**

_____ I understand and give my full permission to have a civil law and/or criminal history check at no cost to me conducted as the Texas VFW Foundation deems necessary for the processing and administration of my application for a grant.

_____ I agree to obey all the policies of the program and comply with any reasonable directions with respect to questions or concerns that may arise.

_____ I understand that I will send legible copies of original documents only as entire application and all supporting documents will not be returned.

_____ I agree to hold the Texas VFW Foundation, the Veterans of Foreign Wars of the United States, the Texas VFW, their agencies, officers, employees, agents, sponsors and subordinate units harmless as a result of this request and their handling of it and waive all rights to seek damages from these parties for any loss or perceived loss that may occur.

_____ If approved for a grant I understand that my name and situation may be used to advertise, solicit, promote veteran's issues and thank donors of the program. I understand that I will be contacted by a Texas VFW Foundation representative in this event.

_____ Due to privacy concerns, status check requests for applications must be made by email while your file is being processed. Status checks by phone will be denied, and you will be directed to correspond your status check by email to foundation@texasvfw.org. Please include your full name in the request. We will let you know the status of your application as soon as possible.

Applicant Signature

Date

Printed Name

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TEXAS VETERANS OF FOREIGN WARS FOUNDATION



BENEFITS ADVISOR

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Name of Applicant: _____

NOT TO BE FILLED OUT BY APPLICANT

CURRENT ACTIVE DUTY/RESERVE/NATIONAL GUARD APPLICANTS SECTION APPLICANTS' MILITARY POINT OF CONTACT For CURRENT Active Duty service members only

Please Type or Print Legibly. To be completed by applicants Commanding Officer or Unit Chaplain.

First Name _____ Last Name _____ Rank _____

Primary Phone: (____) _____ Alternate Phone: (____) _____

Email: _____ @ _____

Unit: _____

I am aware of this applicants situation and verify the needs are legitimate.

Signature: _____ Date: _____

APPLICANTS' VETERAN SERVICE AGENCY POINT OF CONTACT For veterans no longer in the Military or on Active Duty.



Please Type or Print Legibly. To be completed by official representative of the agency listed below.

First Name _____ Last Name _____ Title _____

Primary Phone: (____) _____ Alternate Phone: (____) _____

Email: _____ @ _____

I am an official representative of: _____

I am aware of this applicant's situation, and I am working with this veteran to obtain local, state & federal benefits and resources they may be eligible for.

Signature: _____ Date: _____

**Send this page with your application.
Keep a copy for your records.**