

Application for Assistance

Veterans of Foreign Wars
Department of Mississippi
PO Box 2027
Jackson, MS 39225
(601) 352-8904

Individual Information:

Date: _____

Last Name: _____ First Name: _____ Sex: M F

Street Address: _____ City/Zip: _____

Date of Birth: ___/___/_____ S.S.# xxx-xx-_____

Driver's License or Picture ID Number: _____ (must make a Copy) State: _____

Marital Status: S M Separated Divorced Phone Number: _____

If Married:

Spouse's Last Name: _____ First Name: _____

Date of Birth: ___/___/_____ S.S.# xxx-xx-_____

Driver's License or Picture ID Number: _____ (must make a Copy) State: _____

Other members in the household:

| Last Name | First Name | Gender | S.S.# | Date of Birth | Relationship To You |
|-----------|------------|--------|--------------|---------------|---------------------|
| | | M F | xxx-xx-_____ | / / | |
| | | M F | xxx-xx-_____ | / / | |
| | | M F | xxx-xx-_____ | / / | |
| | | M F | xxx-xx-_____ | / / | |
| | | M F | xxx-xx-_____ | / / | |

❖ Please make sure all but the last 4 digits of your SS # are not showing on all documentation.

Application for Assistance

**Veterans of Foreign Wars
Department of Mississippi
PO Box 2027
Jackson, MS 39225
(601) 352-8904**

Income (Primary Applicant): **Must provide proof of all income along with verifying documentation & Contact #'s**

Employer: _____

Employment Income per month: \$_____ per month / Food Stamps/SNAP: \$_____

Unemployment income per month: \$_____ Social Security per month: \$_____ SSI per month: \$_____

SSD per month: \$_____ TANF: \$_____ Child Support per month: \$_____

Other Income per month: \$_____

Income (Spouse): **Must provide proof of all income along with verifying documentation & Contact #'s**

Employer: _____

Employment Income per month: \$_____ per month / Food Stamps/SNAP: \$_____

Unemployment income per month: \$_____ Social Security per month: \$_____ SSI per month: \$_____

SSD per month: \$_____ TANF: \$_____ Child Support per month: \$_____

Other Income per month: \$_____

Expenses: List all monthly expenses that your household has. **Please provide a copy of all expenses.**

Rent: \$_____ Mortgage: \$_____ Electric: \$_____ Cable: \$_____ Phone: \$_____ Water: \$_____

Car Payment: \$_____

Does anyone else pay any of your living expenses? Y N If yes, who? _____ **(must include letter from that individual including contact information)**

Requested Assistance: Please provide the reason for request (explain why you have been unable to pay this bill) along with a copy of bill needing assistance with.

❖ **If approved The Veterans of Foreign Wars will not give money directly to the applicant only to the creditor.**

Homelessness: (place X on line)

Yes, I am homeless. _____ No, I am not homeless. _____ I'm not sure: _____ Refused: _____

Application for Assistance

**Veterans of Foreign Wars
Department of Mississippi
PO Box 2027
Jackson, MS 39225
(601) 352-8904**

Veteran Status: (place X on line)

Yes, I am a veteran. _____ (DD-214 must be provided & Veteran must have received an honorable discharge) No, I am not a veteran. _____

Disabled Veteran: (place X on line)

Yes, I am a disabled veteran. _____ No, I am not a disabled veteran. ____

Applicant Signature: By signing this, you declare that all of the above information is accurate and true. False statements are grounds for refusing assistance.

Sign full name: _____ Date: _____

Applicant – Please use the space below to provide explanations for request and their plan of action for the future along with any further comments pertaining to this application.

Please return application with all required documentation. Incomplete applications will automatically be denied!

Application for Assistance

**Veterans of Foreign Wars
Department of Mississippi
PO Box 2027
Jackson, MS 39225
(601) 352-8904**

Evaluation:

Date:

Interviewer's Name:

Interviewer's Signature:

Recommendation:

Approved: Yes _____ No _____ Date: _____