



## Financial Assistance Application

### Supporting Criteria:

- Must have a VA disability rating of 50% or more.
- Must have been Honorably discharged.
- Must have at least one (1) legal dependent

### Veteran must be willing to provide:

- Photocopy of their state issued ID (driver's license or state ID)
- Contact information to a Military/VA Case Worker/Mental or Physical Health Counselor Point of Contact.
- DD-214 (block out SS#)
- VA Disability Award Letter
- Copies of most current bills due.

### Assistance could take 3-4 weeks. Cases are handled on a first come first serve basis.

- Applications will be accepted via mail, fax or scanned and emailed. No cell phone or camera pictures of application or additional documents will be accepted.
- Upon completion of the final approval process, a check will be sent out directly to the creditor or the landlord.
- The application must be complete. An incomplete application cannot be processed.

**Note: Providing altered or falsified documentation will result in immediate applicant disqualification**

Name of Veteran Applicant: \_\_\_\_\_

Phone (Area Code): \_\_\_\_\_ Email \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Are you employed? \_\_\_\_ If yes, where & what is your position? \_\_\_\_\_

Do you have one or more legal dependents? Yes No

Branch of Service: US Army \_\_ USN \_\_ USAF \_\_ USMC \_\_ USCG \_\_ Rank \_\_\_\_\_

Began active duty date \_\_\_/\_\_\_/\_\_\_ Ended active duty date \_\_\_/\_\_\_/\_\_\_



**What military campaign did you serve in and where \_\_\_\_\_**

**After serving in the above campaign(s), which of the following applies?**

- I am not injured.
- I am service connected and currently rated @ \_\_\_\_\_%
- I am currently being evaluated/re-evaluated for service connection rating
- I have a permanent disability.
- I have been rated unemployable
- I am currently undergoing a rehabilitation or recuperation program

**How did you hear about the Nation of Patriots? \_\_\_\_\_**

**Support Goals & Objectives**

**What type of expense are you requesting assistance with (please check the box)?**

- Household expenses – mortgage, rent, repairs, insurance
- Vehicle expenses – payments, insurance, repairs (Note: Major repairs for vehicles over ten years old are not eligible)
- Utilities
- Food & Clothing
- Children’s needs: clothing, diapers, formula, school or childcare expenses
- Medical expenses: medical bills, prescriptions, eyeglasses (Note: Only the patient’s portion of necessary or emergency medical care is eligible)
- Other (please explain): \_\_\_\_\_

**Please provide detailed information for expenses you are requesting assistance with:**

Payment Due To:	Amount Outstanding:	Contact for additional verification

**How will your situation be financially improved in 3-6 months assuming The Nation of Patriots provides financial assistance?**



### **Mandatory Point of Contact Information**

#### **Military/VA Case Worker/Mental or Physical Health Counselor Point of Contact:**

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email \_\_\_\_\_

Note: The verification of case information may be necessary in order to process application.

### **Certification of Applicant Information**

I certify the above information to be true and correct. I authorize verification/release of the information that I am providing on this application. Disclosure of information on this form is voluntary. Failure to provide the requested information, however, will prohibit the processing of this application. In accordance with applicable laws, Nation of Patriots will maintain confidentiality regarding the application and any aid given or denied except as required to process this or subsequent applications, or an otherwise required by law.

---

*Signature of Applicant Recipient – Required*  
*(Must be signed not printed or typed)*

*Date – Required*

***If application is submitted on behalf of the intended recipient, the representative should complete the following additional information:***

---

*Name of Representative*

*Relationship*

---

*Telephone Number*

*Email Address*

---

*Signature of Representative – Required*  
*(Must be signed not printed or typed)*

*Date – Required*

### **Instructions to Submit Application**

**1. Scan & Email form to:** rschmittinger@nationofpatriots.com

**Note: Pictures of application and documents taken from a phone or camera are not acceptable.**

**2. Mail completed form to:** Nation of Patriots Inc. P.O. Box 73 Sussex, WI 53089