



VETERANS & MILITARY FAMILY EMERGENCY RELIEF ORGANIZATION

The purpose of the **VETERANS & MILITARY FAMILY EMERGENCY RELIEF ORGANIZATION** is to provide emergency short term financial assistance to Veterans and their families. We look forward to working with you and assisting you in difficult time.

Please complete the following application and financial information. Incomplete applications will delay the process time, so please be as detailed as possible. The more detailed your explanation of service history, situation, and the purpose for your request, the faster your application can be reviewed. You will also need to provide proof of service (LES/DD214).

It is important to state your most pressing needs. Please indicate on the form if you are facing disconnection or an eviction notice deadline. Once you have all the requested information, please return to Chris Wolf, Veterans Upward Bound Program, Western Nebraska Community College, 1601 E 27th Street, Scottsbluff, NE 308.635.6042

Thank you for your dedicated service to our Nation,

Chris Wolf
Veterans Upward Bound
Western Nebraska Community College
1601 E 27th Street
Scottsbluff, NE 69361
308.635.6042

**VETERANS & MILITARY FAMILY
EMERGENCY RELIEF ORGANIZATION
ASSISTANCE APPLICATION**

RETURN COMPLETED FORMS TO:
Chris Wolf
Western Nebraska Community College
1601 E 27th Street
Scottsbluff
308.635.6042

NAME & RANK: _____ PHONE: _____

REFERRED BY: _____ PHONE: _____

HOME ADDRESS: _____

CURRENT RESIDENCE: _____

E-MAIL: _____

SPOUSE: _____ PHONE: _____

CHILDREN (NAMES & AGES): _____

BRANCH: _____ CURRENT STATUS: _____

DO YOU HAVE ANY TYPE OF SERVICE RELATED INJURY? TBI PTSD OTHER

DESCRIPTION AND LOCATION OF INJURY: _____

UNIT: _____ UNIT POC: _____

TIMES SERVED: _____

LOCATIONS SERVED: _____

SERVICE HISTORY: _____

FINANCIAL INFORMATION (MANDATORY)

(PLEASE BE SPECIFIC AS POSSIBLE AND PROVIDE ANY SUPPORTING DOCUMENTS)

NAME: _____

IF CURRENT ACTIVE DUTY-RANK: _____

IF PARENT, NAME & RANK OF SOLDIER: _____

ADDRESS: _____

PHONE: _____ EMAIL: _____

CURRENT MONTHLY INCOME: (LIST ALL SOURCES OF INCOME INCLDING PER DIEM, DISABILITY, SPOUSES PAY AND TSGLI PAYMENT)

TOTAL: _____

CURRENT MONTHLY EXPENSES: (continue on back is more space is needed)

Name of Company Owed	Currently Monthly Payment Due	Past Amount Due	Balance (pay off)
TOTAL			

Please provide the amount of assistance requested and a brief explanation for your request: _____

Are you facing a disconnect or eviction deadline? YES NO _____

(If yes, please indicate date)

Other Agencies you have contacted or received aid from: _____

*****FOR OFFICIAL USE ONLY*****

Date received: _____ Received by: _____

Amount Requested: _____ Amount Approved: _____

Approved by: _____

Has this Veteran/family requested and received assistance before? _____

(Provide dates of previous requests and assistance approval)