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**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, P.O. Box 461, Scottsbluff, NE 69363 308.641.3779.

**wyobraskavetshelp@gmail.com****www.wyobraskavetshelp.org**

Thank you for your dedicated service to our Nation,

Chris Wolf

P.O. Box 461

Scottsbluff, NE 69363

 308.641.3779

**VETERANS & MILITARY FAMILY**

**EMERGENCY RELIEF ORGANIZATION**

**ASSISTANCE APPLICATION**

RETURN COMPLETED FORMS TO:

Chris Wolf

P.O. Box 461

Scottsbluff, NE 69363

308.641.3779

NAME & RANK: Click here to enter text. PHONE: Click here to enter text.

HOME ADDRESS: Click here to enter text.

ARE YOU HOMELESS? YES [ ]  NO [ ]

WHERE HAVE YOU BEEN LIVING? Click here to enter text.

DO YOU HAVE A COPY OF YOUR DD214? YES [ ]  NO [ ]

E-MAIL: Click here to enter text.

SPOUSE: Click here to enter text. PHONE:Click here to enter text.

CHILDREN (NAMES & AGES): Click here to enter text.

BRANCH: Click here to enter text. CURRENT STATUS: Click here to enter text.

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

 DESCRIPTION AND LOCATION OF INJURY: Click here to enter text.

UNIT: Click here to enter text. UNIT POC: Click here to enter text.

TIMES SERVED: Click here to enter text.

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

Date received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Debt card \_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Check #\_\_\_\_\_\_\_\_ Paid to: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Amount Requested: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Amount Approved: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**FINANCIAL INFORMATION**

**(MANDATORY)**

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

Name: Click here to enter text.

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

|  |  |
| --- | --- |
| Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. |
| **TOTAL:** Click here to enter text. | Click here to enter text. |

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

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Name of Company Owed** | **Average Monthly Expense** | **Past Amount Due** | **Balance (pay off)** |
| Housing/rent | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Vehicle | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Electricity | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Gas for heating | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Water/utilities | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Food | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Insurance | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Phone Service | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Child care | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Credit card(s) | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
|  | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
|  | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
|  |  |  |  |  |
| Medical Bills | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
|  | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
|  | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
|  |  |  |  |  |
| Loans | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
|  | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
|  | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Misc. (i.e.) gasoline | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
|  | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
|  | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
|  | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
|  | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
|  | **TOTAL** | Click here to enter text. | Click here to enter text. | Click here to enter text. |

Please provide the amount of assistance requested and a brief explanation for your request: Click here to enter text.

 Are you facing a disconnect or eviction deadline? YES [ ]  NO [ ]

 (If yes, please indicate date): Click here to enter a date.

Are you Homeless? YES [ ]  NO [ ]  Do you have any pets? YES [ ]  NO [ ]  Please give pet type, breed, age, spade or neutered? Click here to enter text.

Other Agencies you have contacted or received aid from: Click here to enter text.